

Enrolling as an Ordering, Prescribing or Referring (OPR) Provider with Nevada Medicaid





Objectives

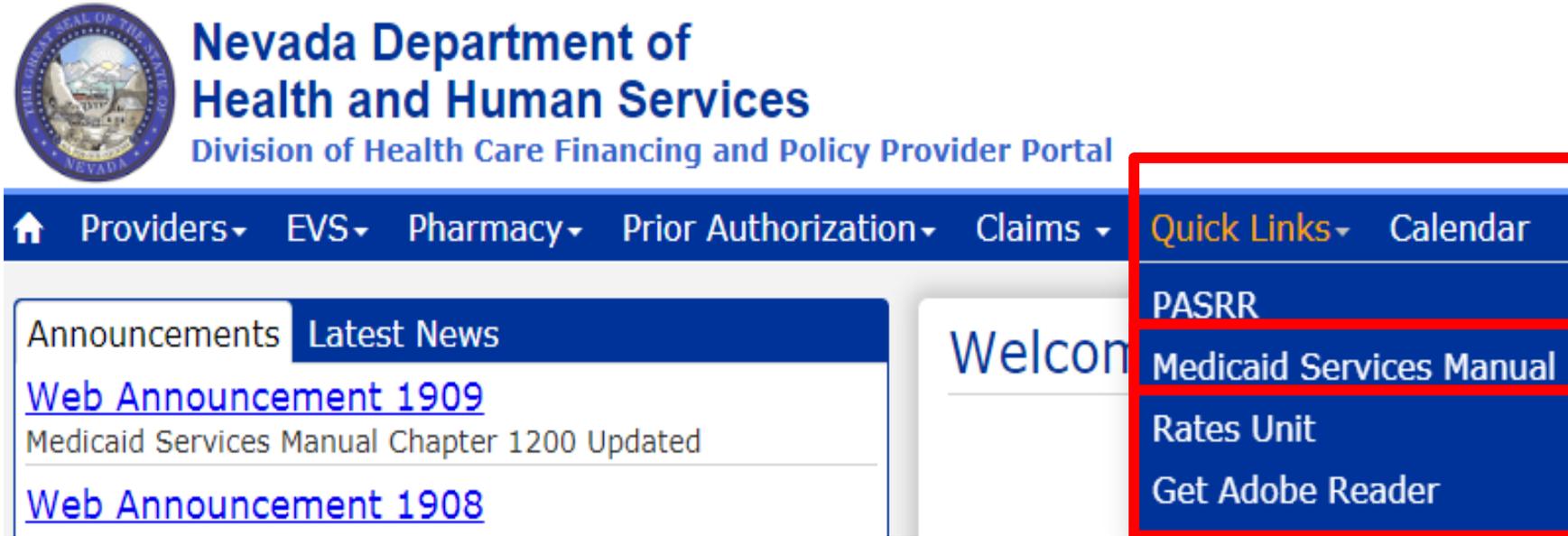


Objectives:

- Locate Medicaid Services Manual (Medicaid Policy)
- Review the Provider Enrollment Webpage, including:
 - Provider Enrollment Information Booklet
 - Enrollment Checklists
 - Business Associate Addendum
 - The Online Provider Enrollment User Manual
 - Provider Revalidation Report
 - Hospital Presumptive Eligibility Documents
 - Recommended Enrollment Documents
 - Changes to Provider Information
 - Contact Information for Provider License Updates and Voluntary Terminations
- Enroll with Nevada Medicaid as an Ordering, Prescribing or Referring (OPR) Provider via the Online Provider Enrollment (OPE) Tool
- Cover Resources
- Contact Nevada Medicaid

Medicaid Services Manual (Nevada Medicaid Policy)

Medicaid Services Manual



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A blue navigation bar contains links for "Providers", "EVS", "Pharmacy", "Prior Authorization", and "Claims". A "Quick Links" dropdown menu is open, showing options: "PASRR", "Medicaid Services Manual" (highlighted with a red box), "Rates Unit", and "Get Adobe Reader". Below the navigation bar, there are sections for "Announcements" and "Latest News" with links to "Web Announcement 1909" and "Web Announcement 1908". A "Welcome" message is partially visible on the right.

