

## Chapter 3. Revalidation and Updates

The Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal allows providers, or their delegates, to revalidate enrollment, and update their previously submitted provider enrollment information.

The Provider Revalidation Application is to be used by active providers who have received a revalidation letter. The online revalidation application will allow providers to revalidate and update their provider enrollment information, with the exception of ownership changes.

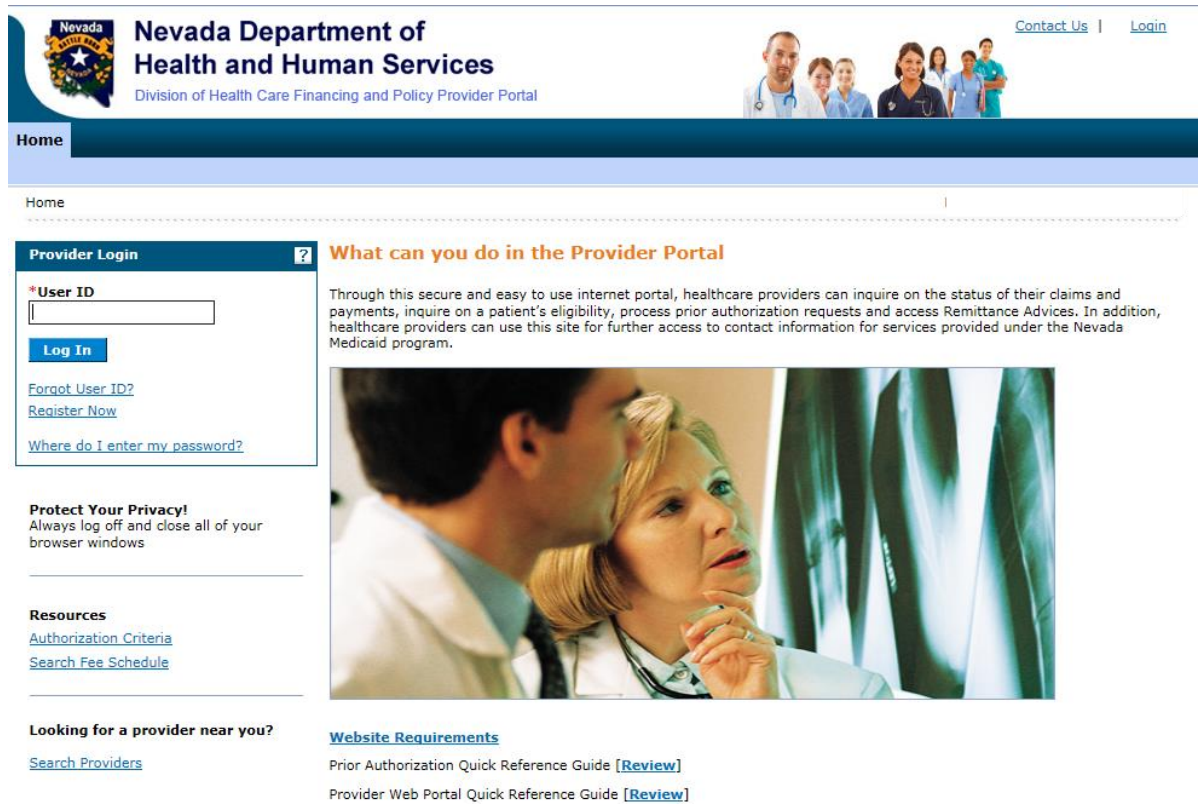
The Provider Update Application is to be used by active providers to report any changes to their provider enrollment information, with the exception of ownership changes.

Change of ownership must be reported within 5 days by completing an Initial Enrollment application.

