Chapter 2. Initial Enrollment Application

To begin the Online Provider Enrollment Application:

1. On the Nevada Medicaid and Nevada Check Up Health Care content site 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.
5. The Online Provider Enrollment Welcome page will be displayed. Click “Continue” to begin the online application process or click “Cancel” to return to the Online Provider Enrollment Portal Home page.

2.1. Request Information

1. To begin the provider enrollment process, complete the required fields on the Request Information page. Once the required fields have been completed, click “Continue” to go on to the Credentials page 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. All fields with a red asterisk (*) are required. The fields that are displayed throughout the enrollment process are contingent on the Enrollment Type or Provider Type values selected.
### Provider Enrollment Request Information

Complete the fields on each screen and select the Continue button to move forward to the next 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**: 09/18/2020

**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.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type</td>
<td>*Specialty</td>
</tr>
<tr>
<td>Specialty Code</td>
<td>Primary</td>
</tr>
<tr>
<td>Specialty Board</td>
<td></td>
</tr>
</tbody>
</table>

Click to collapse.

**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**: Email

### Footer

Online Provider Enrollment User Manual, Chapter 2
Updated 08/15/2022 (pv06/04/2021)
Initial Enrollment Information:

1. **Enrollment Type** – Select the type of enrollment from the drop-down list.

2. **Provider Type** – Select the appropriate 2-digit provider type from the drop-down list. Some providers provide more than one type of service. You must complete one complete application for each provider type you are enrolling. For example, if you supply Durable Medical Equipment (provider type 33) as well as pharmaceutical drugs (provider type 28), complete two enrollment applications.

**Note:** Ordering, Prescribing or Referring (OPR) providers are not fully enrolled as Nevada Medicaid providers and cannot seek reimbursement for services rendered to Medicaid recipients or submit claims to Nevada Medicaid.
### Group Enrollment Type

<table>
<thead>
<tr>
<th>Provider Enrollment: Request Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enrollment Type</strong></td>
</tr>
<tr>
<td><em>Individual</em></td>
</tr>
<tr>
<td>Ownership change</td>
</tr>
<tr>
<td><em>Provider Type</em></td>
</tr>
<tr>
<td>10-Outpatient Surgery, Hospital Based</td>
</tr>
<tr>
<td>11-Hospital, Inpatient</td>
</tr>
<tr>
<td>12-Hospital, Outpatient</td>
</tr>
<tr>
<td>13-Psychiatric Hospital, Inpatient</td>
</tr>
<tr>
<td>14-Behavioral Health Outpatient Treatment</td>
</tr>
<tr>
<td>15-Registered Dietitian</td>
</tr>
<tr>
<td>16-ICF - for Intellectually Disabled / Public</td>
</tr>
<tr>
<td>17-Special Clinic</td>
</tr>
<tr>
<td>18-Nursing Facility</td>
</tr>
<tr>
<td>19-Physician, M.D., Osteopath, D.O.</td>
</tr>
<tr>
<td>21-Podiatrist</td>
</tr>
<tr>
<td>22-Otolarynx</td>
</tr>
<tr>
<td>22-Pharmacy</td>
</tr>
<tr>
<td>23-Radiology and Non-Invasive Diagnostic Centers</td>
</tr>
<tr>
<td>28-Pharmacy</td>
</tr>
<tr>
<td>29-Home Health Agency</td>
</tr>
<tr>
<td>30-Personal Care Services - Provider Agency</td>
</tr>
<tr>
<td>31-Ambulance, Air or Ground</td>
</tr>
<tr>
<td>32-DMR, Dispersable, Prostitution</td>
</tr>
<tr>
<td>34-Therapy</td>
</tr>
<tr>
<td>36-Chiropractor</td>
</tr>
<tr>
<td>38-Waiver for Intellectual Disabilities and Related</td>
</tr>
<tr>
<td>39-Adult Day Health Center</td>
</tr>
<tr>
<td>41-Ophthalmic, Optimal Business</td>
</tr>
<tr>
<td>43-Laboratory, Pathology Clinical</td>
</tr>
<tr>
<td>44-Snake-bird, Acute Hospital</td>
</tr>
</tbody>
</table>

### Individual Enrollment Type

<table>
<thead>
<tr>
<th>Provider Enrollment: Request Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enrollment Type</strong></td>
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<tr>
<td><em>Individual</em></td>
</tr>
<tr>
<td>Ownership change</td>
</tr>
<tr>
<td><em>Provider Type</em></td>
</tr>
<tr>
<td>10-Behavioral Health Outpatient Treatment</td>
</tr>
<tr>
<td>11-Registered Dietitian</td>
</tr>
<tr>
<td>12-Physician, M.D., Osteopath, D.O.</td>
</tr>
<tr>
<td>21-Podiatrist</td>
</tr>
<tr>
<td>22-Otolarynx</td>
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</tr>
<tr>
<td>41-Ophthalmic, Optimal Business</td>
</tr>
<tr>
<td>43-Laboratory, Pathology Clinical</td>
</tr>
<tr>
<td>44-Snake-bird, Acute Hospital</td>
</tr>
</tbody>
</table>

The contact person will potentially be contacted to answer any questions regarding the information provided in this request.