The Medicaid Services Manual Chapters are required to be read and understood by providers prior to enrolling in the Nevada Medicaid program. To locate the policy, users can navigate to one of the following web addresses: www.medicaid.nv.gov or dhcfp.nv.gov.

If using the Medicaid website, locate and hover over the Quick Links from the top blue tool bar and select Medicaid Services Manual.

Medicaid Services Manual, continued



If using the DHCFP website, locate and hover over the Resources tab from the top tool bar and select Manuals **or** scroll down to the bottom of the page and locate the Policy under Policy and Regulations.

Medicaid Services Manual, continued

MEDICAID SERVICES MANUAL

The Medicaid Services Manual is a compilation of regulations adopted under NRS 422.2368 and 422.2369. It sets guidelines and limitations regarding how the Division operates and what services are covered. Changes to the MSM are approved at public hearings.

The document works in concert with [Billing Guidelines](#), which are procedural in nature and can be found on the [Nevada Medicaid's fiscal agent website](#). Reimbursement rates and fee schedules are on the DHCFP website

- [Public Hearing Schedule](#)
- [Nevada Medicaid's fiscal agent Billing Guidelines](#)
- [Rates and Fee Schedules](#)

The Medicaid Services Manual webpage contains information regarding Public Hearings, Billing Guidelines and links to the Rates Unit.

Medicaid Chapters are located on the same page below this information.

Medicaid Services Manual, continued

MSM Chapters

Each MSM chapter contains a link to both the current and historical versions of the specific chapter. The chapters are organized by most current year, and most current date within year.

To do a keyword search on any .PDF document, click Cntrl F to generate the search box. Enter the desired search word and click Previous or Next.

- [Medicaid Services Manual - Complete](#)
- [100 Medicaid Program](#)
- [200 Hospital Services](#)
- [300 Radiology Services](#)
- [400 Mental Health and Alcohol and Substance Abuse Services](#)
- [500 Nursing Facilities](#)
- [600 Physician Services](#)
- [700 Rates and Supplemental Reimbursement](#)
- [800 Laboratory Services](#)
- [900 Private Duty Nursing](#)
- [1000 Dental](#)
- [1100 Ocular Services](#)
- [1200 Prescribed Drugs](#)
- [1300 DME Disposable Supplies and Supplements](#)
- [1400 Home Health Agency](#)
- [1500 Healthy Kids Program](#)
- [1600 Intermediate Care for Individuals with Intellectual Disabilities](#)
- [1700 Therapy](#)
- [1800 Adult Day Health Care](#)
- [1900 Transportation Services](#)
- [2000 Audiology Services](#)
- [2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities](#)
- [2200 Home and Community Based Waiver for the Frail Elderly](#)
- [2300 Waiver for Persons with Physical Disabilities](#)
- [2400 Home Based Habilitation Services](#)
- [2500 Case Management](#)
- [2600 Intermediary Service Organization](#)
- [2700 Certified Community Behavioral Health Clinic](#)
- [2800 School Based Child Health Services](#)
- [2900 Federally Qualified Health Centers](#)
- [3000 Indian Health](#)
- [3100 Hearings](#)
- [3200 Hospice](#)
- [3300 Program Integrity](#)
- [3400 Telehealth Services](#)
- [3500 Personal Care Services Program](#)
- [3600 Managed Care Organization](#)
- [3900 Home and Community Based Waiver for Assisted Living](#)
- [Addendum](#)

All providers must read the following chapters:

Chapter 100: Medicaid Program

Chapter 700: Rates and Supplemental Reimbursement

Chapter 3300: Program Integrity

In addition to the above referenced chapters, providers will need to review their Provider Type specific Billing Guideline from the Medicaid website in order to determine which additional chapters must be read. Users can also review the Enrollment Checklists to determine which chapters are required to be read.

Policy chapters will review important information such as coverage and limitations, prior authorization requirements and other pertinent information related to Nevada Medicaid.

