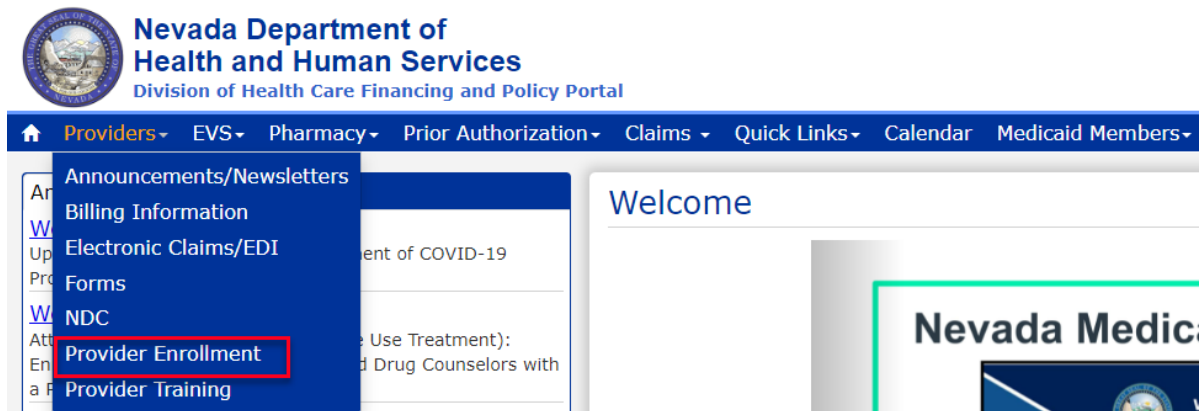


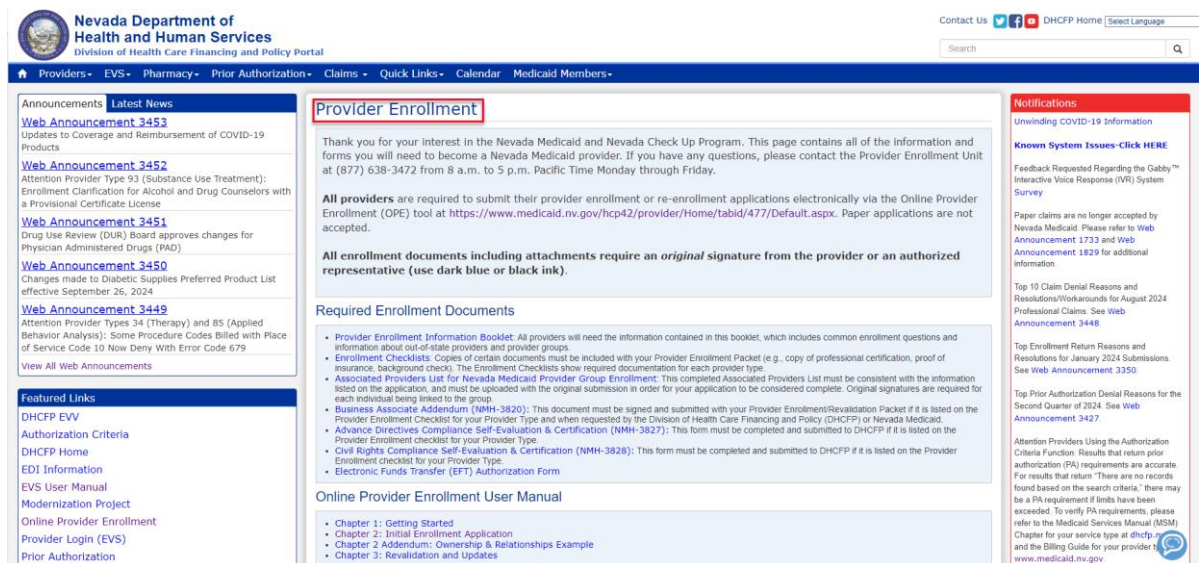
## Chapter 2. Initial Enrollment Application

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](http://www.medicaid.nv.gov), click the “Providers” tab, and select “Provider Enrollment.”



2. The Provider Enrollment page is displayed.



3. Click the “Online Provider Enrollment” link on the Provider Enrollment Page or in the Featured Links panel.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Portal

Contact Us DHCFF Home [Select Language](#)

Search

Providers- EVS- Pharmacy- Prior Authorization- Claims- Quick Links- Calendar- Medicaid Members-

### Provider Enrollment

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. This page contains all of the information and forms you will need to become a Nevada Medicaid provider. If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8 a.m. to 5 p.m. Pacific Time Monday through Friday.

**All providers** are required to submit their provider enrollment or re-enrollment applications electronically via the **Online Provider Enrollment (OPE)** tool at <https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>. Paper applications are not accepted.

**All enrollment documents including attachments require an original signature from the provider or an authorized representative (use dark blue or black ink).**

#### Required Enrollment Documents

- Provider Enrollment Information Booklet:** All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- Enrollment Checklists:** Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- Associated Providers List for Nevada Medicaid Provider Group Enrollment:** This completed Associated Providers List must be consistent with the information listed on the application, and must be uploaded with the original submission in order for your application to be considered complete. Original signatures are required for each individual being linked to the group.
- Business Associate Addendum (NMH-3820):** This document must be signed and submitted with your Provider Enrollment/Revalidation Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFF) or Nevada Medicaid.

#### Announcements

**Latest News**

[Web Announcement 3454](#)  
Medicaid Services Manual Chapters Updated

[Web Announcement 3453](#)  
Updates to Coverage and Reimbursement of COVID-19 Products

[Web Announcement 3452](#)  
Attention Provider Type 93 (Substance Use Treatment): Enrollment Clarification for Alcohol and Drug Counselors with a Provisional Certificate License

[Web Announcement 3451](#)  
Drug Use Review (DUR) Board approves changes for Physician Administered Drugs (PAD)

[Web Announcement 3450](#)  
Changes made to Diabetic Supplies Preferred Product List effective September 26, 2024

[View All Web Announcements](#)

#### Featured Links

[DHCFF EVV](#)  
[Authorization Criteria](#)  
[DHCFF Home](#)  
[EDI Information](#)

#### Notifications

[Unwinding COVID-19 Information](#)

**Known System Issues-Click HERE**

Feedback Requested Regarding the Gabby™ Interactive Voice Response (IVR) System [Survey](#)

Paper claims are no longer accepted by Nevada Medicaid. Please refer to [Web Announcement 1733](#) and [Web Announcement 1829](#) for additional information.

Top 10 Claim Denial Reasons and Resolutions/Workarounds for August 2024 Professional Claims. See [Web Announcement 3448](#).

Top Enrollment Return Reasons and Resolutions for January 2024 Submissions. See [Web Announcement 3350](#).

Top Prior Authorization Denial Reasons for the Second Quarter 2024. See [Web Announcement 3427](#).

## Featured Links

[DHCFF EVV](#)  
[Authorization Criteria](#)  
[DHCFF Home](#)  
[EDI Information](#)  
[EVS User Manual](#)  
[Modernization Project](#)  
[Online Provider Enrollment](#)  
[Provider Login \(EVS\)](#)  
[Prior Authorization](#)  
[Search Fee Schedule](#)  
[Search Providers](#)  
[Claims](#)  
[Trading Partner](#)  
[Self-Paced Training Videos](#)

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

#### 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.

#### Other Links


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

[Provider Enrollment Information Booklet](#)

[Enrollment Checklist](#)




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.



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal



[Contact Us](#)  
[Frequently Asked Questions](#)

Provider Enrollment

[Provider Enrollment](#) > Provider Enrollment Application
 Tuesday 10/10/2023 09:19 AM PST

Provider Enrollment: Welcome

Welcome

Request Information

Addresses

Provider Identification

Other Information

Ownership & Disclosure

Agreement

Attachments

Summary

?

Welcome to the Online Provider Enrollment System

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. Gainwell Technologies is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, Gainwell Technologies is referred to as Nevada Medicaid.

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.

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.

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

## 2.1. Request Information

- 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.

Online Provider Enrollment User Manual, Chapter 2  
Updated 10/15/2024 (pv08/15/2024)

Page 4 of 64



**Provider Enrollment**

[Provider Enrollment](#) > Enrollment Request Information

Monday 10/09/2023 10:32 AM PST

**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><div>Provider Type <input type="text"/></div><div>Specialty <input type="text"/></div><div>Specialty Code <input type="text"/> Primary <input type="checkbox"/></div><div>Specialty Board <input type="text"/></div></div>	
<div>AddReset</div>	

**Provider Information**

**Biller:** Enrolling provider will receive direct payment from Nevada Medicaid and Nevada Check Up on behalf of the individual(s) rendering services. This billing type may not be listed as the rendering provider on claims.

**Both:** Enrolling provider will receive direct payment from Nevada Medicaid and Nevada Check Up for services rendered. Provider may be listed on a claim as both billing and/ or rendering provider.

**Performer:** Enrolling provider will not receive direct payment from Nevada Medicaid and Nevada Check Up for services rendered. Can only be listed on the claim as the rendering/servicing provider.

\*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   
\*Contact Email   
\*Confirm Email Address   
\*Preferred Method of Communication

Continue Finish Later Cancel

## Initial Enrollment Information:

[Provider Enrollment](#) > Enrollment Request Information

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	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.
<b>Request Information</b>	
Specialties	
Addresses	
Provider Identification	<b>Initial Enrollment Information</b>
Other Information	1 *Enrollment Type <input type="text"/>
Attachments and Fees	2 *Provider Type <input type="text"/>
Agreement	3 *Requested Enrollment Effective Date <input type="text" value="08/31/2015"/>

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

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	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.
<b>Request Information</b>	
Specialties	
Addresses	
Provider Identification	<b>Initial Enrollment Information</b>
Other Information	*Enrollment Type <input type="text"/>
Ownership & Disclosure	*Provider Type <input type="text"/>
Agreement	*Requested Enrollment Effective Date <input type="text" value="08/31/2015"/>

### 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.

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.