* Indicates a required field.
### Urgent/Emergency Group

**Provider Enrollment: Request Information**

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.

<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent/Emergency Group</td>
<td></td>
</tr>
</tbody>
</table>

**Requested Enrollment Effective Date**

10-Outpatient Surgery, Hospital Based
11-Inpatient, Hospital
12-Hospital, Outpatient
13-Psychiatric Hospital, Inpatient
14-Behavioral Health Outpatient Treatment
15-Updated Registration
16-COF - For Intellectually Disabled / Public
17-Special Clinic
18-Nursing Facility
20-Physician, M.D., Osteopath, D.O.
21-Podiatrist
22-Dentist
23-Hearing Aid Dispenser and Related Supplies
24-Advanced Practice Registered Nurses
25-Optometrist
26-Pharmacists
27-Radiology and Non-Invasive Diagnostic Centers
28-Pharmacy
29-Home Health Agency
30-Personal Care Services - Provider Agency
31-Nursing Home
32-Respiratory Therapy
33-Dietary
34-Therapy
35-Mental Health
36-Occupational Therapy
37-Speech Therapy
38-Waiver for Intellectual Disabilities and Related
39-Adult Day Health Center
41-Urgent, Optical Business
43-Laboratory, Pathology Clinical
44-Inpatient, Acute Hospital

**Specialties**

- Indicates a required field.

- Indicates a primary record.

Click "+" to view or update the details in a row. Click "-" to remove the row.

**Provider Information**

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

Only report a separate FEIN if this individual has a registered FEIN with IRS. Leave blank if the individual does not have a separate FEIN. Do not report group’s FEIN.

---

### Urgent/Emergency Individual

**Provider Enrollment: Request Information**

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.

<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent/Emergency Individual</td>
<td></td>
</tr>
</tbody>
</table>

**Requested Enrollment Effective Date**

14-Behavioral Health Outpatient Treatment
15-Registered Dietitian
20-Physician, M.D., Osteopath, D.O.
21-Podiatrist
22-Dentist
23-Hearing Aid Dispenser and Related Supplies
24-Advanced Practice Registered Nurses
25-Optometrist
26-Pharmacists
27-Radiology and Non-Invasive Diagnostic Centers
28-Pharmacy
29-Home Health Agency
30-Personal Care Services - Provider Agency
31-Nursing Home
32-Respiratory Therapy
33-Dietary
34-Therapy
35-Mental Health
36-Occupational Therapy
37-Speech Therapy
38-Waiver for Intellectual Disabilities and Related
39-Adult Day Health Center
41-Urgent, Optical Business
43-Laboratory, Pathology Clinical
44-Inpatient, Acute Hospital

**Specialties**

- Indicates a required field.

- Indicates a primary record.

Click "+" to view or update the details in a row. Click "-" to remove the row.

**Provider Information**

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

Only report a separate FEIN if this individual has a registered FEIN with IRS. Leave blank if the individual does not have a separate FEIN. Do not report group’s FEIN.
Note: If, after initially updating the initial enrollment information, either the Enrollment Type or the Provider Type fields in the Request Information page are subsequently changed prior to submitting the final enrollment request, you must navigate back through the entire enrollment application. Fields that are contingent on the Enrollment Type or Provider Type values are reset to blank and must be re-entered. You must respond to a confirmation dialog prior to changing the Provider Type value.

3. Effective Date – Enter the date on which you wish the provider 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. To exceed the six-month back limitation, provide a written explanation and supporting documentation as an attachment to this application.

If you have already provided services, review the dates of service you will be billing and enter a date that will cover all of your back billing. If you have no back billing, enter the current date. Timely filing limits apply. (Timely Filing Limits: From the Date of Service or the recipient’s date of eligibility, whichever is later, you have 180 days to submit in-state provider claims when Medicaid is the only insurance or 365 days to submit out-of-state provider claims and claims when the recipient has a primary health insurance carrier other than Medicaid.)
Specialty:

The provider type is established in the Initial Enrollment Information panel. All subsequent specialties available for the selected provider type can be added in the specialties panel. 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.

1. Specialty – Select the provider’s specialty from the drop-down list.
2. Primary – Use the 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.
3. Specialty Board – Enter the Specialty Board Name (Optional).
4. Click “Add” to add the specialty information.
5. Click the ‘+’ on a new line to add another specialty. Repeat steps 1 through 4 to add more specialties.

6. To remove a listed specialty, click the “Remove” link.
   Note: You cannot remove the primary specialty. The primary specialty can only be updated by opening the primary specialty row and the saving changes.
7. Click “Continue” to continue the enrollment process.
   -- OR --
   Click “Finish Later” to save the enrollment application and finish it at a later date.
   -- OR --
   Click “Cancel” to cancel the enrollment application.

**Group Association:**

When Individual Enrollment Type and Provider Type 14, 20, 21, 22, 24, 25, 26, 32, 34, 36, 72, 74, 76, 77, 82, 85 or 89 is selected from the drop-down lists, the required fields on the Group Association Panel will need to be completed.