Provider Enrollment Webpage

Provider Enrollment Webpage

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

Contact Us [Twitter](#) [Facebook](#) [DHCFP Home](#)

Search

Home Providers EVS Pharmacy Prior Authorization Claims Quick Links Calendar

Announcements Latest News

- [Web Announcement 1911](#)
Compounded Medications Require Prior Authorization Effective June 3, 2019
- [Web Announcement 1910](#)
New and Updated Pharmacy Prior Authorization Forms
- [Web Announcement 1909](#)
Medicaid Services Manual Chapter 1200 Updated
- [Web Announcement 1908](#)
Notification Regarding Provider Signatures on Prior Authorization Forms
- [Web Announcement 1907](#)
Attention Provider Types 15 (Registered Dietitian), 30 (Personal Care Aide – Provider Agency), 54 (Targeted Case Management), 83 (Personal Care Aide – Intermediary Service Organization): DHCFP Rate Reviews per Assembly Bill 108

[View All Web Announcements](#)

Featured Links

- Authorization Criteria
- DHCFP Home
- EDI Information
- EVS User Manual
- Modernization Project
- Online Provider Enrollment
- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers
- Claims
- Trading Partner

Welcome

Modernization Known System Issues

Click here to review the Known System Issues, Resolutions and Workarounds for common issues.

Please refer to the Modernization Known Issues List prior to contacting Nevada Medicaid, as many common problems and their resolutions are listed.

Nevada Medicaid

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

The Nevada Medicaid website is designed to assist providers with understanding the Nevada Medicaid program and includes information regarding enrollment, billing, access to the Electronic Verification System (EVS) and additional resources to assist providers.

Link: www.medicaid.nv.gov

Provider Enrollment Webpage, continued

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the logo and name. A search bar is at the top right. A blue navigation bar contains 'Providers', 'EVS', and 'Pharmac'. Below this is a left-hand menu with items like 'Announcements/Newsletters', 'Billing Information', 'Electronic Claims/EDI', 'E-Prescribing', 'Forms', 'NDC', 'Provider Enrollment', and 'Provider Training'. A central banner reads 'Modernization Known System Issues' with a link to review system issues. On the right, there are sections for 'Notifications', 'Provider Links', and 'Scheduled Site Maintenance'. A red box highlights the 'Providers' dropdown menu, and another red box highlights the 'Provider Enrollment' and 'Provider Training' options within it. A third red box highlights the 'Provider Links' section on the right, which includes 'Billing Information', 'E-Prescribing', 'Forms', 'Provider Enrollment', and 'Provider Training'.

To begin the enrollment process with Nevada Medicaid, highlight Providers from the top tool bar and select Provider Enrollment from the drop-down menu or select Provider Enrollment from the Provider Links section on the right-hand side of the page.

Provider Enrollment Webpage, continued

Provider Enrollment

Effective January 12, 2019, all providers will be required to submit their Provider Enrollment Applications electronically via the Online Provider Enrollment (OPE) Tool at <https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>, **A** er enrollment applications will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details. **B**

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 8a.m. to 5p.m. Monday through Friday.

Effective 12/1/2015, access [Online Provider Enrollment](#) for individual, group or OPR enrollments. **C**

Provider Documentation Reminders: (See [Web Announcement 1125](#) for reminders that will assist providers in adhering to the documentation responsibilities required of each Nevada Medicaid/Nevada Check Up provider.)

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

The Provider Enrollment webpage contains all necessary information in order to properly enroll in Nevada Medicaid, including:

- A. Access to the Online Provider Enrollment (OPE) tool
- B. Link to modernization announcements
- C. Additional link to the OPE tool

Required Enrollment Documents – Provider Information Booklet

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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.
- **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 (DHCFP) or Nevada Medicaid.
- **Advance Directives Compliance Self-Evaluation & Certification (NMH-3827):** This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- **Civil Rights Compliance Self-Evaluation & Certification (NMH-3828):** This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

The Provider Enrollment Information Booklet is an overview of the Medicaid Program and includes information such as: Welcome to Nevada Medicaid, Required Documents, Information for Trading Partners and Out of State Providers, Catchment Area Information, how to Report Business Information as well as a full list of all Provider Types and associated Specialty Codes.

Required Enrollment Documents – Enrollment Checklists

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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.
- [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.
- [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#): This form must be completed and submitted to DHCFF if it is listed on the Provider Enrollment checklist for your Provider Type.
- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#): This form must be completed and submitted to DHCFF if it is listed on the Provider Enrollment checklist for your Provider Type.