## Group Enrollment Type

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	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.
<b>Request Information</b>	* Indicates a required field.
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	
<b>Initial Enrollment Information</b>	
*Enrollment Type	Group
Ownership change	<input type="checkbox"/>
*Provider Type	
*Requested Enrollment Effective Date	
<b>Specialties</b>	
The provider type is established on the Request Information screen. Only one specialty can be designated. Click the "+" icon to view the complete list of provider types and specialty codes.	
* Indicates a required field. <input checked="" type="checkbox"/> Indicates a primary record.	
Click "+" to view or update the details in a row. Click the "-" icon to delete a row.	
<input type="text"/>	
<b>Provider Information</b>	
A Federal Tax Identification Number, also known as a TIN, is required for all providers.	
*Federal Tax ID	<input type="text"/>

10-Outpatient Surgery, Hospital Based

11-Hospital, Inpatient

12-Hospital, Outpatient

13-Psychiatric Hospital, Inpatient

14-Behavioral Health Outpatient Treatment

15-Registered Dietitian

16-ICF - for Intellectually Disabled / Public

17-Special Clinics

19-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-Psychologist

27-Radiology and Non-Invasive Diagnostic Centers

28-Pharmacy

29-Home Health Agency

30-Personal Care Services - Provider Agency

32-Ambulance, Air or Ground

33-DME, Disposable, Prosthetics

34-Therapy

36-Chiropractor

38-Waiver for Intellectual Disabilities and Related

39-Adult Day Health Center

41-Optician, Optical Business

43-Laboratory, Pathology Clinical

44-Swino-bed, Acute Hospital

## Individual Enrollment Type

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	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.
<b>Request Information</b>	* Indicates a required field.
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	
<b>Initial Enrollment Information</b>	
*Enrollment Type	Individual
Ownership change	<input type="checkbox"/>
*Provider Type	
*Requested Enrollment Effective Date	
<b>Specialties</b>	
The provider type is established on the Request Information screen. Only one specialty can be designated. Click the "+" icon to view the complete list of provider types and specialty codes.	
* Indicates a required field. <input checked="" type="checkbox"/> Indicates a primary record.	
Click "+" to view or update the details in a row. Click the "-" icon to delete a row.	
<input type="text"/>	
<b>Provider Information</b>	
Social Security Number (SSN) must be the enrolling provider's SSN.	

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-Psychologist

32-Ambulance, Air or Ground

34-Therapy

36-Chiropractor

38-Waiver for Intellectual Disabilities and Related

41-Optician, Optical Business

48-Waiver for the Frail Elderly

58-Waiver for Persons with Physical Disabilities

72-Nurse Anesthetist

74-Nurse Midwife

76-Audiologist

## Urgent/Emergency Group

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	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.
<b>Request Information</b>	* Indicates a required field.
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	
<b>Initial Enrollment Information</b>	
*Enrollment Type	Urgent/Emergency Group
*Provider Type	10-Outpatient Surgery, Hospital Based 11-Hospital, Inpatient 12-Hospital, Outpatient 13-Psychiatric Hospital, Inpatient 14-Behavioral Health Outpatient Treatment 15-Registered Dietitian 16-ICF - for Intellectually Disabled / Public 17-Special Clinics 19-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-Psychologist 27-Radiology and Non-Invasive Diagnostic Centers 28-Pharmacy 29-Home Health Agency 30-Personal Care Services - Provider Agency 32-Ambulance, Air or Ground 33-DME, Disposable, Prosthetics 34-Therapy 36-Chiropractor 38-Waiver for Intellectual Disabilities and Related 39-Adult Day Health Center 41-Optician, Optical Business 43-Laboratory, Pathology Clinical 44-Swing-bed, Acute Hospital
*Requested Enrollment Effective Date	
<b>Specialties</b>	
The provider type is established on the Request Information added on this screen. Only one specialty can be designated. Click the "+" icon to view the complete list of provider types and specialty codes.	
* Indicates a required field. <input checked="" type="checkbox"/> Indicates a primary record.	
Click "+" to view or update the details in a row. Click the "-" icon to collapse the details.	
<input type="text"/>	
<b>Provider Information</b>	
A Federal Tax Identification Number, also known as a Federal Tax ID (EIN), is used to identify a business entity.	
*Federal Tax ID	<input type="text"/>
*Billing Type	

## Urgent/Emergency Individual

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	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.
<b>Request Information</b>	* Indicates a required field.
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	
<b>Initial Enrollment Information</b>	
*Enrollment Type	Urgent/Emergency Individual
*Provider Type	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-Psychologist 34-Therapy 36-Chiropractor 38-Waiver for Intellectual Disabilities and Related 41-Optician, Optical Business 48-Waiver for the Frail Elderly 58-Waiver for Persons with Physical Disabilities 72-Nurse Anesthetist 74-Nurse Midwife 76-Audiologist 77-Physician Assistant 82-Behavioral Health Rehabilitative Treatment 85-Applied Behavior Analysis (ABA)
*Requested Enrollment Effective Date	
<b>Specialties</b>	
The provider type is established on the Request Information added on this screen. Only one specialty can be designated. Click the "+" icon to view the complete list of provider types and specialty codes.	
* Indicates a required field. <input checked="" type="checkbox"/> Indicates a primary record.	
Click "+" to view or update the details in a row. Click the "-" icon to collapse the details.	
<input type="text"/>	
<b>Provider Information</b>	
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.	



## Ordering, Prescribing or Referring Application or Revalidation Enrollment Type

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	<p>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.</p> <p>* Indicates a required field.</p>
<b>Request Information</b>	
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	
<b>Initial Enrollment Information</b>	
<p>*Enrollment Type: Ordering, Prescribing or Referring Application or Revalidation</p>	
<p>*Provider Type:</p> <ul style="list-style-type: none"> <li>14-Behavioral Health Outpatient Treatment</li> <li>20-Physician, M.D., Osteopath, D.O.</li> <li>21-Podiatrist</li> <li>22-Dentist</li> <li>24-Advanced Practice Registered Nurses</li> <li>25-Optometrist</li> <li>26-Psychologist</li> <li>74-Nurse Midwife</li> <li>77-Physician Assistant</li> </ul>	
<p>*Requested Enrollment Effective Date</p>	
<b>OPR Information</b>	
<p>Please check the appropriate boxes explaining why you are requesting enrollment:</p> <p><input type="checkbox"/> Reimbursement Rates</p> <p><input type="checkbox"/> Medicaid Policy</p> <p><input type="checkbox"/> Practice Capacity</p> <p><input type="checkbox"/> Other</p>	
<b>Specialties</b>	

**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.) If the Requested Enrollment Effective Date is greater than 180 days in the past, you will be required to answer, "Will you be submitting secondary claims to Nevada Medicaid?"

Provider Enrollment: Request Information	
<a href="#">Welcome</a>	<p>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.</p> <p>* Indicates a required field.</p>
<b>Request Information</b>	
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
<b>Initial Enrollment Information</b>	
<p>*Enrollment Type: [Dropdown]</p>	
<p>*Provider Type: [Dropdown]</p>	
<p>*Requested Enrollment Effective Date: 08/06/2023</p>	
<p>*Will you be submitting secondary claims to Nevada Medicaid? <input type="radio"/> Yes <input type="radio"/> No</p>	

## 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.

**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><div>Provider Type Physician, M.D., Osteopath, D.O.</div><div><div>Specialty <sup>1</sup></div><div>Specialty Code <sup>2</sup> <input checked="" type="checkbox"/> Primary</div><div>Specialty Board <sup>3</sup></div></div></div>	
<input type="checkbox"/>		<div><div>4 Add</div><div>Reset</div></div>

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.

**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"/>	Family Practice	
<input type="checkbox"/>	Click to add specialty.	

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 saving changes.

\* Indicates a required field.

✓ Indicates a primary record.

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.

	Specialty	Action
5	<input checked="" type="checkbox"/> PEDIATRICS	
	<input type="checkbox"/> PEDIATRIC SURGERY	6 <a href="#">Remove</a>
	<input type="checkbox"/> Click to add specialty.	

7 [Continue](#) [Finish Later](#) [Cancel](#)

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, 89, 91 or 93 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, 38, 82 and 89, depending on the specialty that is selected.

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

Individual

Ownership change

☐

\*Provider Type

26-Psychologist

\*Requested Enrollment Effective Date

08/07/2024

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 checked="" type="checkbox"/>	Psychologist	<a href="#">Remove</a>
<input type="checkbox"/>	Click to add specialty.	

Group Association

To become affiliated or remain with an existing Medicaid Provider Group, enter the Group's NPI and the date to begin the affiliation. Otherwise, leave this field blank. **This may be required for provider types 14, 26, 32, 38, 82, 89 and 93 depending on the specialty that is selected.**

Would You Like to be Linked to a Group? ☒ Yes ☐ No

NPI	Affiliation Begin Date	Change	Action
<input type="checkbox"/>	Click to add group association.		
*NPI	123456789		
*Affiliation Begin Date	08/07/2024		
<div>Add</div> <div>Cancel</div>			

For new individual enrollment and re-enrollment applications, an NPI will appear when a group association is added; the "Change" column will display "Added" to confirm the NPI association. The "Action" column will display "Remove"; select this link to remove the NPI association. This action will remove the NPI from the provider's Group Association list.

Group Association

To become affiliated or remain with an existing Medicaid Provider Group, enter the Group's NPI and the date to begin the affiliation. Otherwise, leave this field blank. **This may be required for provider types 14, 26, 32, 38, 82, and 89 depending on the specialty that is selected.**

Would You Like to be Linked to a Group? ☒ Yes ☐ No

NPI	Affiliation Begin Date	Change	Action
<input checked="" type="checkbox"/>	1427173270	1/1/2022	Added
<input checked="" type="checkbox"/>	<a href="#">Remove</a>		
<input type="checkbox"/>	Click to add group association.		

The following individual provider types are only allowed to be linked/associated to specific organization provider types:

- Provider type 14 specialty 300 can only be linked/associated with provider types 14/814, 82/300, 82/882, 93/707, 93/708, or 93/704.
- Provider type 14 specialties 301 and 302 can only be linked/associated with provider types 14/814 or 82/882.
- Provider types 14/305 and 14/307 can only be linked/associated with group provider types 14/814, 14/308, 20, 24, 34/028, 77, 82/882, 93 or 26.
- Provider type 14/306 can only be linked/associated with group provider types 14/814, 14/308, 20, 24, 34/028, 82/882, 93 or 26.
- Provider type 15 can only be linked/associated with group provider types 15, 20, 24, 74 or 77.
- Provider type 20 can only be linked/associated with group provider types 14/814, 14/308, 15, 20, 21, 22, 24, 25, 26, 34, 36, 74, 76, 77, 82, 90 or 93.
- Provider Type 21 can only be linked/associated with group provider types 20, 21, 24, 72, 74 or 77.
- Provider type 22 can only be linked/associated with group provider types 22 or 20.
- Provider type 24 can only be linked/associated with group provider types 14/814, 14/308, 15, 20, 21, 24, 25, 34, 36, 72, 74, 76, 77, 90, 26/826, 82/882 or 93.
- Provider type 25 can only be linked/associated with group provider types 20, 24, 25, 74 or 77.
- Provider types 26/160, 26/161, 26/162, 26/071 and 26/926 can only be linked/associated with group provider types 14/814, 14/308, 20, 24, 26, 77, 74, 82/882 or 93.
- Provider types 26/246, 26/247 and 26/248 must be linked/associated with group provider type 26/826 or 26/162.
- Provider type 32/249 must be linked/associated with group provider type 32/249.
- Provider types 34/027, 34/029, 34/176 and 34/219 can only be linked/associated with group provider types 20, 24, 34, 74, 76 or 77.
- Provider type 34/028 can only be linked/associated with group provider types 14/814, 14/308, 20, 24, 25, 34, 74, 72, 77 or 26/826.
- Provider type 36 can only be linked/associated with group provider types 20, 24, 36, 74 or 77.
- Provider type 38 must be linked/associated with group provider type 38.
- Provider type 72 can only be linked/associated with group provider types 15, 25, 26, 34, 36, 76, 90, 20, 21, 24, 72, 74 or 77.
- Provider type 74 can only be linked/associated with group provider types 15, 20, 21, 24, 25, 26, 34, 36, 72, 74, 77, 90, 14/814, 14/308, 76 or 93.
- Provider type 76 can only be linked/associated with group provider types 20, 24, 34/027, 34/029, 34/219, 34/834, 76 or 77.