- Select “Yes” if you would like to be linked to a group.
- Select “No” if you do not want to be linked to a group.

If you select “Yes” you would like to be linked to a group, enter the group’s National Provider Identifier (NPI) and the date you would like to be affiliated with the group. You may enter a date in the past. Please note that timely filing limits apply. When the group’s NPI is used as the billing provider on a claim, payments will be made to the Provider Group.

Group Association may be required for provider types 14, 26, 32, 82 and 89, depending on the specialty that is selected.
The following provider types are only allowed to be linked/associated to specific provider types:

- Provider type 85 can only be linked/associated with provider type 85.
- Provider type 89 can only be linked/associated with provider types 20, 24 and/or 77.

Also, individuals can only be linked/associated to a Group. When the “Continue” button is selected, error message(s) will appear if invalid link(s)/association(s) are present.

For example:

**Error**
Invalid group/provider association:
1234567890 - Individual provider type 85 can only be linked/associated to group provider type 85.

**Error**
Invalid group/provider association:
1234567890 - Individual provider type 89 can only be linked/associated to group provider types 20, 24 or 77.

**Error**
Invalid group/provider association:
1234567890 - Individual Provider can only be linked/associated to group provider types.
Ordering, Prescribing or Referring Application or Revalidation Information:

If the Ordering, Prescribing or Referring Application or Revalidation enrollment is selected, the OPR Information Panel will be displayed. You will be required to check the appropriate boxes explaining why you do not wish to be a fully enrolled Nevada Medicaid provider.

Provider Information:

The information displayed on the Provider Information section will depend on the enrollment type selected. See below for the required fields based on enrollment type.

Group Enrollment Type

For group enrollment type the following fields are displayed:

1. Federal Tax ID – For group enrollment type this is a required field.
2. Billing Type – For group enrollment type this is a required field. Select Biller, Performer or Both.
3. Are you currently enrolled as a Provider? – This is a required question, select the “Yes” or “No” radio button.
4. Were you previously enrolled as a Provider? – This is a required question, select the “Yes” or “No” radio button.
Individual Enrollment Type

For individual enrollment type the following fields are displayed:

1. Federal Tax ID – For individual enrollment type this is an optional field.
2. Social Security Number (SSN) – For individual enrollment type this is a required field.
3. Billing Type – For individual enrollment type this is a required field. Select Biller, Performer or Both.
4. Are you currently enrolled as a Provider? – This is a required question, select the “Yes” or “No” radio button.
5. Were you previously enrolled as a Provider? – This is a required question, select the “Yes” or “No” radio button.

Note: For Individual and Group enrollment types the legal name and Tax Identification Number or Social Security Number listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. A copy of your IRS acceptance letter will need to be included as an attachment to your online provider enrollment application.

Ordering, Prescribing or Referring Application or Revalidation Enrollment Type

For Ordering, Prescribing or Referring Application or Revalidation enrollment type the following fields are displayed:

1. Social Security Number (SSN) – For Ordering, Prescribing or Referring Application or Revalidation enrollment type this is a required field.
2. Billing Type – For OPR enrollment type this defaults to Prescribing/Referring/Ordering.
Ownership Change

If a Group and Individual enrollment application is being submitted for a change of ownership, a copy of the purchase agreement must be attached to the OPE application. The Provider Information panel will also display a required field to indicate the Previous NPI (or current if the same).
Contact Information:

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

1. Last Name – Enter the contact person’s last name.
2. First Name – Enter the contact person’s first name.
3. Telephone Number – Enter the contact person’s telephone number.
4. Telephone Number Extension – Enter the contact person’s extension if applicable.
5. Fax Number – Enter the contact person’s fax number if applicable.
6. Contact Email – Enter the contact person’s email.
7. Confirm Email Address – Re-enter the contact person’s email.
8. Preferred Method of Communication – Select the preferred method of communication from the drop-down list.

Once the required fields have been completed, click “Continue” to go on to the next page or click “Finish Later” to save your application and finish it at a later date or “Cancel” to return to the Online Provider Enrollment Portal Home page.
2.2. Address

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

Individual and Group Enrollment Types

For Individual and Group enrollment types the service address is required, and must be a physical location of the practice/business/facility where services will be rendered. This must be a street address and not a post office box.

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, excluding remittance advices, to the Mail To address. If you do not supply a Mail To address, written correspondence will be mailed to the service address.

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.

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.

Ordering, Prescribing or Referring Application or Revalidation Enrollment Types

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

If questions arise during the processing of this Application, Nevada Medicaid will attempt to contact you directly at the location given in Mail To address. Please designate an alternate contact person in Contact address. NOTE: The Contact Person reported in Contact address will only be authorized to discuss issues concerning this Application. Nevada Medicaid will not discuss any other enrollment or Medicaid issues about you with the Contact Person listed in Contact address.
1. Address Type – Select the correct address type from the drop-down list.

2. Enter the required information for the Address Type selected.
3. Click the “Add” button to add the address to the address list.