Enrollment Checklists are separated out by Provider Type. In order to determine the documentation that is required to accompany the application, select Enrollment Checklists. All Provider Types require the checklist to be followed.

Required Enrollment Documents – Enrollment Checklists, continued

Provider Enrollment Checklists

To see which documents must be submitted with your Provider Enrollment Packet, click the name of your provider type(s) in the list below. If your provider type is not in the list below, please contact the Provider Enrollment Unit at (877) 638-3472 for requirements.

Note: Out of state providers must also submit proof of Medicaid eligibility in the state that services are/were rendered.

Provider Type	Title	Updated Date
10	Outpatient Surgery, Hospital Based	04/20/16
11	Hospital, Inpatient	02/18/16
12	Hospital, Outpatient	02/18/16
13	Psychiatric Hospital, Inpatient	04/20/16
14	Behavioral Health Outpatient Treatment	n/a
15	Registered Dietitian	12/15/17
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public	04/20/16
17	Special Clinics	n/a
19	Nursing Facility	04/20/16
20	Physician, M.D., Osteopath, D.O.	08/25/17
21	Podiatrist	08/25/17
22	Dentist	01/03/13
23	Hearing Aid Dispenser & Related Supplies	08/25/17
24	Advanced Practice Registered Nurse	08/30/17
25	Optometrist	08/25/17
26	Psychologist	07/19/16
27	Radiology and Non-invasive Diagnostic Centers	12/01/14
28	Pharmacy	04/28/17
29	Home Health Agency	07/05/17

Each Provider Type will have access to a Provider Type specific Checklist.

Locate the appropriate Provider Type and select the Title of the Provider Type to open the checklist.

It is important to review each item listed on the Checklist as the information will be different for each Provider Type.

Required Enrollment Documents – Business Associate Addendum (NMH-3820)

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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.
- [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 (DHCFP) or Nevada Medicaid.
- [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

The Business Addendum may be a requirement depending on the Provider Type selected to enroll with. The Addendum is an additional contract with the Division of Health Care Financing and Policy (DHCFP) that is made between a Covered Entity and a Business Associate that outlines responsibilities of each party concerning Protected Health Information (PHI). If this form is required per the Checklist, make sure to read and understand the content as well as complete the last page. All pages must be included when submitting an application. If any pages are missing, the application may be returned, which will cause a delay in the processing of the application.

Required Enrollment Documents – Advance Directive Compliance (NMH-3827)

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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.
- [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 (DHCFP) or Nevada Medicaid.
- [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

The Advance Directive form may be a requirement depending on the Provider Type selected to enroll with. This form will have a variety of questions that must be answered and if the form is a requirement, the form should be sent to the Division of Health Care Financing and Policy to the following:

Email: civilrights@dhcfp.nv.gov or

Mailing Address: Recipient Civil Rights Officer

Division of Health Care Financing & Policy

1100 East William Street, Suite 101

Carson City, NV 89701

Required Enrollment Documents – Civil Rights Compliance (NMH-3828)

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): UPDATED FOR MMIS MODERNIZATION IMPLEMENTATION. 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.
- [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 (DHCFP) or Nevada Medicaid.
- [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

The Civil Rights form may be a requirement depending on the Provider Type selected to enroll with. This form will have a variety of questions that must be answered and if the form is a requirement, the form should be sent to the Division of Health Care Financing and Policy to the following:

Email: civilrights@dhcfp.nv.gov or

Mailing Address: Recipient Civil Rights Officer

Division of Health Care Financing & Policy

1100 East William Street, Suite 101

Carson City, NV 89701

Online Provider Enrollment User Manual

Online Provider Enrollment User Manual

- [Chapter 1: Getting Started](#)
- [Chapter 2: Initial Enrollment Application](#)
- [Chapter 2 Addendum: Ownership & Relationships Example](#)
- [Chapter 3: Revalidation and Updates](#)

The Online Provider Enrollment User Manual will contain pertinent information for using the OPE tool and provide additional details regarding each question that is contained within the application.

