

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.

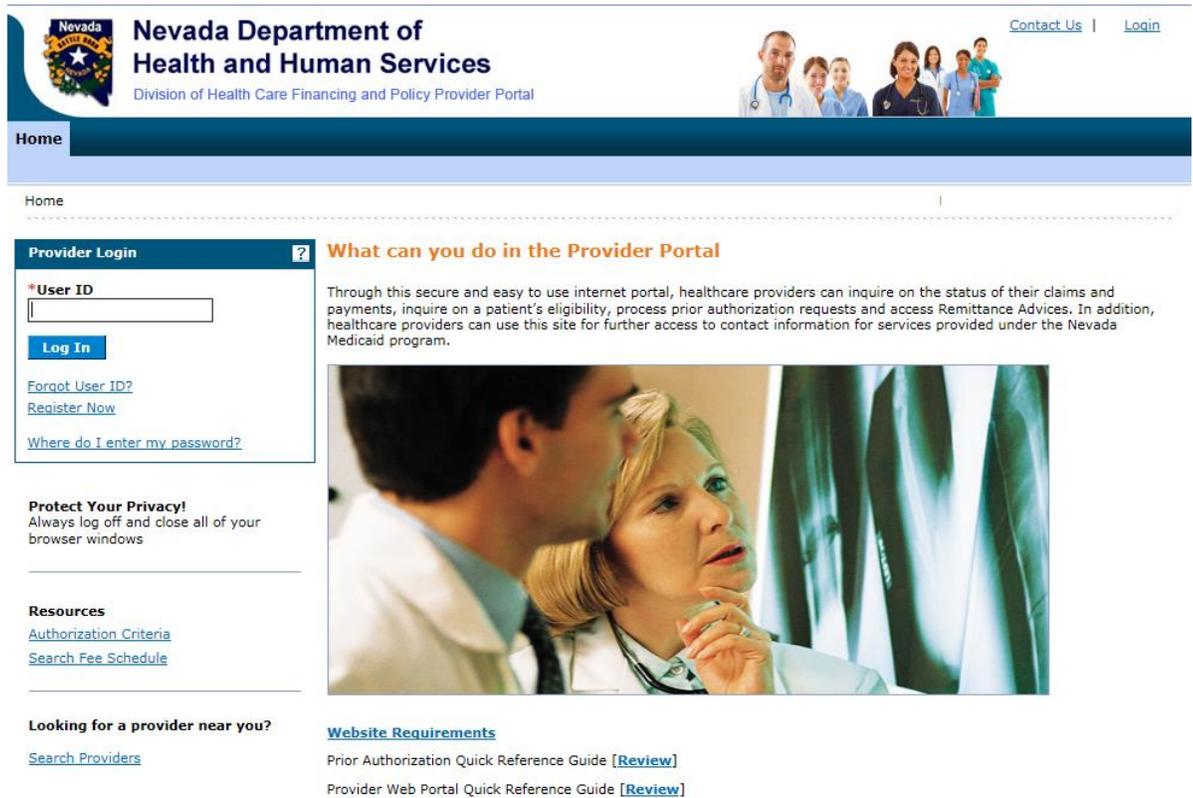
The Provider Update Application is to be used by active providers to report any changes to their provider enrollment information, with the exception of ownership changes.

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, a section titled "What can you do in the Provider Portal" describes the portal's capabilities. Below this is a photograph of a doctor and a patient. Further down, there are sections for "Protect Your Privacy!", "Resources" (with links to "Authorization Criteria" and "Search Fee Schedule"), "Looking for a provider near you?" (with a "Search Providers" link), and "Website Requirements" (with links to "Prior Authorization Quick Reference Guide" and "Provider Web Portal Quick Reference Guide").

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 | Upload Files | Resources

My Home

Provider

- Name
- Provider ID
- Location ID
- [My Profile](#)
- [Manage Account](#)

Provider Services

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

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	Revalidate Provider OR Update Provider

- Click "Revalidate Provider" under Action.

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 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

Provider Enrollment > Provider Enrollment Application

Provider Enrollment: Welcome

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 with Hewlett Packard Enterprise as a Nevada Medicaid Provider. Hewlett Packard Enterprise is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program.

All of the materials within this document must be completed and submitted to Hewlett Packard Enterprise 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.

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., 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	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".
Request Information	The contact person will potentially be contacted to answer any questions regarding the information provided in this request. * Indicates a required field.
Specialties	
Addresses	Initial Enrollment Information
Provider Identification	Enrollment Type Group
Other Information	Provider Type 11-HOSPITAL, INPATIENT
Managing Individuals	
Agreement	Provider Information
Attachments	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
Summary	*Federal Tax ID <input type="text" value="111111111"/>
	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 <input type="text" value="Jones"/>
	*First Name <input type="text" value="Michael"/>
	*Telephone Number <input type="text"/> Telephone Number Extension <input type="text"/>
	Fax Number <input type="text"/>
	*Contact Email <input type="text"/>
	*Confirm Email Address <input type="text"/>