4. To add an additional address to the address list, click the (+) plus sign “Click to add address” and repeat steps 1-3 to add the new address to the address list.

5. Once the maximum number of addresses have been added, the message “You have reached the maximum number of addresses allowed for this list” will appear.

6. Click “Continue” to continue the enrollment process. -- OR -- Click “Finish Later” to save the enrollment application and finish it at a later date. -- OR -- Click “Cancel” to cancel the enrollment application.
2.3. Provider Identification

The Provider Identification page allows you 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.

Group Enrollment Type

Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.
Note: The Durable Medical Equipment panel will only display for provider type 33.
Provider Legal Name:

1. Provider Legal Name – The Provider Legal Name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.

2. Doing Business as Name – Enter the Doing Business as Name. (Optional)

Special Ownership Type:

1. Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district? – Select “No” or “Yes”

2. Special Ownership Type – If the entity has a special ownership type, select the type of ownership from the drop-down list.
Business Information:

1. Nevada Secretary of State Issued Business ID – Enter the Secretary of State issued NV Business ID number.

2. Nevada Secretary of State Registered Name – Enter the entity name listed on your business license or registered with the Secretary of State office.

3. Choose the option that most closely describes the entity you are enrolling. – Select the option from the drop-down list.

CLIA Certification

The CLIA Number, Effective Date and End Date will only be required for group enrollments with a provider type of 43.

The CLIA Number, Effective Date and End Date will be visible for all other group provider types.

When the CLIA fields are optional and the user chooses to enter data into any of the fields, all fields will then become required.
Drug Enforcement Administration (DEA) Number

The question: "Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?" will be displayed for all group enrollment provider types except provider type 28.

If the user answers "Yes," a DEA Number, Effective Date and End Date will be required.

The question: "Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?" will not be displayed for provider type 28. The DEA Number, Effective Date and End Date will always be required.

Taxonomy:

- Select the appropriate taxonomy code from the drop-down list. A taxonomy will be required for all provider types.

Individual Enrollment Type

Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.
### Provider Identification

**Provider Legal Name**
The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.

If you are not utilizing a separate TIN registered with the IRS for the individual leave Doing Business As Name blank. Do not enter the group's business name. If you are reporting a separate tax ID for the individual please enter legal business name as registered with the IRS.

<table>
<thead>
<tr>
<th>*Last Name</th>
<th>*First Name</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Doing Business As Name**

**Individual Providers**

<table>
<thead>
<tr>
<th>*Gender</th>
<th>*Birth Date</th>
</tr>
</thead>
</table>

**Special Ownership Type**

*Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g. state agency, county, entity or school district?*  
[ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Special Ownership Type</th>
</tr>
</thead>
</table>

**NPI**
The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.

<table>
<thead>
<tr>
<th>*NPI</th>
</tr>
</thead>
</table>

**License**

*Name of Issuing Licensing Board, State or Entity*

<table>
<thead>
<tr>
<th>*License Number</th>
<th>*License State</th>
</tr>
</thead>
</table>

*Effective Date*  
[ ]

<table>
<thead>
<tr>
<th>*End Date</th>
</tr>
</thead>
</table>

**Business Information**

*Nevada Secretary of State Issued Business ID*  
[ ]

<table>
<thead>
<tr>
<th>*Nevada Secretary of State Registered Name</th>
</tr>
</thead>
</table>

**CLIA Certification**

<table>
<thead>
<tr>
<th>CLIA Number</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
</table>

**Drug Enforcement Administration (DEA) Number**

*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?*  
[ ] Yes [ ] No

**Taxonomy Codes**

Choose your Taxonomy Codes

<table>
<thead>
<tr>
<th>#</th>
<th>Taxonomy Codes</th>
<th>Action</th>
</tr>
</thead>
</table>

[ ] Click to add new Taxonomy Code.

<table>
<thead>
<tr>
<th>*Taxonomy Codes</th>
</tr>
</thead>
</table>

[Add] [Cancel]
Provider Legal Name:

1. Last Name – Enter the provider’s last name.
2. First Name – Enter the provider’s first name.
3. Middle Initial – Enter the provider’s middle initial. (Optional)

The provider’s name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.

4. Doing Business as Name – Enter the Doing Business as Name. (Optional)

Special Ownership Type:

1. Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district? – Select “No” or “Yes”
2. Special Ownership Type – If the entity has a special ownership type, select the type of ownership from the drop-down list.
Business Information:

1. Nevada Secretary of State Issued Business ID – Enter the Secretary of State issued NV Business ID number.

2. Nevada Secretary of State Registered Name – Enter the entity name listed on your business license or registered with the Secretary of State office.

3. Choose the option that most closely describes the entity you are enrolling – Select the option from the drop-down list.

CLIA Certification

The CLIA Number, Effective Date and End Date will be visible for all individual enrollment provider types.

The CLIA fields are optional but if the user chooses to enter data into any of the fields, all fields will then become required.

Drug Enforcement Administration (DEA) Number

The question: "Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?" will be displayed for all individual enrollment provider types.