### 3.1 Online Provider Revalidation Application

To begin the Online Provider Revalidation Application:

1. Log in to the Provider Web Portal.



The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Portal. The header includes the Nevada state seal, the department name, and the division name: "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Login". A navigation bar contains a "Home" link. The main content area features a "Provider Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right, there is a section titled "What can you do in the Provider Portal" with a descriptive paragraph and a photograph of healthcare professionals. Below the login section, there are sections for "Protect Your Privacy!", "Resources" (with links to "Authorization Criteria" and "Search Fee Schedule"), and "Looking for a provider near you?" (with a "Search Providers" link). At the bottom right, there are "Website Requirements" and links to "Prior Authorization Quick Reference Guide" and "Provider Web Portal Quick Reference Guide".

2. Provider My Home page is displayed.

The screenshot shows the 'My Home' page of the Nevada Department of Health and Human Services Provider Portal. The header includes the state logo, the department name, and navigation links for 'Contact Us' and 'Logout'. A dark blue navigation bar contains links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Upload Files', and 'Resources'. Below this, the page is divided into several sections:

- Provider Information:** A sidebar with a 'Provider' header and fields for Name, Provider ID, and Location ID. It includes links for 'My Profile' and 'Manage Account'.
- Provider Services:** A sidebar with a 'Provider Services' header and a list of links: 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider' (highlighted with a red box), 'PASRR', 'EHR Incentive Program', 'EPSDT', and 'Presumptive Eligibility'.
- Welcome Message:** A central area with the heading 'Welcome Health Care Professional!' and an image of two healthcare professionals. Below the image is a paragraph of text: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices. Our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.' Below this are two links: 'Prior Authorization Quick Reference Guide [Review]' and 'Provider Web Portal Quick Reference Guide [Review]'.
- Contact Us:** A sidebar with a 'Contact Us' link and an email icon, and a 'Secure Correspondence' link with an envelope icon. Below these is a note: 'All Claim Inquiries should be submitted to the following Address: Nevada Medicaid Administration, P.O.Box 30042, Reno, NV 89520-3042'.

3. Click on the “Revalidate – Update Provider” link under Provider Services.

This is a close-up view of the 'Provider Services' sidebar from the previous screenshot. It shows a list of links under the 'Provider Services' header:

- Member Focused Viewing
- Search Payment History
- Revalidate-Update Provider** (highlighted with a red box)
- PASRR
- EHR Incentive Program
- EPSDT

4. Revalidate – Update Provider page is displayed with list of locations linked to the NPI.

The screenshot shows the 'Revalidate-Update Provider' page. The navigation bar is the same as in the previous screenshots. Below the navigation bar, there is a breadcrumb trail: 'My Home > Revalidate-Update Provider'. The main content area features a table titled 'Provider Locations' with a help icon in the top right corner. A note above the table states: 'Duplicate providers may appear in the results since a unique row is created for each provider type.' The table has the following structure:

| Provider Name             | Provider Type       | Address           | City      | State  | Zip Code   | Action                                       |
|---------------------------|---------------------|-------------------|-----------|--------|------------|--|
| HOSPITAL & MEDICAL CENTER | HOSPITAL, INPATIENT | 201 MARYLAND PKWY | LAS VEGAS | Nevada | 89109-2317 | Revalidate Provider<br>OR<br>Update Provider |

5. Click "Revalidate Provider" under Action.

| My Home Eligibility Claims Care Management Upload Files Resources                                   |                     |                   |           |        |            |  |
|---|---------------------|-------------------|-----------|--------|------------|--|
| My Home > Revalidate-Update Provider  |                     |                   |           |        |            |  |
| Provider Locations  |                     |                   |           |        |            |  |
| Duplicate providers may appear in the results since a unique row is created for each provider type. |                     |                   |           |        |            |  |
| Provider Name   | Provider Type       | Address           | City      | State  | Zip Code   | Action   |
| HOSPITAL & MEDICAL CENTER   | HOSPITAL, INPATIENT | 201 MARYLAND PKWY | LAS VEGAS | Nevada | 89109-2317 | <a href="#">Revalidate Provider</a><br><a href="#">Update Provider</a> |

6. Click "Proceed" on the redirect page.

**Attention**

You are now leaving the Nevada Medicaid Health Care portal website. The link you have selected is located on another server. Please press the Proceed button below to leave the Nevada Medicaid Health Care portal site and proceed to the selected site, or Cancel to close this window.