Chapter 1: Getting Started – Overview of how to use the OPE tool

Chapter 2: Initial Enrollment Application – Provides step-by-step instructions on how to complete an initial application

Chapter 2 Addendum: Ownership & Relationships Example – Provides additional clarification for users when answering the Ownership Disclosure and Relationship questions

Chapter 3: Revalidation and Updates – Instructions on how to revalidate or make changes to a provider profile through the Electronic Verification System (EVS)

Revalidation Report

Revalidation Report

- **Provider Revalidation Report:** The Nevada Medicaid Provider Revalidation Report lists each provider and the date their next revalidation is due. To avoid contract termination, your revalidation application must be processed and approved prior to the revalidation due date.

The Provider Revalidation Report is a PDF document that allows any user to view a National Provider Identifier (NPI) to determine the date that their contract will need to be revalidated. Providers are required to revalidate with Nevada Medicaid every five (5) years. The only exception is that Durable Medical Equipment (Provider Type 33) providers must revalidate every three (3) years.

Viewing the report will assist providers with making sure that their contract with Nevada Medicaid does not terminate. If a contract terminates due to a provider not submitting a revalidation, the provider will then need to complete and submit a brand new application. If a provider's contract terminates and the provider attempts to bill for dates of service that happen after their termination date, those particular claims will be denied.

Hospital Presumptive Eligibility Documents

Hospital Presumptive Eligibility Documents

- [Web Announcement 1846](#): Hospital Presumptive Eligibility Annual Training Calendar Dates and Sign-up Guidelines for 2019 (Posted February 22, 2019)
- [Web Announcement 1008](#): Attention ALL Hospital Presumptive Eligibility Providers: Guidance Policy Available
- [Web Announcement 861](#) with Training Schedule: Implementation of Hospital Presumptive Eligibility Option for Acute Care Hospitals (Provider Types 11 and 75)
- [Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum](#): Qualified hospitals must complete and submit the Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum.
- [Hospital Presumptive Eligibility Training Sign-Up Sheet](#): Complete this form listing the hospital employees that will be attending the mandatory training for Presumptive Eligibility. You will be notified by the DWSS in regards to the training dates and times. Keep in mind that each employee making PE determinations MUST be trained by DWSS and complete a competency examination prior to making ANY determinations.

Hospital Presumptive Eligibility Documents must be completed depending on the Provider Type being enrolled with. There is also information contained in this section regarding training that is conducted by the State of Nevada.

Recommended Enrollment Documents

Recommended Enrollment Documents

- Effective February 1, 2019, all providers will be required to submit their Electronic Data Interchange (EDI) enrollment application electronically via the Provider Web Portal [<https://portaluat.medicaid.nv.gov/hcp/provider/Home>], as paper EDI application submissions will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS).
- **Ordering, Prescribing and Referring Provider Enrollment Frequently Asked Questions (FAQs)**

Recommended Enrollment Documents contains information regarding the use of Electronic Data Interchange (EDI) claim submissions as well as a Frequently Asked Questions document for Ordering, Prescribing and Referring (OPR) providers who are interested in Nevada Medicaid.

Changes to Provider Information

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to Nevada Medicaid within five business days.

- To complete changes online, please login to the [Secure Web Portal](#), and choose "Revalidate-Update Provider".
- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- Provider license updates and voluntary terminations can be mailed or e-mailed to Nevada Medicaid for processing

As of February 1, 2019, any provider that is already enrolled in Nevada Medicaid can make changes to their provider profiles via the EVS secure Provider Web Portal. For instructions, please review Chapter 3 (Revalidation and Updates) of the Online Provider Enrollment User Manual that was previously discussed and can be located on the Provider Enrollment webpage of the Medicaid website.

Contact Information for Provider License Updates & Voluntary Terminations

Provider License Updates and Voluntary Terminations Only

- Please submit provider license updates via the secure Provider Web Portal or email to Nevada Medicaid at nv.providerapps@gainwelltechnologies.com for processing.
- Please email voluntary termination forms (FA-34) to Nevada Medicaid at nv.providerapps@gainwelltechnologies.com for processing.

Should a provider wish to submit their updated license information or if a provider will be terminating a contract, that information is to be emailed to: nv.providerapps@gainwelltechnologies.com or mailed to the P.O. Box. It is important to note that any documentation besides an updated license or a contract termination will not be reviewed and processed via this email address. Changes to a provider profile will **not** be accepted via email and those changes must be made via the EVS secure Provider Web Portal.