- Provider type 77 can only be linked/associated with group provider types 14/814, 14/308, 15, 20, 21, 24, 25, 26, 34, 36, 72, 74, 76, 77, 90 or 93.
- Provider type 82 specialties 300 can only be linked/associated with provider types 14/814, 82/882, 93/707, 93/708, or 93/704.
- Provider type 82 specialty 301 and 302 can only be linked/associated with provider types 14/814 or 82/882.
- Provider type 85/310 and 85/311 can only be linked/associated with group provider type 85.
- Provider type 85/312, 85/313 and 85/314 must be linked/associated with group provider type 85.
- Provider type 89 can only be linked/associated with provider types 14, 20, 22, 24, 72, 74, 77 and/or 82.
- Provider type 90 must be linked/associated with group provider types 20, 24, 74, 77 or 90.
- Provider type 91 can only be linked/associated with group provider types 14/814, 14/308, 20, 24, 74, 77 or 93.
- Provider type 93 must be linked/associated with group provider type 93.
- Provider type 94 must be linked /associated with group provider type 94.

Also, Individuals can only be linked/associated with 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 must be linked/associated to group provider types 14, 20, 22, 24, 72, 74, 77 or 82.

**Error**  
Invalid group/provider association:

1234567890 - Individual provider types 14/300, 14/301 and 14/302 must be linked/associated to group provider types 14/814 or 82/882.

**Error**

Invalid group/provider association:

1234567890 - Individual provider types 82/300, 82/301 and 82/302 must be linked/associated to group provider types 14/814 or 82/882.

**Error**

Invalid group/provider association:

1234567890 - Individual provider type 93 must be linked/associated to group provider type 93.

**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 Enrollment: Request Information	
<a href="#">Welcome</a>	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.
<b>Request Information</b>	* Indicates a required field.
Specialties	
Addresses	
Provider Identification	<b>Initial Enrollment Information</b>
Other Information	*Enrollment Type <span>Ordering, Prescribing or Referring Application or Revalidation</span>
Ownership & Disclosure	*Provider Type <span></span>
Agreement	*Requested Enrollment Effective Date <span>08/27/2018</span>
Attachments	<b>OPR Information</b>
Summary	Please check the appropriate boxes explaining why you <b>do not</b> wish to be a fully enrolled Nevada Medicaid provider.
	<input type="checkbox"/> Reimbursement Rates <input type="checkbox"/> Medicaid Policy <input type="checkbox"/> Practice Capacity <input type="checkbox"/> Other

### 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.

Provider Information	
A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.	
1	*Federal Tax ID <span></span>
2	*Billing Type <span></span>
3	*Are you currently enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No
4	*Were you previously enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No

#### Individual Enrollment Type

For individual enrollment type the following fields are displayed:

1. Social Security Number (SSN) – For individual enrollment type this is a required field.
2. Does the enrolling individual have a Federal Tax ID Number on file with the IRS for tax purposes? If yes, enter FEIN

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.

Provider Information	
Social Security Number (SSN) must be the enrolling individual's SSN.	
	*SSN <input type="text" value="111111111"/>
2	*Does the enrolling individual have a Federal Tax ID Number on file with the IRS for tax purposes? <input type="radio"/> Yes <input checked="" type="radio"/> No
<p><b>Biller:</b> Enrolling provider will receive direct payment from Nevada Medicaid and Nevada Check Up on behalf of the individual(s) rendering services. This billing type may not be listed as the rendering provider on claims.</p> <p><b>Both:</b> Enrolling provider will receive direct payment from Nevada Medicaid and Nevada Check Up for services rendered. Provider may be listed on a claim as both billing and/ or rendering provider.</p> <p><b>Performer:</b> Enrolling provider will not receive direct payment from Nevada Medicaid and Nevada Check Up for services rendered. Can only be listed on the claim as the rendering/servicing provider.</p>	
3	*Billing Type <input type="text" value=""/>
4	*Are you currently enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No
5	*Were you previously enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No

**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.

Provider Information	
1	*SSN <input type="text" value=""/>
2	*Billing Type <input type="text" value="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).

Provider Enrollment: Request Information										
<a href="#">Welcome</a>	<p>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.</p> <p>* Indicates a required field.</p> <h3>Initial Enrollment Information</h3> <p>*Enrollment Type <input type="text" value="Group"/></p> <p>Ownership change <input checked="" type="checkbox"/></p> <p>*Provider Type <input type="text" value="20-Physician, M.D., Osteopath, D.O."/></p> <p>*Requested Enrollment Effective Date <input type="text" value="09/21/2020"/></p> <h3>Specialties</h3> <p>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 <a href="#">Provider Enrollment Information Booklet</a> for the complete list of provider types and specialty codes. You can also enter an optional board certification for each specialty.</p> <p>* Indicates a required field.</p> <p><input checked="" type="checkbox"/> Indicates a primary record.</p> <p>Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the <b>Remove</b> link to remove the entire row.</p> <table><thead><tr><th></th><th>Specialty</th><th>Action</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/></td><td>Family Practice</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Click to add specialty.</td><td></td></tr></tbody></table> <h3>Provider Information</h3> <p>A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.</p> <p>*Federal Tax ID <input type="text" value="123456789"/></p> <p>*Billing Type <input type="text" value="Both"/></p> <p>*Are you currently enrolled as a Provider? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Were you previously enrolled as a Provider? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> *Previous NPI (or current if the same) <input type="text"/></p>		Specialty	Action	<input checked="" type="checkbox"/>	Family Practice		<input type="checkbox"/>	Click to add specialty.	
		Specialty	Action							
<input checked="" type="checkbox"/>		Family Practice								
<input type="checkbox"/>		Click to add specialty.								
<b>Request Information</b>										
Addresses										
Provider Identification										
Other Information										
Ownership & Disclosure										
Agreement										
Attachments										
Summary										

## 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.

**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.

1

\*Last Name

2

\*First Name

3

\*Telephone Number

4

Telephone Number Extension

5

\*Contact Email

6

\*Confirm Email Address

7

\*Preferred Method of Communication

Email

▼

Continue

Finish Later

Cancel

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. Contact Email – Enter the contact person’s email.
6. Confirm Email Address – Re-enter the contact person’s email.
7. 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.

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.

Provider Enrollment: Addresses

[Welcome](#)  
[Request Information](#)  
**Addresses**  
Provider Identification  
Associated Providers  
EFT Enrollment  
Other Information  
Ownership & Disclosure  
Agreement  
Attachments  
Summary

\* Indicates a required field.

**Provider Addresses**

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.**

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

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.

Type	Street	City	State	Action
Click to collapse.				
<div><div>*Address Type</div><div>*Street</div><div>*City</div><div>*Zip+4</div><div>Email Address</div><div>Telephone Number Office</div><div>Telephone Number TDD</div><div>Contact Name</div><div>Telephone Number Contact</div><div>Telephone Number Extension</div><div>State</div><div>County</div><div>Confirm Email Address</div><div>Add</div><div>Reset</div></div>				

Continue

Finish Later

Cancel

1. Address Type – Select the correct address type from the drop-down list.

Type	Street	City	State	Action
<input type="checkbox"/> Click to collapse.				
*Address Type *Street *City	<div> <div>Service</div> <div>Pay-To</div> <div>Mail-To</div> <div>Remittance Advice</div> </div>		*State	

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

Type	Street	City	State	Action
<input type="checkbox"/> Service	123 Main Street	Las Vegas	Nevada	<a href="#">Copy</a> <a href="#">Remove</a>
<input type="checkbox"/> Click to add address.				

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.

Type	Street	City	State	Action
<input type="checkbox"/> Click to collapse.				
*Address Type  Service *Street *City *Zip+4 *State *County Verify Address				
*Email Address Telephone Number Office * Telephone Number TDD *Contact Name Telephone Number Contact *	*Confirm Email Address Telephone Number Extension Telephone Number Extension			
<div> <div>Add</div> <div>Reset</div> </div>				



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.

	Type	Street	City	State	Action
	Service	123 Main Street Suite A	Las Vegas	Nevada	<a href="#">Remove</a>
	Pay-To	123 Main Street Suite B	Las Vegas	Nevada	<a href="#">Remove</a>
	Mail-To	123 Main Street Suite B	Las Vegas	Nevada	<a href="#">Remove</a>
	Remittance Advice	123 Main Street Suite B	Las Vegas	Nevada	<a href="#">Remove</a>

You have reached the maximum number of addresses allowed for this list.

**Continue**

**Finish Later**

**Cancel**

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.

[Provider Enrollment](#) > Enrollment Provider Identification

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**Provider Enrollment: Provider Identification**

[Welcome](#)  
[Request Information](#)  
[Addresses](#)  
**Provider Identification**  
[Associated Providers](#)  
[EFT Enrollment](#)  
[Other Information](#)  
[Ownership & Disclosure](#)  
[Agreement](#)  
[Attachments](#)  
[Summary](#)

\* Indicates a required field.

**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.

\***Provider Legal Name**   
**Doing Business As Name**

**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

**Special Ownership Type**

**NPI**

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

\***NPI**

**License**

License/Certification Effective Date and End Date must match the date on file with licensing/certification board  
Click '+' to view or update the details in a row. Click '-' to collapse the row. Click the **Remove** link to remove the License.

License/Certification Number	State	Effective Date	End Date	Licensing Board, State or Entity	Action
Click to add a new License					
<b>Name of Issuing Licensing Board, State or Entity</b> <input type="text"/>					
<b>License/Certification Number</b> <input type="text"/>		<b>License/Certification State</b> <input type="text"/>			
<b>Effective Date</b> <input type="text"/>		<b>End Date</b> <input type="text"/>			
<input type="button" value="Add"/>		<input type="button" value="Cancel"/>			

Business Information			
*Choose the option that most closely describes the entity you are enrolling <span style="float: right;">▼</span>			
*Secretary of State Issued Business ID	<input type="text"/>	*Secretary of State Registered Name	<input type="text"/>
*Formation Date	<input type="text"/>	*Renewal Date	<input type="text"/>
CLIA Certification			
CLIA Number	<input type="text"/>	Effective Date	<input type="text"/>
		End Date	<input type="text"/>
Drug Enforcement Administration (DEA) Number			
*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input type="radio"/> Yes <input type="radio"/> No			
Taxonomy Codes			
Choose your Taxonomy Codes			
#	Taxonomy Codes		Action
<input type="button" value="Add"/> Click to add new Taxonomy Code.			
Durable Medical Equipment			
List the names and addresses of all manufacturers and suppliers relative to the provision of services, goods, supplies or with whom you have a business relationship merchandise.			
#	Manufacturer or Supplier Name	City	Action
<input type="button" value="Add"/> Click to add new Manufacturer/Supplier.			
*Manufacturer or Supplier Name <input type="text"/> *Street <input type="text"/> *City <input type="text"/> *State <input type="text"/> *Zip+4 <input type="text"/> *National Clearing House Number <input type="text"/> *Will you bill Medicare Crossovers Claims only? <input checked="" type="radio"/> No <input type="radio"/> Yes <div> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </div>			
		Continue	Finish Later
		Cancel	

**Note:** The Durable Medical Equipment panel will only display for provider type 33.

## Provider Legal Name:

Provider Enrollment: Provider Identification	
<a href="#">Welcome</a>	* Indicates a required field.
<a href="#">Request Information</a>	<b>Provider Legal Name</b>
<a href="#">Specialties</a>	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.
<a href="#">Addresses</a>	
<b>Provider Identification</b>	* <b>Provider Legal Name</b> <input type="text"/> 1
<a href="#">Associated Providers</a>	<b>Doing Business As Name</b> <input type="text"/> 2

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:

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? <input type="radio"/> Yes <input type="radio"/> No
2	Special Ownership Type <input type="text"/>

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.