[Proceed](#) [Cancel](#)

7. The Provider Enrollment Welcome page is displayed. Click Continue to open the Revalidation application.

**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 Monday 07/10/2017 08:54 AM PST

**Provider Enrollment: Welcome**

**Welcome**

**Welcome to the Online Provider Enrollment System**

Request Information: Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DXC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, DXC Technology is referred to as Nevada Medicaid.

Specialties: All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A [checklist](#) of required documentation has been provided for your convenience. Please review the [Provider Information Enrollment Booklet](#) for additional information.

Addresses: Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.

Provider Identification: 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.

Other Information: Please click the "Continue" to proceed.

Ownership & Disclosure: [Continue](#) [Cancel](#)

Agreement: [Continue](#) [Cancel](#)

Attachments: [Continue](#) [Cancel](#)

Summary: [Continue](#) [Cancel](#)

- The Request Information page is displayed to begin the revalidation application.

| 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".                                     |
| <b>Request Information</b>               | The contact person will potentially be contacted to answer any questions regarding the information provided in this request.<br>* Indicates a required field.                         |
| Specialties                              |   |
| Addresses                                | <b>Initial Enrollment Information</b>   |
| Provider Identification                  | <b>Enrollment Type</b> Group  |
| Other Information                        | <b>Provider Type</b> 11-HOSPITAL, INPATIENT   |
| Managing Individuals                     |   |
| Agreement                                | <b>Provider Information</b>   |
| Attachments                              | A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.  |
| Summary                                  | <b>*Federal Tax ID</b> <input type="text" value="111111111"/>   |
|  | <b>Are you currently enrolled as a Provider?</b> Yes  |
|  | <b>Contact Information</b>  |
|  | This contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request. |
|  | <b>*Last Name</b> <input type="text" value="Jones"/>  |
|  | <b>*First Name</b> <input type="text" value="Michael"/>   |
|  | <b>*Telephone Number</b> <input type="text"/> <b>Telephone Number Extension</b> <input type="text"/>  |
|  | <b>Fax Number</b> <input type="text"/>  |
|  | <b>*Contact Email</b> <input type="text"/>  |
|  | <b>*Confirm Email Address</b> <input type="text"/>  |

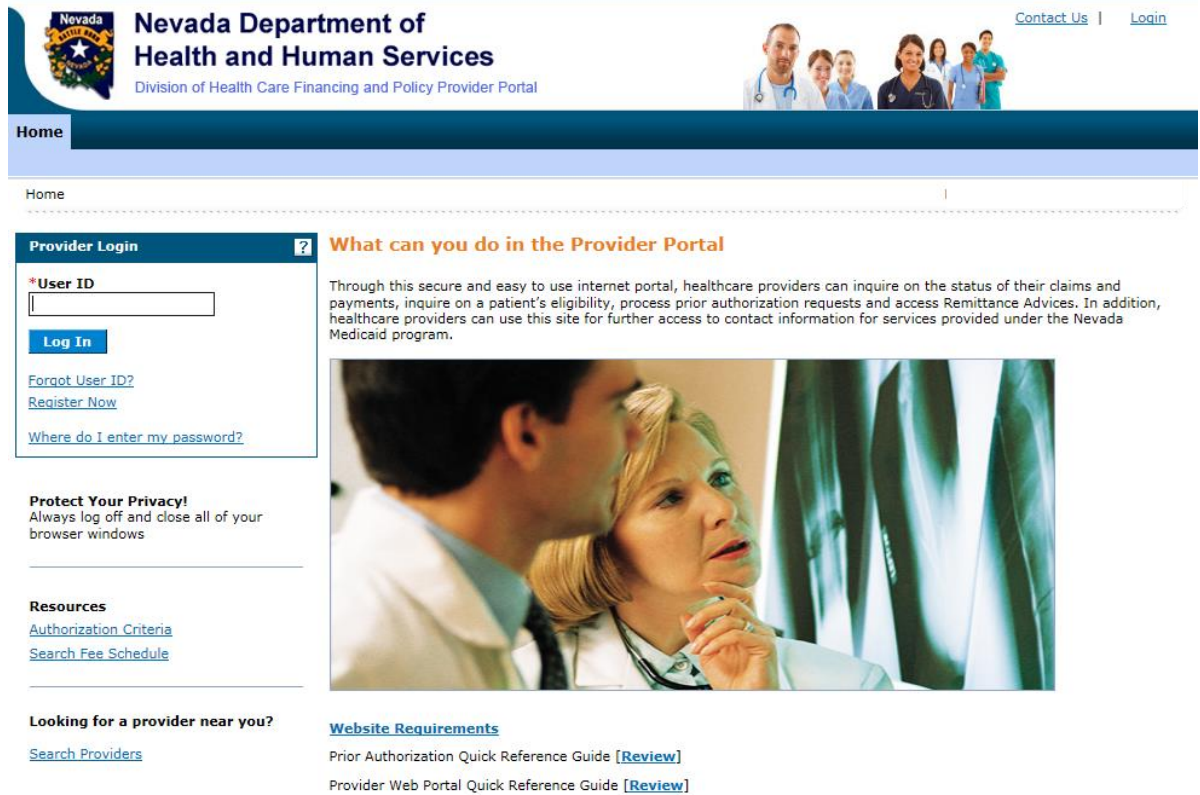
- Navigate through each page of the online application to add required information and make any necessary changes to the information on file.