If the user answers "Yes," a DEA Number, Effective Date and End Date will be required.
Taxonomy:

Select the appropriate taxonomy code from the drop-down list. A taxonomy will be required for all provider types.
### Urgent/Emergency Group

Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.

<table>
<thead>
<tr>
<th>Provider Enrollment: Provider Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Indicates a required field.</td>
</tr>
<tr>
<td><strong>Provider Legal Name</strong></td>
</tr>
<tr>
<td>The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.</td>
</tr>
<tr>
<td>*Provider Legal Name:</td>
</tr>
<tr>
<td>Doing Business As Name:</td>
</tr>
<tr>
<td>Special Ownership Type</td>
</tr>
<tr>
<td>*Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district?</td>
</tr>
<tr>
<td><strong>NPI</strong></td>
</tr>
<tr>
<td>The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.</td>
</tr>
<tr>
<td>*NPI:</td>
</tr>
<tr>
<td><strong>CLIA Certification</strong></td>
</tr>
<tr>
<td>CLIA Number:</td>
</tr>
<tr>
<td>Effective Date:</td>
</tr>
<tr>
<td>End Date:</td>
</tr>
<tr>
<td><strong>Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</strong></td>
</tr>
<tr>
<td><strong>Taxonomy Codes</strong></td>
</tr>
<tr>
<td>Choose your Taxonomy Codes</td>
</tr>
<tr>
<td><img src="image.png" alt="Image" /></td>
</tr>
</tbody>
</table>

### Provider Legal Name:

1. Provider Legal Name – The Provider Legal Name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.
2. Doing Business as Name – Enter the Doing Business as Name. (Optional)

Special Ownership Type:

<table>
<thead>
<tr>
<th>Special Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g. state agency, county, entity or school district?</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

1. Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district?
– Select “No” or “Yes”

CLIA Certification

The CLIA Number, Effective Date and End Date will only be required for Urgent/Emergency group enrollments with a provider type of 43.

<table>
<thead>
<tr>
<th>CLIA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CLIA Number</td>
</tr>
<tr>
<td>*Effective Date</td>
</tr>
<tr>
<td>*End Date</td>
</tr>
</tbody>
</table>

The CLIA Number, Effective Date and End Date will be visible for all other Urgent/Emergency group provider types.

<table>
<thead>
<tr>
<th>CLIA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIA Number</td>
</tr>
<tr>
<td>Effective Date</td>
</tr>
<tr>
<td>End Date</td>
</tr>
</tbody>
</table>

When the CLIA fields are optional and the user chooses to enter data into any of the fields, all fields will then become required.

<table>
<thead>
<tr>
<th>CLIA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIA Number</td>
</tr>
<tr>
<td>Effective Date</td>
</tr>
<tr>
<td>End Date</td>
</tr>
</tbody>
</table>

Drug Enforcement Administration (DEA) Number

The question: “Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?” will be displayed for all Urgent/Emergency group enrollment provider types except provider type 28.

<table>
<thead>
<tr>
<th>Drug Enforcement Administration (DEA) Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

If the user answers “Yes,” a DEA Number, Effective Date and End Date will be required.
The question: "Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?" will not be displayed for provider type 28. The DEA Number, Effective Date and End Date will always be required.

**Taxonomy:**

- Select the appropriate taxonomy code from the drop-down list. A taxonomy will be required for all provider types.
Urgent/Emergency Individual

Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.

Provider Legal Name:

If you are not utilizing a separate FEIN registered with the IRS for the individual leave Doing Business As Name blank. Do not enter the group’s business name. If you are reporting a separate tax ID for the individual please enter legal business name as registered with the IRS.
1. Last Name – Enter the provider’s last name.
2. First Name – Enter the provider’s first name.
3. Middle Initial – Enter the provider’s middle initial. (Optional)

The provider’s name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.

4. Doing Business as Name – Enter the Doing Business as Name. (Optional)

Special Ownership Type:

<table>
<thead>
<tr>
<th>Special Ownership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district?</td>
</tr>
</tbody>
</table>

1. Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district? – Select “No” or “Yes”

CLIA Certification

The CLIA Number, Effective Date, and End Date will be visible for all Urgent/Emergency individual enrollment provider types.

<table>
<thead>
<tr>
<th>CLIA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIA Number</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

The CLIA fields are optional but if the user chooses to enter data into any of the fields, all fields will then become required.

<table>
<thead>
<tr>
<th>CLIA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIA Number</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Drug Enforcement Administration (DEA) Number

The question: "Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?" will be displayed for all Urgent/Emergency individual enrollment provider types.

<table>
<thead>
<tr>
<th>Drug Enforcement Administration (DEA) Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</td>
</tr>
</tbody>
</table>

If the user answers "Yes," a DEA Number, Effective Date and End Date will be required.
**Taxonomy:**

- Select the appropriate taxonomy code from the drop down list. A taxonomy will be required for all provider types.
Ordering, Prescribing or Referring Application or Revalidation Enrollment Type
Please Answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions. No instructions have been given for questions considered to be self-explanatory.