Enrolling as an OPR Provider with Nevada Medicaid via the OPE Tool

Initial Application

Provider Enrollment

Effective January 12, 2019, all providers will be required to submit their Provider Enrollment Applications electronically via the Online Provider Enrollment (OPE) Tool at <https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>. Paper enrollment applications will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

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 8a.m. to 5p.m. Monday through Friday.

Effective 12/1/2015, access [Online Provider Enrollment](#) for individual, group or OPR enrollments.

Provider Documentation Reminders: (See [Web Announcement 1125](#) for reminders that will assist providers in adhering to the documentation responsibilities required of each Nevada Medicaid/Nevada Check Up provider.)

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

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [EVS User Manual](#)
- [Modernization Project](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
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Provider Links

[Billing Information](#)

[E-Prescribing](#)

[Forms](#)

[Provider Enrollment](#)

[Provider Newsletters](#)

[Provider Training](#)

The OPE tool may be accessed from a variety of different locations, including: the Provider Enrollment web[page, Featured Links (left-hand side of every page) or Provider Links (right-hand side of every page).

Landing 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

[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](#)

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The OPE landing page will have several options that a user can select from:

- Provider Enrollment Application will begin a new application
- Resume Enrollment allows certain users to complete an application at a later time
- Enrollment Status allows users to check the status of their application online, which eliminates the requirement to call the Nevada Medicaid Customer Service Center

Landing Page, continued

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](#)

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In order to begin a new application, select Provider Enrollment Application.

For providers that are enrolling as two different provider types, two applications must be submitted - one for each provider type.

Frequently Viewed/Used Buttons

Continue

The Continue Button is typically located at the end of each page of the Application and will allow the user to continue with the application.

Finish Later

The Finish Later Button is typically located at the end of each page of the Application and will allow the user to complete the application at a later time. When the user is going to resume the application, the user must have the FEIN/SSN, Authorization Tracking Number and valid password.

Cancel

The Cancel Button is typically located at the end of each page of the Application and will allow the user to stop or cancel the application process.

Frequently Viewed/Used Buttons



The Question Mark or Help button is typically located toward the top right of each page. Selecting the Help button will provide the user with details of the currently viewed page as well as basic information regarding each question of the application.



The Add button is located throughout the application regarding specific questions. When a user is answering a question that has an Add button, the Add button must be selected after inputting all applicable information in order for the information to save to the application before submitting. If a user forgets to select Add, the OPE tool will not allow the user to continue until Add is selected.



The Reset button is located throughout the application regarding specific questions and will accompany the Add button. If the user inputs all applicable information and before selecting Add determines that the information is incorrect, select Reset to erase the information and input the correct information.

Welcome Page



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 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	
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	Urgent/Emergency Enrollment
Ownership & Disclosure	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.
Agreement	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.
Attachments	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
Summary	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.
	<input type="button" value="Continue"/> <input type="button" value="Cancel"/>

The Welcome page provides relevant information regarding enrolling in the Nevada Medicaid program, as well as:

- (A) Table of Contents. Table of Contents will always be available and once a user has completed a section, the Table of Contents will hyperlink each completed section of the application in case a user needs to go back and update information.
- (B) Contact Us and FAQ links.

In order to continue with the application, select Continue.

Request Information

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". The contact person will potentially be contacted to answer any questions regarding the information provided in this request. * Indicates a required field.	
Request Information		
Specialties	Initial Enrollment Information	
Addresses		
Provider Identification		
Other Information		
Ownership & Disclosure		
*Enrollment Type		Ordering, Prescribing or Referring Application or Revalidation ▼
*Provider Type		▼
*Requested Enrollment Effective Date	06/17/2019 	

Enrollment Type: This will be selected from a drop-down menu. Select Ordering, Prescribing or Referring Application or Revalidation.

Provider Type: Select the appropriate provider type from the drop-down menu. Reminder: If the provider is enrolling as two different provider types, an application for each provider type must be submitted separately. Nevada Medicaid cannot advise a provider as to which provider type they should select. Providers should review the Billing Information and Policy Chapters to make an informed decision.