Special Ownership Type
County-owned
Government-owned
Non-Profit
State-owned

## Business Information:

Business Information	
1	Choose the option that most closely describes the entity you are enrolling <input type="text"/>
2	*Secretary of State Issued Business ID <input type="text"/>
3	*Secretary of State Registered Name <input type="text"/>
4	*Formation Date <input type="text"/>
5	*Renewal Date <input type="text"/>

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

**\*Choose the option that most closely describes the entity you are enrolling**

Corporation  
Indian Health Program (IHP)  
Indian Health Services  
Limited Liability Company  
Limited Liability Partner  
Non-Profit  
Partnership  
Provider Group  
Sole Proprietorship

2. Secretary of State Issued Business ID – Enter the Secretary of State issued Business ID number.
3. Secretary of State Registered Name – Enter the entity name listed on your business license or registered with the Secretary of State office.
4. Formation Date – Enter the date Secretary of State Issued Business ID was issued.
5. Renewal Date – Enter date Secretary of State Issued Business ID is up for renewal.

**Note:** Information must match what is on file with the Secretary of State.

### CLIA Certification

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

CLIA Certification		
*CLIA Number	<input type="text"/>	*Effective Date
	<input type="text"/>	*End Date
	<input type="text"/>	<input type="text"/>

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

CLIA Certification		
CLIA Number	Effective Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CLIA Certification		
CLIA Number	Effective Date	End Date
<input type="text" value="123456789"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
	Effective Date is a required field.	End Date is a required field.

### 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.

Drug Enforcement Administration (DEA) Number
*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input type="radio"/> Yes <input type="radio"/> No

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

Drug Enforcement Administration (DEA) Number		
*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input checked="" type="radio"/> Yes <input type="radio"/> No		
*DEA #	*Effective Date	*End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Drug Enforcement Administration (DEA) Number		
*DEA #	*Effective Date	*End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Taxonomy:

Taxonomy Codes		
Choose your Taxonomy Codes		
#	Taxonomy Codes	Action
<input type="checkbox"/>	Click to add new Taxonomy Code.	
*Taxonomy Codes	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		


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 Panel



**Nevada Department of  
Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal



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**Provider Enrollment**

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**[Provider Identification](#)**

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**Provider Enrollment: Provider Identification**

\* Indicates a required field.

**Provider Legal Name**

First and Last Name must match the information on file with the IRS for the Social Security Number (SSN) reported on Request Information page.

\*Last Name

\*First Name

Middle

**Individual Providers**

\*Gender  \*Birth Date

**NPI**

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

\*NPI

**License**

License/Certification Effective Date and End Date must match the date on file with licensing/certification board

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

License/Certification Number	State	Effective Date	End Date	Licensing Board, State or Entity	Action
Click to add a new License					
*Name of Issuing Licensing Board, State or Entity <input type="text"/>					
*License/Certification Number <input type="text"/> *License/Certification State <input type="text"/>					
*Effective Date <input type="text"/> *End Date <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

**Business Information**

Individual providers cannot be a Limited Liability Company (LLC), Corporation or nonprofit entity.

Sole Proprietor is an individual healthcare practitioner who operates as an unincorporated business and is registered with the Secretary of State as a sole proprietor.

\*Choose the option that most closely describes the entity you are enrolling

Secretary of State Issued Business ID  Secretary of State Registered Name

Formation Date  Renewal Date

**CLIA Certification**

CLIA Number  Effective Date  End Date

**Drug Enforcement Administration (DEA) Number**

Drug Enforcement Administration (DEA) Number must be the enrolling provider's DEA number.

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


**Taxonomy Codes**

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
Click to add new Taxonomy Code.		
*Taxonomy Codes <input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

## Supervisor Panel display

Online Provider Enrollment User Manual, Chapter 2  
Updated 10/15/2024 (pv08/15/2024)



# Nevada Department of Health & Human Services

Division of Health Care Financing and Policy Provider Portal

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**Provider Enrollment**

Monday 07/22/2024 01:03 PM PST

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**Provider Enrollment: Provider Identification**

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[Summary](#)

\* Indicates a required field.

**Provider Legal Name**

First and Last Name must match the information on file with the IRS for the Social Security Number (SSN) reported on Request Information page.

\*Last Name:

\*First Name:

Middle:

**Individual Providers**

\*Gender:

\*Birth Date:

**NPI**

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

\*NPI:

**License**

License/Certification Effective Date and End Date must match the date on file with licensing/certification board  
Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the **Remove** link to remove the License.

License/Certification Number	State	Effective Date	End Date	Licensing Board, State or Entity	Action
<div style="display: flex; align-items: center;"> <span style="font-size: 1.2em; margin-right: 5px;">+</span>           Click to add a new License         </div> <div style="margin-top: 10px;"> <div>*Name of Issuing Licensing Board, State or Entity: <input type="text"/></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>*License/Certification Number: <input type="text"/></div> <div>*License/Certification State: <input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>*Effective Date: <input type="text"/></div> <div>*End Date: <input type="text"/></div> </div> <div style="display: flex; justify-content: center; gap: 20px; margin-top: 10px;"> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </div> </div>					

**Business Information**

Individual providers cannot be a Limited Liability Company (LLC), Corporation or nonprofit entity.  
Sole Proprietor is an individual healthcare practitioner who operates as an unincorporated business and is registered with the Secretary of State as a sole proprietor.

\*Choose the option that most closely describes the entity you are enrolling:

Secretary of State  
Issued Business ID  
Formation Date:

Secretary of State  
Registered Name  
Renewal Date:

**CLIA Certification**

CLIA Number:

Effective Date:

End Date:

**Drug Enforcement Administration (DEA) Number**

Drug Enforcement Administration (DEA) Number must be the enrolling provider's DEA number.  
\*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? ☐ Yes ☒ No

**Taxonomy Codes**

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
<div style="display: flex; align-items: center;"> <span style="font-size: 1.2em; margin-right: 5px;">+</span>           Click to add new Taxonomy Code.         </div>		

**Intern Information**

Please add intern information.  
Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the **Remove** link to remove the intern.

NPI	Intern Name	Action
<div style="display: flex; align-items: center;"> <span style="font-size: 1.2em; margin-right: 5px;">+</span>           Click to add a new Intern         </div> <div style="margin-top: 10px;"> <div>*NPI: <input type="text"/></div> <div>*Service Location: <input type="text"/></div> <div>Supervisor Type: Clinical</div> <div>*Intern Last Name: <input type="text"/></div> <div>*Intern First Name: <input type="text"/></div> <div>Middle Initial: <input type="text"/></div> <div>Agency Name: <input type="text"/></div> <div>Contact Phone: <input type="text"/> Phone Ext: <input type="text"/></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>*Effective Date: <input type="text"/></div> <div>*End Date: <input type="text"/></div> </div> <div style="display: flex; justify-content: center; gap: 20px; margin-top: 10px;"> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </div> </div>		

## Provider Legal Name:

Provider Legal Name	
First and Last Name must match the information on file with the IRS for the Social Security Number (SSN) reported on Request Information page.	
1	*Last Name <input type="text"/>
2	*First Name <input type="text"/>
3	Middle <input type="text"/>

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.

## Individual Providers:

Individual Providers	
1	*Gender <input type="text"/>
2	*Birth Date <input type="text"/>

1. Select the gender of the individual provider.
2. Enter the date of birth for the individual provider.

## NPI:

NPI
The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.
1 *NPI <input type="text"/>

1. Enter the NPI for the individual provider.

## License:

**License**

License/Certification Effective Date and End Date must match the date on file with licensing/certification board

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

License/Certification Number	State	Effective Date	End Date	Licensing Board, State or Entity	Action
Click to add a new License					
<div><div>1</div><div>*Name of Issuing Licensing Board, State or Entity</div><div><div>2</div><div>*License/Certification Number</div><div><div>3</div><div>*License/Certification State</div><div><div>4</div><div>*Effective Date</div><div><div>5</div><div>*End Date</div></div></div></div><div><div>Add</div><div>Cancel</div></div></div></div>					

1. Choose the option that matches the name and issuing Licensing Board, State or Entity.
2. Enter the License/Certification Number
3. Enter the License/Certification State
4. Enter the effective date of the License/Certification.
5. Enter the end date of the License/Certification.

## Business Information:

**Business Information**

Individual providers cannot be a Limited Liability Company (LLC), Corporation or nonprofit entity.

Sole Proprietor is an individual healthcare practitioner who operates as an unincorporated business and is registered with the Secretary of State as a sole proprietor.

\*Choose the option that most closely describes the entity you are enrolling

Secretary of State Issued Business ID

Secretary of State Registered Name

Formation Date

Renewal Date

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

\*Choose the option that most closely describes the entity you are enrolling

Secretary of State Issued Business ID

Secretary of State Registered Name

Formation Date

Renewal Date

Hospital-Based Physician

Individual Provider

Sole Proprietorship

2. Secretary of State Issued Business ID – Enter the Secretary of State issued Business ID number.
3. Secretary of State Registered Name – Enter the entity name listed on your business license or registered with the Secretary of State office.

4. Formation Date – Enter the date Secretary of State Issued Business ID was issued.
5. Renewal Date – Enter date Secretary of State Issued Business ID is up for renewal.

**Note:** Information must match what is on file with the Secretary of State.

### CLIA Certification

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

CLIA Certification		
CLIA Number	Effective Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CLIA Certification		
CLIA Number	Effective Date	End Date
<input type="text" value="123456789"/>	<input type="text" value=""/>	<input type="text" value=""/>
	Effective Date is a required field.	End Date is a required field.

