

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.

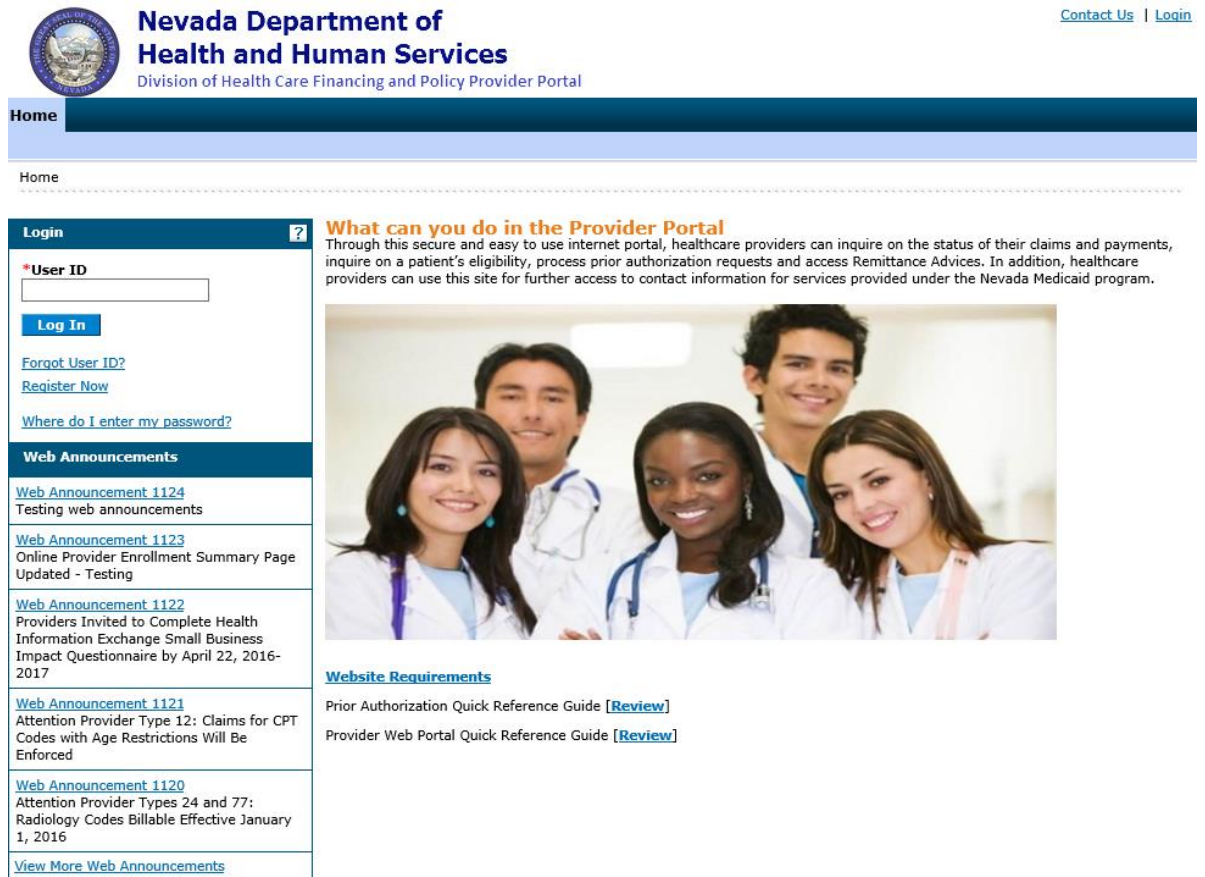
The Provider Update Application is to be used by active providers to report any changes to their provider enrollment information, with the exception of ownership changes.