<table>
<thead>
<tr>
<th>Provider Enrollment: Provider Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Indicates a required field.</td>
</tr>
</tbody>
</table>

**Provider Legal Name**

The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.

- **Last Name**
- **First Name**
- **Middle**
- **Doing Business As Name**

**Individual Providers**

- **Gender**
- **Birth Date**

**Special Ownership Type**

*Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g. state agency, county, entity or school district?*

- **Yes**
- **No**

**NPI**

The NPI is the National Provider Identifier that is applied for and received through the NPI Registry for all healthcare providers.

- **NPI**

**License**

- **Name of Issuing Licensing Board, State or Entity**
- **License Number**
- **License State**
- **Effective Date**
- **End Date**

**Drug Enforcement Administration (DEA) Number**

*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?*

- **Yes**
- **No**

**Taxonomy Codes**

Choose your Taxonomy Codes

<table>
<thead>
<tr>
<th>#</th>
<th>Taxonomy Codes</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="add_button" alt="Click to add new Taxonomy Code." /></td>
<td><img src="add_button" alt="Add" /></td>
<td><img src="cancel_button" alt="Cancel" /></td>
</tr>
</tbody>
</table>

*Taxonomy Codes*
Provider Legal Name:

1. Last Name – Enter the provider’s last name.
2. First Name – Enter the provider’s first name.
3. Middle Initial – Enter the provider’s middle initial. (Optional)

The provider’s name listed must match the information registered with the Internal Revenue Service (IRS), what is listed on your IRS Employer ID Number (EIN) confirmation letter and the W-9 form. Include a copy of the IRS acceptance letter with the enrollment application.

4. Doing Business as Name – Enter the Doing Business as Name. (Optional)

Special Ownership Type:

1. Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g., state agency, county, entity or school district? -- Select “No” or “Yes”

After all information has been entered on the Provider Information panel for your Enrollment Type:

Click “Continue” to continue the enrollment process. -- OR --
Click “Finish Later” to save the enrollment application and finish it at a later date.
-- OR --
Click “Cancel” to cancel the enrollment application.
Drug Enforcement Administration (DEA) Number

The question: "Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?" will be displayed for all OPR provider types.

If the user answers "Yes," a DEA Number, Effective Date and End Date will be required.

Taxonomy:

- Select the appropriate taxonomy code from the drop-down list. A taxonomy will be required for all provider types.
2.4. Associated Providers

This panel will only appear for online provider enrollment applications with an Enrollment Type of Group or Urgent/Emergency Group, and a Provider Type of 14, 15, 20, 21, 22, 24, 25, 26, 34, 36, 72, 74, 76, 77, 82 or 85.

To be affiliated with a group the providers must be enrolled with Nevada Medicaid or have already submitted their enrollment application. Signatures are required for each individual being linked to the group. You can upload the signature PDF as part of your online provider enrollment application.

Add the NPIs and individual names or business names of all providers to be affiliated with this group. Click the “Add” button to add the NPI and individual name or business name to the grid.

To find a specific NPI in the grid, enter the NPI in the search box and click Search. If found, the NPI will be highlighted in the list. If not found, an error message will be displayed under the search box.
These provider types are only allowed to be linked/associated to specific provider types:

- Provider type 85 can only be linked/associated with provider type 85.

Also, Groups can only be linked/associated to an Individual. When the “Continue” button is selected, error message(s) will appear if invalid link(s)/association(s) are present.

For example:

Error
Invalid group/provider association:
1234567890 - Group provider type 85 can only be linked/associated to an individual provider type 85.

Error
Invalid group/provider association:
1234567890 - Group provider can only be linked/associated to individual provider types.
2.5. EFT

All providers must accept Nevada Medicaid and Nevada Check Up payments via Electronic Funds Transfer (EFT). If a provider does not have an active EFT account enrolled with Nevada Medicaid, that provider's Nevada Medicaid enrollment may be terminated. Note: The EFT page is optional for Urgent/Emergency Group and Urgent/Emergency Individual enrollment types.

Individual providers that are linking to a group and State Agencies will need to answer “Yes” or “No” to the following question:

- Will you only be receiving payment through the Group NPI listed on the Request Information panel that is already enrolled in EFT, or is this application for a state agency?

If the answer is “No”, the required Financial Institution Information needs to be completed.

If the answer is “Yes,” the Financial Institution Information will not be displayed and does not need to be completed.
2.6. Other Information

Other Information page displays questions and fields that are specific to the Enrollment Type. The Other Information page will not display for Ordering, Prescribing or Referring Application or Revalidation, Urgent/Emergency Group and Urgent/Emergency Individual Enrollment Types.

Group Enrollment Type

Provide other additional information, such as Days and Hours of Operation, Accepting New Patients, and number of Medicaid-eligible or certified/licensed beds.