### 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.

Drug Enforcement Administration (DEA) Number
<p><b>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</b> <input type="radio"/> Yes <input type="radio"/> No</p>

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

Drug Enforcement Administration (DEA) Number		
<p><b>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
*DEA #	*Effective Date	*End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Taxonomy:

Taxonomy Codes		
Choose your Taxonomy Codes		
#	Taxonomy Codes	Action
<div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Click to add new Taxonomy Code.         </div>		
<p><b>*Taxonomy Codes</b> <input type="text"/></p>		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

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



## Supervisor Information :

Supervisor Information		
Please add supervisor information. Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the <b>Remove</b> link to remove the supervisor.		
NPI	Supervisor Name	Action
Click to add a new Supervisor		
1 *NPI	<div>2 *Service Location</div> <div>3 Supervisor Type Clinical</div> <div>4 *Supervisor Last Name</div> <div>5 *Supervisor First Name</div> <div>6 Middle Initial</div> <div>7 Agency Name</div> <div>8 *Contact Phone Phone Ext</div> <div>9 *Effective Date</div> <div>10 End Date</div>	
<div>Add</div> <div>Cancel</div>		

1. Enter an enrolled NPI provider.
2. Service location will populate and provide the available options for the enrolled NPI to select from.
3. The supervisor title is an option field and should be used to provide the exact title of the provider.
4. The supervisor last name will automatically populate with the name associated with the enrolled NPI.
5. The supervisor first name will automatically populate with the name associated with the enrolled NPI.
6. Enter the middle initial if applicable.
7. The agency name is an optional field and should be used to provide the agency name.
8. The contact phone number is a required field and should be the number for the supervisor.
9. The effective date is a required field and should be the date when the supervisor started supervising the provider.
10. The end date is an optional field and may not apply. Enter the date if there is a known end of supervision for the provider.

## Intern Information:

A supervisor question is present if a provider is an allowable supervisor in OPE. When a user selects Yes the Intern Information panel is displayed.

Supervisor		
<b>*Are you a supervisor for a PT 93?</b> <input type="radio"/> Yes <input type="radio"/> No		

Intern Information		
Please add intern information. Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the <b>Remove</b> link to remove the intern.		
NPI	Intern Name	Action
Click to add a new Intern		
<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div></div> <div><div>*NPI</div><div>*Service Location</div><div>Supervisor Type</div><div>*Intern Last Name</div><div>*Intern First Name</div><div>Middle Initial</div><div>Agency Name</div><div>Contact Phone</div><div>*Effective Date</div><div>End Date</div></div> <div><div></div><div></div><div>Clinical</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
<div>Add</div> <div>Cancel</div>		

1. Entered an enrolled NPI provider.
2. Service location will populate and provide the available options for the enrolled NPI to select from.
3. The supervisor type is set and cannot be edited.
4. The intern last name will automatically populate with the name associated with the enrolled NPI.
5. The intern first name will automatically populate with the name associated with the enrolled NPI.
6. Enter the middle initial if applicable.
7. The agency name is an optional field and should be used to provide the agency name.
8. The contact phone number is a required field and should be the contact number for the intern.
9. The effective date is required field and should be the date when the intern started being supervised by the enrolling provider.
10. The end date is an optional field and may not apply. Enter the date if there is a known end of the supervision for the provider.

## 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.

Provider Enrollment: Provider Identification													
<a href="#">Welcome</a>	* Indicates a required field.												
<a href="#">Request Information</a>	<b>Provider Legal Name</b>												
<a href="#">Addresses</a>	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.												
<a href="#">Provider Identification</a>	<b>*Provider Legal Name</b> <input type="text"/>												
<a href="#">Associated Providers</a>	<b>Doing Business As Name</b> <input type="text"/>												
<a href="#">EFT Enrollment</a>	<b>NPI</b>												
<a href="#">Attachments</a>	The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.												
<a href="#">Summary</a>	<b>*NPI</b> <input type="text"/>												
	<b>CLIA Certification</b>												
	<b>CLIA Number</b> <input type="text"/> <b>Effective Date</b> <input type="text"/> <b>End Date</b> <input type="text"/>												
	<b>Drug Enforcement Administration (DEA) Number</b>												
	<b>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</b> <input type="radio"/> Yes <input type="radio"/> No												
	<b>Taxonomy Codes</b>												
	Choose your Taxonomy Codes												
	<table border="1"><thead><tr><th>#</th><th>Taxonomy Codes</th><th>Action</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Click to add new Taxonomy Code.</td><td></td></tr><tr><td colspan="3"><b>*Taxonomy Codes</b> <input type="text"/></td></tr><tr><td colspan="3"><input type="button" value="Add"/> <input type="button" value="Cancel"/></td></tr></tbody></table>	#	Taxonomy Codes	Action	<input type="checkbox"/>	Click to add new Taxonomy Code.		<b>*Taxonomy Codes</b> <input type="text"/>			<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
#	Taxonomy Codes	Action											
<input type="checkbox"/>	Click to add new Taxonomy Code.												
<b>*Taxonomy Codes</b> <input type="text"/>													
<input type="button" value="Add"/> <input type="button" value="Cancel"/>													
	<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>												



### Provider Legal Name:

Provider Enrollment: Provider Identification	
<a href="#">Welcome</a>	* Indicates a required field.
<a href="#">Request Information</a>	<b>Provider Legal Name</b>
<a href="#">Specialties</a>	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.
<a href="#">Addresses</a>	<b>1</b> <b>*Provider Legal Name</b> <input type="text"/>
<a href="#">Provider Identification</a>	<b>2</b> <b>Doing Business As Name</b> <input type="text"/>
<a href="#">Associated Providers</a>	


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)

## 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.

CLIA Certification		
*CLIA Number	<input type="text"/>	*Effective Date  <input type="text"/>
		*End Date  <input type="text"/>

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

CLIA Certification		
CLIA Number	<input type="text"/>	Effective Date  <input type="text"/>
		End Date  <input type="text"/>

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

CLIA Certification		
CLIA Number	<input type="text" value="123456789"/>	Effective Date  <input type="text"/>
		End Date  <input type="text"/>

Effective Date is a required field.



End Date is a required field.

## 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.

Drug Enforcement Administration (DEA) Number	
*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input type="radio"/> Yes <input type="radio"/> No	

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

Drug Enforcement Administration (DEA) Number		
*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input checked="" type="radio"/> Yes <input type="radio"/> No		
*DEA #	<input type="text"/>	*Effective Date  <input type="text"/>
		*End Date  <input type="text"/>

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.

Drug Enforcement Administration (DEA) Number		
*DEA #	<input type="text"/>	*Effective Date  <input type="text"/>
		*End Date  <input type="text"/>

**Taxonomy:**

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
	Click to add new Taxonomy Code.	
<div>*Taxonomy Codes</div> <div></div>		
<div><div>Add</div><div>Cancel</div></div>		

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 Enrollment: Provider Identification													
<a href="#">Welcome</a>	* Indicates a required field.												
<a href="#">Request Information</a>	<b>Provider Legal Name</b>												
<a href="#">Addresses</a>	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.												
<a href="#">Provider Identification</a>	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.												
<a href="#">EFT Enrollment</a>	<b>*Last Name</b> <input type="text"/>												
<a href="#">Attachments</a>	<b>*First Name</b> <input type="text"/>												
<a href="#">Summary</a>	<b>Middle</b> <input type="text"/>												
	<b>Doing Business As Name</b> <input type="text"/>												
	<b>NPI</b>												
	The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.												
	<b>*NPI</b> <input type="text"/>												
	<b>CLIA Certification</b>												
	<b>CLIA Number</b> <input type="text"/> <b>Effective Date</b> <input type="text"/> <b>End Date</b> <input type="text"/>												
	<b>Drug Enforcement Administration (DEA) Number</b>												
	<b>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</b> <input type="radio"/> Yes <input type="radio"/> No												
	<b>Taxonomy Codes</b>												
	Choose your Taxonomy Codes												
	<table border="1"><thead><tr><th>#</th><th>Taxonomy Codes</th><th>Action</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Click to add new Taxonomy Code.</td><td></td></tr><tr><td></td><td><b>*Taxonomy Codes</b> <input type="text"/></td><td></td></tr><tr><td></td><td><input type="button" value="Add"/></td><td><input type="button" value="Cancel"/></td></tr></tbody></table>	#	Taxonomy Codes	Action	<input type="checkbox"/>	Click to add new Taxonomy Code.			<b>*Taxonomy Codes</b> <input type="text"/>			<input type="button" value="Add"/>	<input type="button" value="Cancel"/>
#	Taxonomy Codes	Action											
<input type="checkbox"/>	Click to add new Taxonomy Code.												
	<b>*Taxonomy Codes</b> <input type="text"/>												
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>											
	<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>												

### Provider Legal Name:

Provider Enrollment: Provider Identification	
<a href="#">Welcome</a>	* Indicates a required field.
<a href="#">Request Information</a>	<b>Provider Legal Name</b>
<a href="#">Specialties</a>	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.
<a href="#">Addresses</a>	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.
<a href="#">Provider Identification</a>	<b>1</b> <b>*Last Name</b> <input type="text"/>
<a href="#">EFT Enrollment</a>	<b>2</b> <b>*First Name</b> <input type="text"/>
<a href="#">Attachments</a>	<b>3</b> <b>Middle</b> <input type="text"/>
<a href="#">Summary</a>	<b>4</b> <b>Doing Business As Name</b> <input type="text"/>

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)

### CLIA Certification

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

CLIA Certification		
CLIA Number	Effective Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CLIA Certification		
CLIA Number	Effective Date	End Date
<input type="text" value="123456789"/>	<input type="text" value=""/>	<input type="text" value=""/>
	Effective Date is a required field.	End Date is a required field.

### 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.

Drug Enforcement Administration (DEA) Number
<p>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input type="radio"/> Yes <input type="radio"/> No</p>

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

Drug Enforcement Administration (DEA) Number		
<p>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
*DEA #	*Effective Date	*End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Taxonomy:**

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
<input type="checkbox"/>	Click to add new Taxonomy Code.	
<div>*Taxonomy Codes <input type="text"/></div>		
<div><div>Add</div><div>Cancel</div></div>		

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.