**Note:** The Enrollment Type, Provider Type and Social Security Number (SSN) fields will display as "read only" and can't be changed during the revalidation process.

## 3.2 Provider Updates

To begin the Online Provider Update Application:

1. Log in to the Provider Web Portal.



The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Portal. At the top left is the Nevada state seal. The main header reads "Nevada Department of Health and Human Services" with the subtitle "Division of Health Care Financing and Policy Provider Portal". On the right, there is a "Contact Us" and "Login" link, and a group photo of healthcare professionals. Below the header is a blue navigation bar with "Home" selected. The main content area is divided into several sections:

- Provider Login:** A box containing a text input field for "User ID", a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?".
- Protect Your Privacy!** A section with the text "Always log off and close all of your browser windows".
- Resources:** Links for "Authorization Criteria" and "Search Fee Schedule".
- Looking for a provider near you?** A link for "Search Providers".
- What can you do in the Provider Portal:** A section with a heading and a paragraph explaining the portal's purpose: "Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program." Below this text is a photograph of a male and female healthcare professional in white coats looking at a computer screen.
- Website Requirements:** Links for "Prior Authorization Quick Reference Guide [Review]" and "Provider Web Portal Quick Reference Guide [Review]".

2. Provider My Home page is displayed.

The screenshot shows the 'My Home' page of the Nevada Department of Health and Human Services Provider Portal. The header includes the Nevada state logo and the text 'Nevada Department of Health and Human Services' and 'Division of Health Care Financing and Policy Provider Portal'. A navigation bar contains links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Upload Files', and 'Resources'. The main content area is titled 'Welcome Health Care Professional!' and features a photo of a doctor and a patient. On the left, there are sections for 'Provider' (with fields for Name, Provider ID, Location ID, and links for My Profile and Manage Account) and 'Provider Services' (with links for Member Focused Viewing, Search Payment History, Revalidate-Update Provider, PASRR, EHR Incentive Program, EPSDT, and Presumptive Eligibility). On the right, there are links for 'Contact Us' and 'Secure Correspondence', along with contact information for Nevada Medicaid Administration.

3. Click the “Revalidate – Update Provider” link under Provider Services.

This is a close-up of the 'Provider Services' menu. The menu items are: Member Focused Viewing, Search Payment History, Revalidate-Update Provider (highlighted with a red box), PASRR, EHR Incentive Program, and EPSDT.