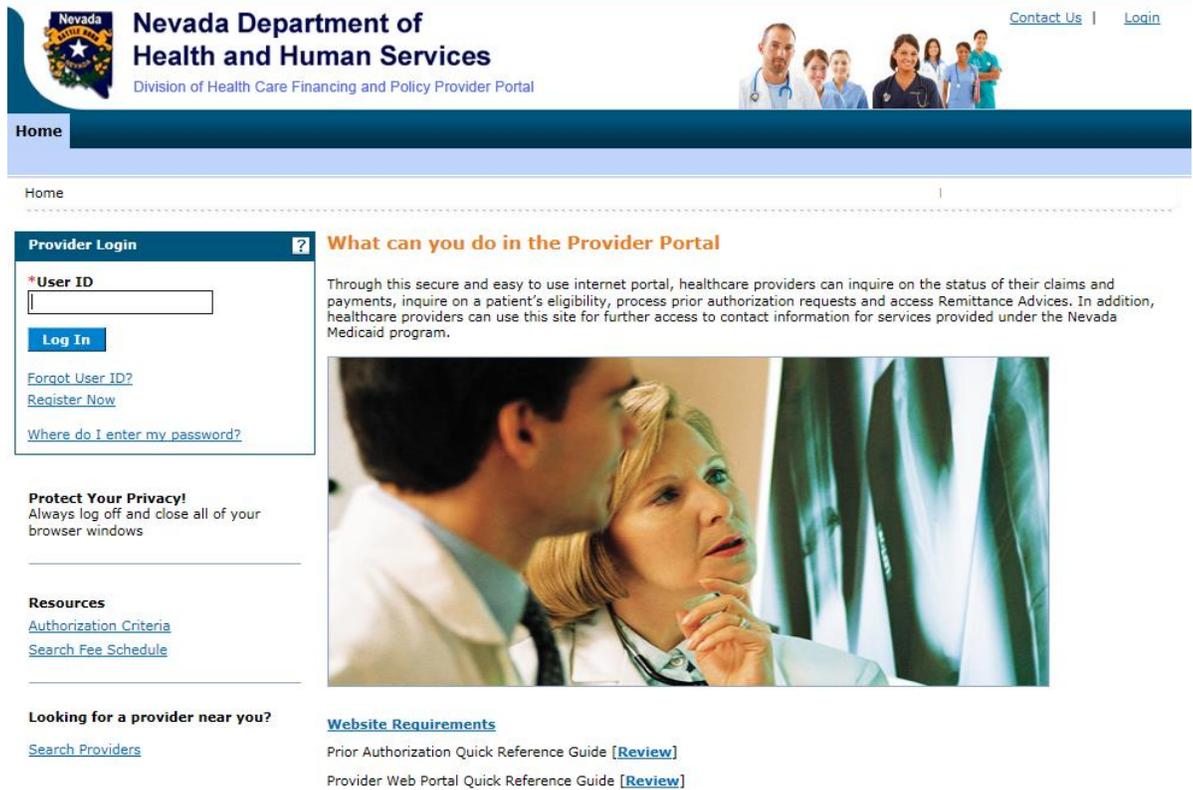
- Navigate through each page of the online application to add required information and make any necessary changes to the information on file.

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 top right, there are links for "Contact Us" and "Login". Below the header is a "Home" button. 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: "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 an image of a male and female healthcare professional in white coats looking at a computer monitor.
- 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'. Navigation tabs include 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Upload Files', and 'Resources'. The main content area features a 'Welcome Health Care Professional!' message with a photo of a doctor and patient. On the left, there are sections for 'Provider' (Name, Provider ID, Location ID, My Profile, Manage Account) and 'Provider Services' (Member Focused Viewing, Search Payment History, Revalidate-Update Provider, PASRR, EHR Incentive Program, EPSDT, 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 table titled 'Provider Locations' with a warning message: 'Duplicate providers may appear in the results since a unique row is created for each provider type.' The table has the following data:

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 OR Update Provider

- 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	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 begin.

Provider Enrollment

Provider Enrollment > Provider Enrollment Application

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 with Hewlett Packard Enterprise as a Nevada Medicaid Provider. Hewlett Packard Enterprise is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program.
Specialties	All of the materials within this document must be completed and submitted to Hewlett Packard Enterprise 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	
Provider Identification	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.
Other Information	
Managing Individuals	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., Monday through Friday.
Agreement	
Attachments	Please click the "Continue" to proceed.
Summary	<p>Continue Cancel</p>

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

Provider Enrollment: Request Information ?	
Welcome	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".
Request Information	The contact person will potentially be contacted to answer any questions regarding the information provided in this request. * Indicates a required field.
Specialties	
Addresses	Initial Enrollment Information
Provider Identification	Enrollment Type Group
Other Information	Provider Type 11-HOSPITAL, INPATIENT
Managing Individuals	
Agreement	Provider Information
Attachments	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
Summary	*Federal Tax ID <input type="text" value="11111111"/>
	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 <input type="text" value="Jones"/>
	*First Name <input type="text" value="Michael"/>
	*Telephone Number <input type="text"/> Telephone Number Extension <input type="text"/>
	Fax Number <input type="text"/>
	*Contact Email <input type="text"/>
	*Confirm Email Address <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.