Provider Enrollment: Provider Identification																																					
<a href="#">Welcome</a>	* Indicates a required field.																																				
<a href="#">Request Information</a>	<b>Provider Legal Name</b>																																				
<a href="#">Addresses</a>	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.																																				
<b>Provider Identification</b>																																					
Ownership & Disclosure	*Last Name <input type="text"/>																																				
Agreement	*First Name <input type="text"/>																																				
Attachments	Middle <input type="text"/>																																				
Summary	Doing Business As Name <input type="text"/>																																				
<b>Individual Providers</b>																																					
Gender <input type="text"/> *Birth Date <input type="text"/>																																					
<b>NPI</b>																																					
The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.																																					
*NPI <input type="text"/>																																					
<b>License</b>																																					
License/Certification Effective Date and End Date must match the date on file with licensing/certification board Click '+' to view or update the details in a row. Click '-' to collapse the row. Click the <b>Remove</b> link to remove the License.																																					
<table border="1"><thead><tr><th>License/Certification Number</th><th>State</th><th>Effective Date</th><th>End Date</th><th>Licensing Board, State or Entity</th><th>Action</th></tr></thead><tbody><tr><td colspan="6">Click to add a new License</td></tr><tr><td colspan="6">*Name of Issuing Licensing Board, State or Entity <input type="text"/></td></tr><tr><td colspan="2">*License/Certification Number <input type="text"/></td><td colspan="4">*License/Certification State <input type="text"/></td></tr><tr><td colspan="2">*Effective Date <input type="text"/></td><td colspan="4">*End Date <input type="text"/></td></tr><tr><td colspan="2"><input type="button" value="Add"/></td><td colspan="4"><input type="button" value="Cancel"/></td></tr></tbody></table>		License/Certification Number	State	Effective Date	End Date	Licensing Board, State or Entity	Action	Click to add a new License						*Name of Issuing Licensing Board, State or Entity <input type="text"/>						*License/Certification Number <input type="text"/>		*License/Certification State <input type="text"/>				*Effective Date <input type="text"/>		*End Date <input type="text"/>				<input type="button" value="Add"/>		<input type="button" value="Cancel"/>			
License/Certification Number	State	Effective Date	End Date	Licensing Board, State or Entity	Action																																
Click to add a new License																																					
*Name of Issuing Licensing Board, State or Entity <input type="text"/>																																					
*License/Certification Number <input type="text"/>		*License/Certification State <input type="text"/>																																			
*Effective Date <input type="text"/>		*End Date <input type="text"/>																																			
<input type="button" value="Add"/>		<input type="button" value="Cancel"/>																																			
<b>Drug Enforcement Administration (DEA) Number</b>																																					
*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances? <input type="radio"/> Yes <input type="radio"/> No																																					

### Provider Legal Name:

Provider Enrollment: Provider Identification	
<a href="#">Welcome</a>	* Indicates a required field.
<a href="#">Request Information</a>	<b>Provider Legal Name</b>
<a href="#">Specialties</a>	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.
<a href="#">Addresses</a>	
<b>Provider Identification</b>	
Managing Individuals	1 *Last Name <input type="text"/>
Agreement	2 *First Name <input type="text"/>
Attachments	3 Middle <input type="text"/>
Summary	4 Doing Business As Name <input type="text"/>

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)

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.

Drug Enforcement Administration (DEA) Number	
<p><b>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</b>   <input type="radio"/> Yes   <input type="radio"/> No</p>	

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

Drug Enforcement Administration (DEA) Number			
<p><b>*Do you have a DEA Number to Prescribe, Dispense, Administer or Procure Controlled Substances?</b>   <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>			
<b>*DEA #</b>	<input type="text"/>	<b>*Effective Date</b>	<input type="text"/>
		<b>*End Date</b>	<input type="text"/>

### Taxonomy:

Taxonomy Codes		
Choose your Taxonomy Codes		
#	Taxonomy Codes	Action
<input type="checkbox"/>	Click to add new Taxonomy Code.	
<p><b>*Taxonomy Codes</b> <input type="text"/></p>		
<p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p>		

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, 32 with specialty 249, 34, 36, 38, 72, 74, 76, 77, 82, 85, 90 and 93.

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.

Enter NPI and individual name or business name and select the “Add” button for each provider to be affiliated with this group. For new group enrollment, change of ownership and re-enrollment applications, the “Change” column will display “Added” to confirm each NPI association. The “Action” column will display “Remove”; select this link to remove the NPI association. This action will remove the NPI from the provider’s associated providers list.

Provider Enrollment: Associated Providers													
<a href="#">Welcome</a>	<b>Search Provider</b>												
<a href="#">Request Information</a>													
<a href="#">Addresses</a>	To find an NPI in the list, enter the NPI and click <b>Search</b> .												
<a href="#">Provider Identification</a>	*NPI <input type="text"/> <b>Search</b>												
<b>Associated Providers</b>	<b>Provider Enrollment: Associated Providers</b>												
<a href="#">EFT Enrollment</a>	Select Add to add one or more associated individual providers to the group.												
<a href="#">Other Information</a>	Providers affiliated with the group must be individual provider enrolled in the Nevada Medicaid program or have an application in process. The following form must be completed, including signature(s) and date(s) and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.												
<a href="#">Ownership &amp; Disclosure</a>	<b>Associated Provider Signature Form</b> <a href="#">Download</a>												
<a href="#">Agreement</a>	Click "+" to view or update the details in a row. Click "-" to collapse the row. Click the <b>Remove</b> link to remove the entire row.												
<a href="#">Attachments</a>	<table><thead><tr><th>NPI</th><th>Provider Name</th><th>Change</th><th>Action</th></tr></thead><tbody><tr><td>+ 1427173270</td><td>Jones, Timothy L</td><td>Added</td><td><a href="#">Remove</a></td></tr><tr><td>+ Click to add Associated Provider.</td><td></td><td></td><td></td></tr></tbody></table>	NPI	Provider Name	Change	Action	+ 1427173270	Jones, Timothy L	Added	<a href="#">Remove</a>	+ Click to add Associated Provider.			
NPI	Provider Name	Change	Action										
+ 1427173270	Jones, Timothy L	Added	<a href="#">Remove</a>										
+ Click to add Associated Provider.													
<a href="#">Summary</a>													
<b>Continue</b> <b>Finish Later</b> <b>Cancel</b>													

To find a specific NPI on the associated providers list, enter the NPI in the search box in the Search Provider section and select Search. If found, the NPI will be highlighted in the list. If not found, an error message will be displayed under the search box.

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.

Provider Enrollment: EFT Information	
<a href="#">Welcome</a>	<p>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 or denied.</p> <p>Electronic Funds Transfer (EFT) Authorization: I hereby authorize Nevada Medicaid and its subsidiaries to transfer my Nevada Medicaid and Nevada Check Up payments to the personal or business bank account shown below. I also authorize any necessary debit entries to correct payment errors. I understand the payments made through electronic funds transfers will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws. This agreement will remain in effect until I notify Nevada Medicaid or the banking institution otherwise. I understand that Nevada Medicaid and/or my banking institution may also cancel this agreement at any time. All such cancellation notices must be made in writing and acted upon in a reasonable and timely manner.</p> <p>If you have questions about completing the Electronic Funds Transfer Agreement, contact the Provider Enrollment Unit. If you have questions regarding your payment or the EFT program in general, contact the Customer Service Center. Both Nevada Medicaid departments may be contacted by phone at (877) 638-3472.</p> <p>You will need to attach a voided check, or a letter from your bank that contains your bank's routing number.</p>
<a href="#">Request Information</a>	
<a href="#">Addresses</a>	
<a href="#">Provider Identification</a>	
<b>EFT Enrollment</b>	
<a href="#">Other Information</a>	
<a href="#">Ownership &amp; Disclosure</a>	
<a href="#">Agreement</a>	
<a href="#">Attachments</a>	
<a href="#">Summary</a>	
<b>Forms</b>	
<p>The EFT Authorization form must be completed, including a signature and date, and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.</p> <p style="text-align: center;">EFT Authorization <a href="#">Download</a> </p> <p>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? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<b>Financial Institution Information</b>	
<p>*Financial Institution Routing Number <input type="text"/></p> <p>*Provider's Account Number with Financial Institution <input type="text"/></p> <p>Reason For Submission <input type="text" value="New Enrollment"/></p> <p>*Include with Enrollment Submission <input type="text"/></p> <p>Requested EFT Start/Change/Cancel date 07/10/2023</p>	
<p style="text-align: right;"><a href="#">Continue</a> <a href="#">Finish Later</a> <a href="#">Cancel</a></p>	

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

The Provide Enrollment Other Information page contains fields for Additional Information, Subsidiary or Parent, Facility Rating, Facility Control, Number of Beds and Mammography Certification Number (FDA-Certified mammography providers only).

Provider Enrollment: Other Information	
<a href="#">Welcome</a>	Additional information is provided for each enrollment, for group/facility and individual providers.
<a href="#">Request Information</a>	* Indicates a required field.
<a href="#">Specialties</a>	<b>Additional Information</b>
<a href="#">Addresses</a>	<b>*Are you enrolled in Medicare?</b> <input type="radio"/> Yes <input type="radio"/> No
<a href="#">Provider Identification</a>	<b>*Days and Hours of Operation</b> <input type="text"/>
<a href="#">Associated Providers</a>	<b>*Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?</b> <input type="text"/>
<a href="#">EFT Enrollment</a>	<b>*Are you currently accepting new patients?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Other Information</b>	<b>*Can you accommodate recipients with special needs?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<a href="#">Managing Individuals</a>	<b>Subsidiary or Parent</b>
<a href="#">Agreement</a>	<b>Is the entity a subsidiary or parent of another entity?</b> <input type="radio"/> Yes <input type="radio"/> No
<a href="#">Attachments</a>	<b>Facility Rating</b>
<a href="#">Summary</a>	<b>Facility Rating</b> <input type="text"/>
	<b>Facility Control</b>
	<b>Facility Control</b> <input type="text"/>
	<b>Number of Beds</b>
	Swing Bed <input type="text"/> Acute <input type="text"/> ICF <input type="text"/> SNF <input type="text"/> ICF/MR <input type="text"/> ISO <input type="text"/>
	<b>Mammography Certification Number (FDA-Certified mammography providers only)</b>
	<b>Mammography Certification Number</b> <input type="text"/>
	<a href="#">Continue</a> <a href="#">Finish Later</a> <a href="#">Cancel</a>

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.

Provider Enrollment: Other Information <span style="float: right;">?</span>	
<a href="#">Welcome</a>	Additional information is provided for each enrollment, for group/facility and individual providers.
<a href="#">Request Information</a>	* Indicates a required field.
<a href="#">Specialties</a>	<b>Additional Information</b>
<a href="#">Addresses</a>	
<a href="#">Provider Identification</a>	
<a href="#">EFT Enrollment</a>	
<b>Other Information</b>	<p>*Are you enrolled in Medicare? <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>*Days and Hours of Operation <input type="text"/></p> <p>*Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both? <input type="text" value="v"/></p> <hr/> <p>*Are you currently accepting new patients? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>*Can you accommodate recipients with special needs? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
Managing Individuals	
Agreement	
Attachments	
Summary	
	<b>Hospital Information</b> <p>*Do you have hospital privileges? <input type="radio"/> Yes <input type="radio"/> No</p>
	<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>

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 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).



Provider Enrollment: Ownership & Disclosure

[Welcome](#)
[Request Information](#)
[Addresses](#)
[Provider Identification](#)
[EFT Enrollment](#)
[Other Information](#)

Ownership & Disclosure

Agreement

Attachments

Summary

\* Indicates a required field.

Ownership Information

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR §455.100 – 106. 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, administrator, officer, 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. Board Member is defined as anyone who sits on a board of directors for any entity. An authorized representative is a person that is authorized to make changes and receive information on this provider's behalf. This includes information on enrollment, claims, payments, etc. Owners, managing employees, board members, and trustees are automatically assigned as authorized representatives.

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;
  - have a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
  - 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;
  - is an officer or director of a disclosing entity that is organized as a corporation; or
  - is a partner in a disclosing entity that is organized as a partnership.
- 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.