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. At the top left is the Nevada state seal. To its right is the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the far right are links for "Contact Us" and "Login". Below the header is a dark blue bar with the word "Home" in white. Underneath is a light blue bar with "Home" in dark blue. The main content area is divided into two columns. The left column has a "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?". Below this is a "Web Announcements" section with several entries, each with a link to a "Web Announcement" and a brief description. The right column features a heading "What can you do in the Provider Portal" followed by a paragraph describing the portal's capabilities. Below the text is a photograph of five diverse healthcare professionals in white coats. At the bottom of the right column are "Website Requirements" with links to "Prior Authorization Quick Reference Guide" and "Provider Web Portal Quick Reference Guide", both marked as "[Review]".

2. Provider My Home page is displayed.

The screenshot shows the 'My Home' page for a provider. At the top, there is a navigation bar with links for 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The main content area is divided into several sections:

- Provider Information:** A box containing details for 'ABC MEDICAL GROUP', including Provider ID (195246304), Location ID (10054), Revalidation Date (12/01/2020), and License (19120, effective 03/21/2016-12/30/2020). There are links for 'My Profile' and 'Manage Accounts'.
- Welcome Health Care Professional!** A central image of a diverse group of healthcare professionals.
- Provider Services:** A list of links including 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'Pharmacy PA', 'PASRR', 'EHR Incentive Program', and 'Presumptive Eligibility'.
- Contact Us:** A section with a 'Contact Us' link and 'Secure Correspondence' information, including the address: Nevada Medicaid Administration, P.O. Box 30042, Reno, NV 89520-3042.
- Quick Reference Guides:** Links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide'.

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

This is a close-up of the 'Provider Services' menu. The 'Revalidate-Update Provider' link is highlighted with a red rectangular box.

- Member Focused Viewing
- Search Payment History
- Revalidate-Update Provider**
- PASRR
- EHR Incentive Program
- EPSDT

4. Revalidate – Update Provider page is displayed with list of locations linked to the NPI. It will also display the revalidation due date, license effective dates, and contract information for each service location.

The screenshot shows the 'Revalidate-Update Provider' page. It features a table titled 'Provider Locations' with the following data:

Provider Name	Provider Type	Address	Revalidation Date	License	Contract	Action
ABC MEDICAL GROUP	Physician, M.D., Osteopath, D.O.	164 N VIRGINIA ST, RENO, NEVADA, 89557-7777	12/01/2020	591 03/21/2016-12/30/2020	Practitioner Svcs Effective Date: 06/15/2016	Revalidate Provider OR Update Provider

Additional information on the page includes a note: 'Duplicate providers may appear in the results since a unique row is created for each specialty.' and a 'Total Records: 1' indicator.

- Click "Revalidate Provider" under Action.

My Home **Eligibility** Claims Care Management File Exchange Resources

My Home > Revalidate-Update Provider

Provider Locations						
Duplicate providers may appear in the results since a unique row is created for each specialty.						Total Records: 1
Provider Name	Provider Type	Address	Revalidation Date	License	Contract	Action
ABC MEDICAL GROUP	Physician, M.D., Osteopath, D.O.	164 N VIRGINIA ST, RENO, NEVADA, 89557-7777	12/01/2020	591 03/21/2016-12/30/2020	Practitioner Svcs Effective Date: 06/15/20	Revalidate Provider Update Provider

- 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](#)

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

Provider Enrollment: Welcome

Welcome

Welcome to the Online Provider Enrollment System

Request Information

Specialties

Addresses

Provider Identification

Other Information

Ownership & Disclosure

Agreement

Attachments

Summary

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.

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](#)

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

Provider Enrollment: Request Information ?

[Welcome](#)

Request Information

Addresses

Provider Identification

Associated Providers

EFT Enrollment

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 Group

Provider Type 11-Hospital, Inpatient

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"/> Hospital, Inpatient	
+	Click to add specialty.	

Provider Information

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

*Federal Tax ID

*Billing Type

Are you currently enrolled as a Provider? Yes

Contact Information

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

*Last Name

*First Name

*Telephone Number Telephone Number Extension

Fax Number

*Contact Email

*Confirm Email Address

*Preferred Method of Communication


- 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.