4. Revalidate – Update Provider page is displayed with list of locations linked to the NPI.

The screenshot shows the 'Revalidate-Update Provider' page. It features a navigation bar at the top and a breadcrumb trail 'My Home > Revalidate-Update Provider'. Below this is a section titled 'Provider Locations' with a table of data. A note above the table states: 'Duplicate providers may appear in the results since a unique row is created for each provider type.'

| Provider Name             | Provider Type       | Address           | City      | State  | Zip Code   | Action   |
|---------------------------|---------------------|-------------------|-----------|--------|------------|--|
| HOSPITAL & MEDICAL CENTER | HOSPITAL, INPATIENT | 201 MARYLAND PKWY | LAS VEGAS | Nevada | 89109-2317 | <a href="#">Revalidate Provider</a><br>OR<br><a href="#">Update Provider</a> |



5. Click "Update Provider" under Action.

My Home Eligibility Claims Care Management Upload Files Resources

My Home > Revalidate-Update Provider

**Provider Locations** ?

Duplicate providers may appear in the results since a unique row is created for each provider type.

| Provider Name             | Provider Type       | Address           | City      | State  | Zip Code   | Action   |
|---------------------------|---------------------|-------------------|-----------|--------|------------|--|
| HOSPITAL & MEDICAL CENTER | HOSPITAL, INPATIENT | 201 MARYLAND PKWY | LAS VEGAS | Nevada | 89109-2317 | <a href="#">Revalidate Provider</a><br><a href="#">Update Provider</a> |

6. Click "Proceed" on the redirect page.

**Attention**

You are now leaving the HP Healthcare portal web site. The link you have selected is located on another server. Please press the Proceed button below to leave the HP Healthcare portal site and proceed to the selected site, or Cancel to close this window.

[Proceed](#) [Cancel](#)

7. The Provider Enrollment Welcome page is displayed. Click "Continue" to begin.

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

Provider Enrollment

Provider Enrollment > Provider Enrollment Application Monday 07/10/2017 08:54 AM PST

**Provider Enrollment: Welcome** ?

**Welcome**

**Welcome to the Online Provider Enrollment System**

Request Information Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DXC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, DXC Technology is referred to as Nevada Medicaid.

Specialties

Addresses 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.

Provider Identification

Other 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.

Ownership & Disclosure

Agreement

Attachments 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.

Summary Please click the "Continue" to proceed.

[Continue](#) [Cancel](#)

8. The Request Information page is displayed to begin the update application.

| Provider Enrollment: Request Information <span style="float: right;">?</span> |   |
|---|---|
| <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".                                     |
| <b>Request Information</b>  | The contact person will potentially be contacted to answer any questions regarding the information provided in this request.<br>* Indicates a required field.                         |
| Specialties   |   |
| Addresses   | <b>Initial Enrollment Information</b>   |
| Provider Identification   | <b>Enrollment Type</b> Group  |
| Other Information   | <b>Provider Type</b> 11-HOSPITAL, INPATIENT   |
| Managing Individuals  |   |
| Agreement   | <b>Provider Information</b>   |
| Attachments   | A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.  |
| Summary   | <b>*Federal Tax ID</b> <input type="text" value="11111111"/>  |
|   | <b>Are you currently enrolled as a Provider?</b> Yes  |
|   | <b>Contact Information</b>  |
|   | This contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request. |
|   | <b>*Last Name</b> <input type="text" value="Jones"/>  |
|   | <b>*First Name</b> <input type="text" value="Michael"/>   |
|   | <b>*Telephone Number</b> <input type="text"/> <b>Telephone Number Extension</b> <input type="text"/>  |
|   | <b>Fax Number</b> <input type="text"/>  |
|   | <b>*Contact Email</b> <input type="text"/>  |
|   | <b>*Confirm Email Address</b> <input type="text"/>  |

9. Navigate through each page of the online application to add required information and make any necessary updates to the information on file.

**Note:** The Enrollment Type, Provider Type and SSN fields will display as read only and can't be changed during the revalidation process.