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

This is not required for:

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

**Note:** 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.

Ownership (Direct & Indirect) / Managing Employee

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
<div>Click to add Type of Entity.</div> <div> <div>*Type of Entity</div> <div>Title</div> <div>Corporation Name</div> <div>Ownership Type</div> <div>Last Name</div> <div>First Name</div> <div>Middle</div> <div>Birth Date</div> <div>SSN</div> <div>Federal Tax ID</div> <div>Street</div> <div>City</div> <div>State</div> <div>Zip+4</div> <div>% of Ownership</div> <div>Employee Indicator</div> <div>Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?</div> <div> <div>Yes</div> <div>No</div> </div> <div> <div>Add</div> <div>Cancel</div> </div> </div>					



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

Ownership (Direct & Indirect) / Managing Employee						
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Authorized Representative	Action
Click to add Type of Entity.						
	*Type of Entity <input type="text"/> Title <input type="text"/> Corporation Name <input type="text"/> Ownership Type <input type="text"/>					

Board Member/Trustee  
 Corporation  
 Managing Employees and/or Agent  
 Owners  
 Authorized Representative

**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:

Ownership (Direct & Indirect) / Managing Employee						
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Authorized Representative	Action
Click to add Type of Entity.						
	*Type of Entity <input type="text"/> Board Member/Trustee *Title <input type="text"/> <input checked="" type="radio"/> Authorized Representative					
	*Last Name <input type="text"/> *First Name <input type="text"/> Middle <input type="text"/>					
	*Birth Date <input type="text"/> *SSN <input type="text"/>					
	*Street <input type="text"/> <input type="text"/>					
	*City <input type="text"/> *State <input type="text"/>					
	*Zip+4 <input type="text"/>					
	% of Ownership <input type="text"/>					
Does this entity own 5 percent or more of any other business (health-care related or non health-care related)? * <input type="radio"/> Yes <input checked="" type="radio"/> No						
<div style="display: flex; justify-content: space-around;"> <span>Add</span> <span>Cancel</span> </div>						

Required fields for Type of Entity Corporation:

Ownership (Direct & Indirect) / Managing Employee					
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
<div> <div>Click to add Type of Entity.</div> <div> <div> <div>*Type of Entity</div> <div>Corporation</div> </div> <div> <div>*Corporation Name</div> <div></div> </div> <div> <div>*Ownership Type</div> <div></div> </div> <div> <div>*Federal Tax ID</div> <div></div> </div> <div> <div>*Street</div> <div></div> </div> <div> <div>*City</div> <div></div> </div> <div> <div>*State</div> <div></div> </div> <div> <div>*Zip+4</div> <div></div> </div> <div> <div>*% of Ownership</div> <div></div> </div> <div> <div>Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?</div> <div> <div>* Yes</div> <div>No</div> </div> </div> <div> <div>Add</div> <div>Cancel</div> </div> </div> </div>					

Required fields for Type of Entity Owner.

Ownership (Direct & Indirect) / Managing Employee						
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Authorized Representative	Action
<div> <div>Click to add Type of Entity.</div> <div> <div> <div>*Type of Entity</div> <div>Owners</div> </div> <div> <div>*Title</div> <div></div> </div> <div> <div>Authorized Representative</div> <div></div> </div> <div> <div>*Ownership Type</div> <div></div> </div> <div> <div>*Last Name</div> <div></div> </div> <div> <div>*First Name</div> <div></div> </div> <div> <div>Middle</div> <div></div> </div> <div> <div>*Birth Date</div> <div></div> </div> <div> <div>*SSN</div> <div></div> </div> <div> <div>*Street</div> <div></div> </div> <div> <div>*City</div> <div></div> </div> <div> <div>*State</div> <div></div> </div> <div> <div>*Zip+4</div> <div></div> </div> <div> <div>*% of Ownership</div> <div></div> </div> <div> <div>Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?</div> <div> <div>* Yes</div> <div>No</div> </div> </div> <div> <div>Add</div> <div>Cancel</div> </div> </div> </div>						

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

Ownership (Direct & Indirect) / Managing Employee						
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Authorized Representative	Action
Click to add Type of Entity.						
<p><b>*Type of Entity</b> Managing Employees and/or Agent</p> <p><b>*Title</b> <input type="text"/></p> <p><input checked="" type="radio"/> Authorized Representative</p> <p><b>*Last Name</b> <input type="text"/></p> <p><b>*First Name</b> <input type="text"/></p> <p><b>Middle</b> <input type="text"/> <b>*Birth Date</b> <input type="text"/></p> <p><b>*SSN</b> <input type="text"/></p> <p><b>*Street</b> <input type="text"/></p> <p><input type="text"/></p> <p><b>*City</b> <input type="text"/></p> <p><b>*State</b> <input type="text"/> <b>*Zip+4</b> <input type="text"/></p> <p><b>*Employee Indicator</b> <input type="text"/></p> <p>Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p>						

Required fields for Type of Entity Authorized Representative:

Person(s) identified as authorized users are required to disclose Birth Date and Social Security Number (SSN) per regulation in 42CFR 455.100.

**Note:** Owners, Board Members, and Managing Employees/Agents are automatically considered Authorized Representatives.

Ownership (Direct & Indirect) / Managing Employee						
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Authorized Representative	Action
Click to add Type of Entity.						
<p><b>*Type of Entity</b> Authorized Representative</p> <p><b>*Last Name</b> <input type="text"/></p> <p><b>*First Name</b> <input type="text"/></p> <p><b>*Birth Date</b> <input type="text"/></p> <p><b>*SSN</b> <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p>						

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

Ownership (Direct & Indirect) / Managing Employee						
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Authorized Representative	Action
1	Owner	Mike Smith	***-**-6789	92		<a href="#">Remove</a>
2	Managing Employee	Sally Jones	***-**-3231	N/A		<a href="#">Remove</a>
	Click to add Type of Entity.					

**\*Explanation if total ownership less than 100%**

There are two additional owners that own 4 percent each.

### 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.

Ownership or Control Relationships				
<p>In the Related Corporations Owners, Agents or Managing Employees Information grid below, indicate if any person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.</p> <p><b>Group and Individual Enrollment applications are required to use this grid to indicate the chain of ownership between the direct and indirect owners.</b></p> <p><b>Is any person (individual or corporation) with an ownership or control interest in the disclosing entity related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or is any disclosed corporation an owner of any other disclosed corporation?</b></p> <p>* <input checked="" type="radio"/> Yes <input type="radio"/> No</p>				
Related Corporations, Owners, Agents, or Managing Employees Information				
#	Corporation/Owner/Agent/Managing Employee Name	Relationship	Corporation/Owner/Agent/Managing Employee Name	Action
Click to add Relationship information.				
<div> <div> <div>*Corporation/Owner/Agent/Managing Employee Name</div> <div></div> </div> <div> <div>Is The</div> <div>*Relationship (including Business Ownership)</div> <div></div> </div> <div> <div>Of</div> <div>*Corporation/Owner/Agent/Managing Employee Name</div> <div></div> </div> </div> <div> <div>Add</div> <div>Cancel</div> </div>				

For example:

Ownership or Control Relationships				
<p>In the Related Corporations Owners, Agents or Managing Employees Information grid below, indicate if any person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.</p> <p><b>Group and Individual Enrollment applications are required to use this grid to indicate the chain of ownership between the direct and indirect owners.</b></p> <p><b>Is any person (individual or corporation) with an ownership or control interest in the disclosing entity related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or is any disclosed corporation an owner of any other disclosed corporation?</b></p> <p>* <input checked="" type="radio"/> Yes <input type="radio"/> No</p>				
Related Corporations, Owners, Agents, or Managing Employees Information				
#	Corporation/Owner/Agent/Managing Employee Name	Relationship	Corporation/Owner/Agent/Managing Employee Name	Action
	Andy Paxton	Is The Owner Of	Paxton Drug Store	<a href="#">Remove</a>
	Janice Paxton	Is The Owner Of	Paxton Drug Store	<a href="#">Remove</a>
	Andy Paxton	Is The Spouse Of	Janice Paxton	<a href="#">Remove</a>
	Drug Stores Care	Is The Owner Of	Paxton Drug Store	<a href="#">Remove</a>
	Robert Thomas	Is The Owner Of	Drug Stores Care	<a href="#">Remove</a>
	Click to add Relationship information.			

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

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.

<p>Are you or any owner, agent, managing employee, or person with controlling interest currently enrolled, or have ever been enrolled, as a Medicaid provider with another state?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you or any owner, agent, managing employee or person with controlling interest currently have a negative balance or owe money to any state or federal program (including Medicare and Medicaid)?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you (individual or OPR provider) or any owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you (individual or OPR provider), or any group applicant/provider, owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been placed on the Federal Office of Inspector General, Health and Human Service (OIG/HHS) exclusion list or otherwise been suspended, terminated, denied or debarred from participation in any program established under Medicare, Medicaid, Title XVIII, Title XIX or any other Medicaid program since the inception of these programs? This includes termination from the Nevada Medicaid program or any other state Medicaid program.</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest currently under investigation by any law enforcement, regulatory or state agency?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest had any professional, business or accreditation license/certificate denied, suspended, restricted or revoked?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever voluntarily surrendered any professional license or certificate?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest a Nevada state employee (past or current)?</p> <p>* <input type="radio"/> Yes <input type="radio"/> No</p>
<div><a href="#">Continue</a><a href="#">Finish Later</a><a href="#">Cancel</a></div>

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.






## 2.8. Agreements

If you choose to receive electronic 1099 document delivery, you must complete the following in order to proceed with the provider enrollment application. Failure to follow the outlined steps will result in paper delivery of 1099 documents.

- Click the checkbox – Consent to Electronic 1099 Delivery.  
*Note: The acceptance checkbox will remain disabled until the Electronic 1099 Consent has been read by clicking the download link.*

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.

Provider Enrollment: Agreement	
<a href="#">Welcome</a> <a href="#">Request Information</a> <a href="#">Addresses</a> <a href="#">Provider Identification</a> <a href="#">EFT Enrollment</a> <a href="#">Other Information</a> <a href="#">Ownership &amp; Disclosure</a> <b><a href="#">Agreement</a></b> <a href="#">Attachments</a> <a href="#">Summary</a>	<h3>Instructions</h3> <p>The terms of the request are outlined below. You must accept these terms in order to submit the request. Failure to accept these terms means that the request will not be submitted or saved.</p> <p>Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side. Once changes are made, the request can be reviewed from the Summary Page after signing and continuing.</p> <p>Once the request is submitted and confirmed, a tracking number will be assigned.</p> <p><b>Note: The Nevada Medicaid and Nevada Check Up Provider Contract is required with every request.</b> A link to this document is provided below.</p> <h3>Terms of Agreement</h3> <p><b>Provider Name</b> <b>Street</b></p> <p><b>Employer Identification Number (EIN) or Social Security Number (SSN)</b></p> <p><b>NPI</b></p> <p><b>Contact Name</b> <b>Contact Email</b></p> <p>The Internal Revenue Service (IRS) requires a Payer to receive affirmative consent from providers to deliver 1099 Forms electronically. If you would like to receive your 1099 electronically, download and save a copy of the electronic 1099 consent document for your records. Please note that the electronic 1099 consent checkbox below will remain disabled until the electronic 1099 document has been read.</p> <p><b>Electronic 1099 Consent</b> <a href="#">Download</a> </p> <p>Consent to Electronic 1099 Delivery <input type="checkbox"/> <b>Checking the box indicates you consent to receiving an electronic 1099</b></p> <p><b>Nevada Medicaid and Nevada Check Up Provider Contract</b> <a href="#">Download</a> </p> <p></p> <p>You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge as the Provider or legal representative of the provider, that you understand your electronic signature is binding to the same extent as your written signature.</p> <p>*I accept the terms and conditions of the application and contract. <input type="checkbox"/> <b>I understand that my electronic signature is equivalent to written signature.</b></p> <p>*Provider or Authorized Representative Signature <input type="text"/></p> <p>*Title <input type="text"/></p> <p><b>Submission Date</b> 08/14/2023</p> <h3>Declaration</h3> <p>I declare under penalty of perjury under the laws of the State of Nevada that the information in this document and any attachments are true, accurate and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider(s) listed on this Application. I understand that Nevada Medicaid will rely on this information in entering into or continuing a Nevada Medicaid Provider Contract and that this form will be incorporated into and become a part of my Nevada Medicaid Provider Contract. I understand that I am required to notify Nevada Medicaid within five days of changes to information on this Application. I understand that I am responsible for the presentation of true, accurate and complete information on all invoices/claims submitted to Nevada Medicaid. I further understand that payment and satisfaction of these claims will be from federal and state funds and that false claims, statements, documents or concealment of material facts may be prosecuted under applicable federal and state laws.</p> <p><a href="#">Continue</a> <a href="#">Finish Later</a> <a href="#">Cancel</a></p>

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.