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

[Contact Us](#) | [Login](#)

Home

Home

Login ?

*User ID

[Log In](#)

[Forgot User ID?](#)
[Register Now](#)

[Where do I enter my password?](#)

Web Announcements

[Web Announcement 1124](#)
Testing web announcements

[Web Announcement 1123](#)
Online Provider Enrollment Summary Page Updated - Testing

[Web Announcement 1122](#)
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016-2017


[Web Announcement 1121](#)
Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be Enforced

[Web Announcement 1120](#)
Attention Provider Types 24 and 77: Radiology Codes Billable Effective January 1, 2016

[View More Web Announcements](#)

What can you do in the Provider Portal

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.



Website Requirements

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

2. Provider My Home page is displayed.

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

[Contact Us](#) | [Logout](#)

My Home | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

My Home

Provider

Name: ABC MEDICAL GROUP
 Provider ID: 195246304 (NPI)
 Location ID: 10054
 Revalidation Date: 12/01/2020 ⚠️
 License: 19120
 03/21/2016-12/30/2020

▶ [My Profile](#)
 ▶ [Manage Accounts](#)

Provider Services

▶ [Member Focused Viewing](#)
 ▶ [Search Payment History](#)
 ▶ [Revalidate-Update Provider](#)
 ▶ [Pharmacy PA](#)
 ▶ [PASRR](#)
 ▶ [EHR Incentive Program](#)
 ▶ [Presumptive Eligibility](#)

Welcome Health Care Professional!

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:
 Nevada Medicaid Administration
 P.O.Box 30042
 Reno, NV 89520-3042

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.

Prior Authorization Quick Reference Guide [\[Review\]](#)
 Provider Web Portal Quick Reference Guide [\[Review\]](#)

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

Provider Services

▶ [Member Focused Viewing](#)
 ▶ [Search Payment History](#)
 ▶ [Revalidate-Update Provider](#)
 ▶ [PASRR](#)
 ▶ [EHR Incentive Program](#)
 ▶ [EPSDT](#)

4. Revalidate – Update Provider page is displayed with list of locations linked to the NPI. It will also display the revalidation due date, license effective dates, and contract information for each service location.

My Home | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > Revalidate-Update Provider

Provider Locations ⓘ

Duplicate providers may appear in the results since a unique row is created for each specialty. Total Records: 1

Provider Name	Provider Type	Address	Revalidation Date	License	Contract	Action
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- Click "Update Provider" under Action.

My Home **Eligibility** Claims Care Management File Exchange Resources

My Home > Revalidate-Update Provider

Provider Locations ?

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Proceed **Cancel**

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

Provider Enrollment: Welcome ?

Welcome	<p>Welcome to the Online Provider Enrollment System</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Urgent/Emergency Enrollment</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>Please click the "Continue" to proceed.</p>
Request Information	
Specialties	
Addresses	
Provider Identification	
Other Information	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	

Continue **Cancel**

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

Provider Enrollment: Request Information ?

[Welcome](#)

▶ **Request Information**

[Addresses](#)

[Provider Identification](#)

[Associated Providers](#)

[EFT Enrollment](#)

[Other Information](#)

[Ownership & Disclosure](#)

[Agreement](#)

[Attachments](#)

[Summary](#)

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Initial Enrollment Information

Enrollment Type Group
Provider Type 11-Hospital, Inpatient

Specialties

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 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"/> <input checked="" type="checkbox"/> Hospital, Inpatient	
<input type="checkbox"/> Click to add specialty.	

Provider Information

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

* **Federal Tax ID**

* **Billing Type**

Are you currently enrolled as a Provider? Yes

Contact Information

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

* **Last Name**

* **First Name**

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

Fax Number

* **Contact Email**

* **Confirm Email Address**

* **Preferred Method of Communication**

- 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.