Answer all required questions then:

Click “Continue” to continue the enrollment process. -- OR --
Click “Finish Later” to save the enrollment application and finish it at a later date.
-- OR --
Click “Cancel” to cancel the enrollment application.
Individual Enrollment Type

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

Answer all required questions then:

Click “Continue” to continue the enrollment process. -- OR --
Click “Finish Later” to save the enrollment application and finish it at a later date. -- OR --
Click “Cancel” to cancel the enrollment application.
2.7. Managing Individuals

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

Provide the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

**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 interest 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 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, to encumber such 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:
a) 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);
b) Any Medicare intermediary or carrier; and
c) 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:
   a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
   b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
   c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
   d) Owns an interest of 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 5 percent of the value of the property or assets of the disclosing entity;
   e) Is an officer or director of a disclosing entity that is organized as a corporation; or
   f) Is a partner in a disclosing entity that is organized as a partnership.

Subcontractor means:
   a) 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
   b) 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).
**Ownership Information**

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42 CFR 455.160 ? 108. Click [here](#) to view the full regulation.

Ownership is defined as all individuals and corporations having direct or indirect ownership interest, or controlling interest in the disclosing entity (this includes relatives) and for any subcontracting company in which the disclosing entity has direct or indirect ownership of 5 percent or more. Agent is defined as any person who has been delegated the authority to obligate or act on behalf of a provider. Managing Employee is defined as a general manager, business manager, administration officer, director, or any 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. Board Member is defined as anyone who sits on a board of directors for any entity.

Information is required on the following:

- Group and Individual Enrollment applicants are required to enter all individuals or entities that:
  - have a direct or indirect ownership interest or controlling interest in the disclosing entity of 5 percent or more;
  - own an interest of 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 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;
  - is a partner in a disclosing entity that is organized as a partnership.

- Group and Individual Enrollment applications are required to indicate the chain of ownership between the direct and indirect owners. Use the Related Corporations, Owners, Agents or Managing Employees Information grid below to indicate the chain of ownership.

- Group and Individual Enrollment applications are required to enter all Agents and Managing Employees.

- Group applications are required to enter all board member(s) if they are formed as a corporation.

- Anyone listed in the above entities that own 5 percent or more of any other business (health-care related or non-health-care related) is required to disclose that information.

*Notes:* Owners are generally the Corporation or Owner entity type, but can also be board member(s)/director(s). The information on ownership, board member(s), managing employee(s), and agent(s) needs to be added in the Ownership (Direct & Indirect) / Managing Employees grid below. Ownership information sent as an attachment will not be accepted.

This is not required for:

- Individuals linking to group
- Provider Type 38
- Groups and individuals with a Special Ownership type value of Government or State Owned selected on the Provider Identification panel

**Notes:** County owned organizations, Non-Profit organizations, and school districts are required to disclose all Board Members and Managing Employees/Agents.

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

<table>
<thead>
<tr>
<th>#</th>
<th>Type of Entity</th>
<th>Legal Name</th>
<th>Federal TaxID</th>
<th>% of Ownership</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Type of Entity</td>
<td>Title</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Corporation Name</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Ownership Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last Name</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First Name</td>
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<td>Middle</td>
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<td>Birth Date</td>
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<td>Street</td>
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<td>City</td>
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<td>State</td>
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<td>Zip</td>
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<tr>
<td></td>
<td>% of Ownership</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Employee Indicator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does this entity own 5 percent or more of any other business (health-care related or non-health-care related)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click to add Type of Entity.
Group and Individual Enrollment applications are required to enter all person(s) having direct or indirect ownership interest or controlling interest in the disclosing entity and for any subcontracting company in which the disclosing entity has direct or indirect ownership interest of 5 percent or more. Owners are generally the Corporation or Owner entity types, but can also be board members.

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

Group applications are required to enter all board member(s) if applicable.

This is not required for:

- Individuals linking to group
- Provider Type 38
- Groups and individuals with a Special Ownership type value of Government or State owned selected on the Provider Identification panel

To add a Type of Entity:
1. Entity Type – Select the appropriate type of entity from the drop-down list.

<table>
<thead>
<tr>
<th>Type of Entity</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Member/Trustee</td>
<td>Corporation</td>
</tr>
<tr>
<td>Managing Employees</td>
<td>Owners</td>
</tr>
</tbody>
</table>

Note: The required fields will vary based on the Type of Entity that is selected.

2. Complete all of the required fields and then click “Add” button to add the Type of Entity to the Type of Entity list.

Required fields for Type of Entity Board Member:

<table>
<thead>
<tr>
<th>Ownership (Direct &amp; Indirect) / Managing Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

- Name
  - Last Name
  - First Name
- Middle
- Birth Date
- SSN
- Street
- City
- State
- Zip+4

Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?

- [ ] Yes
- [ ] No
Required fields for Type of Entity Corporation:

<table>
<thead>
<tr>
<th>#</th>
<th>Type of Entity</th>
<th>Legal Name</th>
<th>Federal Tax ID</th>
<th>% of Ownership</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Corporation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Corporation Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ownership Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| *Federal Tax ID |          |
| *Street |          |
| *City |          |
| *State |         | *Zip+4 |          |
| *% of Ownership |          |

Does this entity own 5 percent or more of any other business (health-care related or non-health-care related)?

*  Yes  No

Required fields for Type of Entity Managing Employees and/or Agent.