Welcome

Request Information

Specialties

Addresses

Provider Identification

Associated Providers

EFT Enrollment

Other Information

Managing Individuals

Agreement

Attachments

Summary

Supporting Documentation

Submit all of the required documentation and forms to continue the request.  

- A checklist of required documentation can be found [here](#).

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 provider enrollment forms 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  
Provider Specialty

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.

#	Transmission Method	File	Attachment Type	Action
Click to collapse.				
	*Transmission Method	FT-File Transfer	*Attachment Type	
	*Upload File	Browse...		
<div>AddCancel</div>				

Continue

Finish Later

Cancel

## Urgent/Emergency Group and Urgent/Emergency Individual Enrollment Types

Welcome

Request Information

Specialties

Addresses

Provider Identification

Associated Providers

EFT Enrollment

Attachments

Summary

Provider Enrollment: Attachments

Supporting Documentation

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

Required documents:

- Proof of IRS filing (W9)
- Proof of Medicaid Enrollment in your home state
- Proof of NPI registry
- If EFT 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 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 provider enrollment forms 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.

#	Transmission Method	File	Attachment Type	Action
<input type="checkbox"/> Click to collapse.				
<div><div>*Transmission Method</div><div>FT-File Transfer</div><div>*Attachment Type</div><div></div><div>*Upload File</div><div><div>Browse...</div></div><div><div>Add</div><div>Cancel</div></div></div>				

Continue

Finish Later

Cancel

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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.

The screenshot shows a web form titled "Attachments" with a close button in the top right corner. Below the title, there is instructional text: "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." Below this is a note: "Click the **Remove** link to remove the entire row." The form contains a table with four columns: "#", "Transmission Method", "File", "Attachment Type", and "Action". Below the table header, there is a "Click to collapse" link. The "Transmission Method" is set to "FT-File Transfer" via a dropdown menu. The "Attachment Type" dropdown is open, showing a list of options: "Bureau of Health Care Quality and Compliance (BHCQC) license (if applicable)", "Clinical Laboratories Improvement Act (CLIA) certificate, if applicable", "Documentation showing Taxpayer Identification Number: SS-4 or CP575 or W-9 or SS Card", "Voided Check or Bank letter for EFT, if applicable", "National Provider Identifier (NPI) documentation", "State Board medical license", and "Other". Below the dropdown, there are "Add" and "Cancel" buttons. At the bottom of the form, there are "Continue", "Finish Later", and "Cancel" buttons.

#	Transmission Method	File	Attachment Type	Action
Click to collapse.				
	*Transmission Method FT-File Transfer		*Attachment Type Bureau of Health Care Quality and Compliance (BHCQC) license (if applicable) Clinical Laboratories Improvement Act (CLIA) certificate, if applicable Documentation showing Taxpayer Identification Number: SS-4 or CP575 or W-9 or SS Card Voided Check or Bank letter for EFT, if applicable National Provider Identifier (NPI) documentation State Board medical license Other	

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 15 MB of information when uploading attachments.

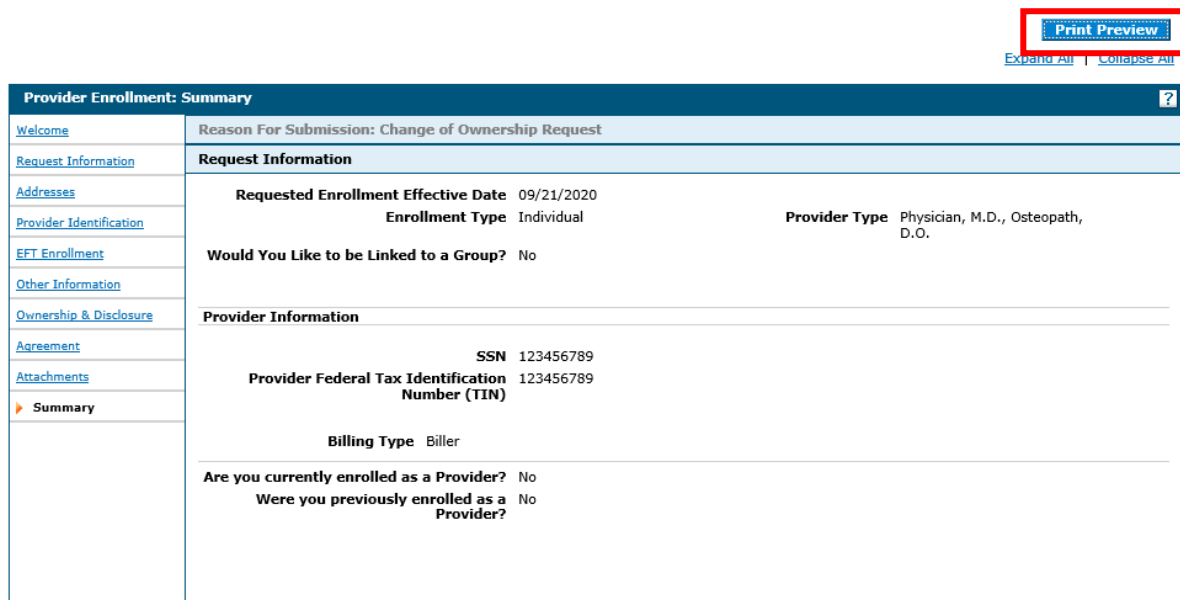
## 2.10. Summary

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.

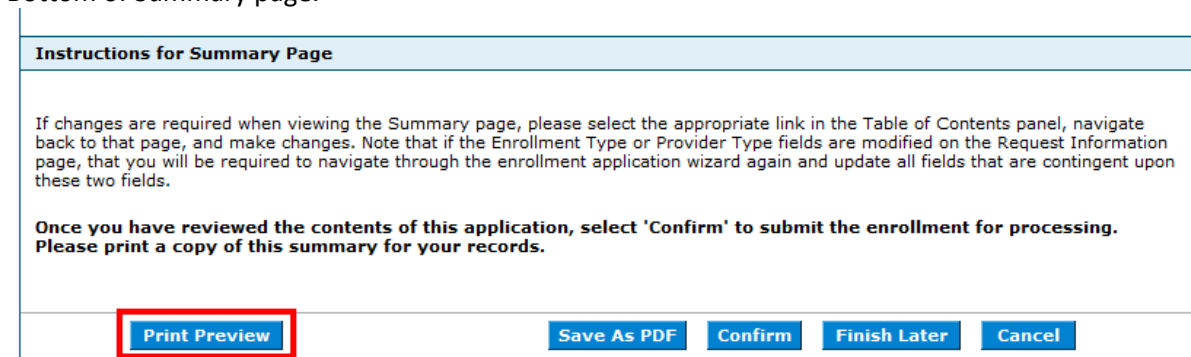


**Print Preview**

[Expand All](#) | [Collapse All](#)

Provider Enrollment: Summary	
<a href="#">Welcome</a>	Reason For Submission: Change of Ownership Request
<a href="#">Request Information</a>	<b>Request Information</b>
<a href="#">Addresses</a>	<b>Requested Enrollment Effective Date</b> 09/21/2020
<a href="#">Provider Identification</a>	<b>Enrollment Type</b> Individual <b>Provider Type</b> Physician, M.D., Osteopath, D.O.
<a href="#">EFT Enrollment</a>	<b>Would You Like to be Linked to a Group?</b> No
<a href="#">Other Information</a>	<b>Provider Information</b>
<a href="#">Ownership &amp; Disclosure</a>	<b>SSN</b> 123456789
<a href="#">Agreement</a>	<b>Provider Federal Tax Identification Number (TIN)</b> 123456789
<a href="#">Attachments</a>	<b>Billing Type</b> Biller
<a href="#">Summary</a>	<b>Are you currently enrolled as a Provider?</b> No
	<b>Were you previously enrolled as a Provider?</b> No

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.**

**Print Preview** **Save As PDF** **Confirm** **Finish Later** **Cancel**

After you click Print Preview a new window opens; click “Print” to print the Summary page.

[Expand All](#) [Collapse All](#) **Print**

Provider Enrollment: Summary	
Reason For Submission: New Enrollment Request	
Request Information	
Requested Enrollment Effective Date	02/28/2017
Enrollment Type	Group
Provider Type	Hospital, Inpatient

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

Instructions for Summary Page
<p>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.</p> <p>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.</p>
<div><b>Print Preview</b> <b>Save As PDF</b> <b>Confirm</b> <b>Finish Later</b> <b>Cancel</b></div>

After you click “Save As PDF,” a new window opens and displays the PDF and you can save the PDF to your computer.

EnrollmentSummary636238803051799299.pdf - Adobe Reader

File Edit View Window Help

Open [Icons] 1 / 5 77.9%

**Provider Enrollment Summary**  
*Reason for Submission: New Enrollment Request*  
*Tracking # 3244*

**Request Information**  
Requested Enrollment Effective Date 02/28/2017  
Enrollment Type Group  
Provider Type Hospital, Inpatient

Once you have reviewed the contents of the application, select **“Confirm”** to submit the enrollment for processing.


Instructions for Summary Page	
<p>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.</p> <p><b>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.</b></p>	
<a href="#">Print Preview</a>	<a href="#">Save As PDF</a> <a href="#">Confirm</a> <a href="#">Finish Later</a> <a href="#">Cancel</a>

## 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.



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal



Contact Us  
[Frequently Asked Questions](#)

**Provider Enrollment**

Provider Enrollment

**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.

**Other Links**  
[Division of Health Care Financing and Policy](#)  
[Provider Enrollment Information Booklet](#)  
[Enrollment Checklist](#)