<table>
<thead>
<tr>
<th>#</th>
<th>Type of Entity</th>
<th>Legal Name</th>
<th>Federal Tax ID</th>
<th>% of Ownership</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Managing Employees and/or Agent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Title</td>
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</tr>
<tr>
<td></td>
<td>Last Name</td>
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</tr>
<tr>
<td></td>
<td>First Name</td>
<td></td>
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<tr>
<td></td>
<td>Middle</td>
<td><em>Birth Date</em></td>
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</tr>
<tr>
<td></td>
<td>SSN</td>
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<tr>
<td></td>
<td>Street</td>
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<td>City</td>
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<td></td>
<td>State</td>
<td></td>
<td>*Zip+4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employee Indicator</td>
<td></td>
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</tr>
</tbody>
</table>

Does this entity own 5 percent or more of any other business (health-care related or non-health-care related)?

*  Yes  No
Required fields for Type of Entity Owner.

If after adding all of the owners and/or corporations the ownership totals less than 100% you are required to provide an explanation in the explanation box provided.

Ownership or Control Relationships

Now that all corporations, board members and owners have been input, the provider must link the people and/or corporations. This section does not include board members.
For example:

For an example of the Ownership and Relationships identification process, refer to the Online Provider Enrollment User Manual Chapter 2 Addendum, which is also posted on the Provider Enrollment webpage.
Background and Disclosure of Disclosing Entity

Enter the person(s) authorized to make changes on this provider’s behalf. Changes could include any information on the provider’s file (address, payment method, etc.).

Person(s) identified as authorized users are required to disclose Birth Date and Social Security Number (SSN) per regulation in 42CFR 455.100.
Please answer the disclosure questions below as required by State and Federal policy. If you select “Yes” to any of the questions, you will be prompted and required to provide additional details.

2.8. Agreements

You must accept the terms outlined in the Agreements page and complete the following in order to submit the online provider enrollment application:

- Click the checkbox - I accept the terms and conditions of the application and contract.
Note: The acceptance checkbox will remain disabled until the Nevada Medicaid and Nevada Check Up Provider contract has been read by clicking the download link.

- Type full name of the Provider or Authorized Representative in the Provider or Authorized Representative Signature textbox.
- Select the title of the Provider or Authorized Representative from the Title drop-down list.

Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side of the application. Once changes are made, the request can be reviewed from the Summary Page.

Note: The agreement page will not display for Urgent/Emergency Group and Urgent/Emergency Individual Enrollment Types.
2.9. Attachments

Submit all of the required documentation and forms to continue the request. A checklist of required documentation can be found here: (https://www.medicaid.nv.gov/providers/checklist.aspx).

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.

All documents must be uploaded at the time of the online provider enrollment submission in order for your application to be considered complete.
Urgent/Emergency Group and Urgent/Emergency Individual Enrollment Types

Supporting Documentation

Submit all of the required documentation and forms to continue the enrollment process.

Required documents:
- Proof of IRS filing (W-9)
- Proof of Medicaid enrollment in your home state
- Proof of NPI registry
- If HIP information is entered provide a voided check or bank letter to confirm account information.

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 fill into the field on the page, type the question and response and upload the documentation using "Other" as the attachment type. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be considered complete. To upload the appropriate documents, follow the instructions under Attachments below.

Note: There is a maximum of 15 MBs of information when uploading attachments by File Transfer.

* Indicates a required field.

Provider Type and Specialty

Provider Type: Physician, M.D., Osteopath, D.O.
Provider Specialty: Anesthesiology

Attachments

To add an attachment to be uploaded with the enrollment form, select the File Transfer transmission type, click Browse..., select the file and then click Add. Only allowed attachment types are .pdf files. Use the "Other" attachment type to upload attachments not in the list.

Click the Remove link to remove the entire row.
To add an attachment to be uploaded with the online provider enrollment application:

1. Transmission Method - Select FT-File Transfer.
2. Attachment Type – Select the type of file that is going to be uploaded from the drop-down list.
3. Upload File – Click the “Browse” button and select the file from your computer. The only allowable file types are PDF documents (.pdf).
4. Click the “Add” button.
5. Repeat steps 1 through 4 to add additional documents to the online provider enrollment application.

**Note:** There is a maximum of 15MBs of information when uploading attachments.
2.10. Summary

The summary page provides a summary of all of the information that was included on the provider enrollment application.

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

You can print a copy of the summary for your records. Select “Print Preview” at the top or bottom of the Summary page.

Top of Summary page.

<table>
<thead>
<tr>
<th>Provider Enrollment: Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Provider Identification</td>
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<td>Provider Information</td>
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</tbody>
</table>

Bottom of Summary page.

Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, select ‘Confirm’ to submit the enrollment for processing. Please print a copy of this summary for your records.
After you click Print Preview a new window opens; click “Print” to print the Summary page.

You can save a copy of the summary as a PDF. Select “Save As PDF” and then save to your computer.

After you click “Save As PDF,” a new window opens and displays the PDF and you can save the PDF to your computer.
Once you have reviewed the contents of the application, select “Confirm” to submit the enrollment for processing.

2.11. 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.