Requested Enrollment Effective Date: If an application is approved, this will be the start date of the provider's contract. The provider can back date an application up to 180 days depending on services previously rendered. If requesting an effective date of more than 180 days, a written explanation and any supporting documentation are required to be submitted along with the application.

Request Information, continued

OPR Information

Please check the appropriate boxes explaining why you **do not** wish to be a fully enrolled Nevada Medicaid provider.

- Reimbursement Rates
- Medicaid Policy
- Practice Capacity
- Other

When enrolling with Nevada Medicaid as an OPR provider, users will be asked why they do not wish to be fully enrolled with Nevada Medicaid as OPR providers will not be reimbursed for services rendered. If a user determines that they would like to be reimbursed for services rendered, select a different Enrollment Type from the first section of the application.

If the user determines that the OPR application is correct, answer the question appropriately. If “other” is selected, the user will be prompted with an additional field asking for details as to why “other” was selected.

Request Information, continued

Provider Information

*SSN ⓘ

Enter the OPR provider's Social Security Number.

Request Information, continued

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

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

The Contact Information section does not have to be filled out with the provider's information. This section is for a contact regarding the application, should Nevada Medicaid have any questions.

Last Name: Last name of the person of contact

First Name: First name of the person of contact

Telephone Number: Telephone number of the person of contact

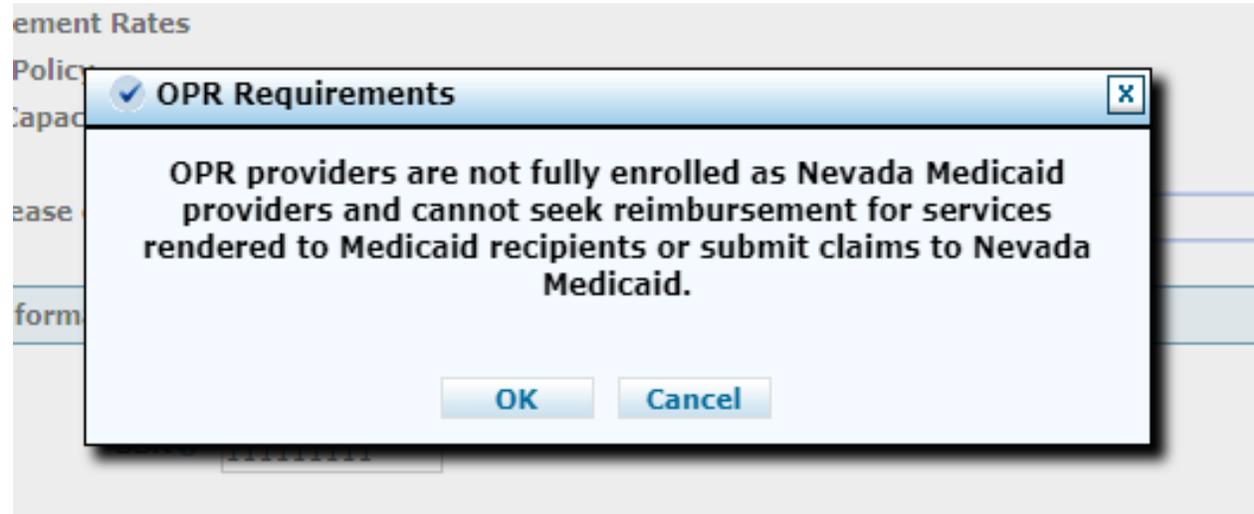
Contact Email: Email address of the person of contact

Confirm Email Address: Confirm the email address of the person of contact

Preferred Method of Contact: Select from drop-down menu of Email or Phone

Once the Contact Information has been completed, select Continue.

Request Information, continued



After selecting Continue, the user will receive a pop-up advising that OPR providers cannot seek reimbursement. If a user determines that they would like to be reimbursed for services rendered, select Cancel and then select a different Enrollment Type from the first section of the application.

If the user would like to continue, select OK.

Provider Enrollment Credentials

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](#) > Enrollment Credentials Thursday 06/06/2019 12:23 PM PST

Provider Enrollment: Credentials ?

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. **A tracking number will be provided.** This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN) 111111111

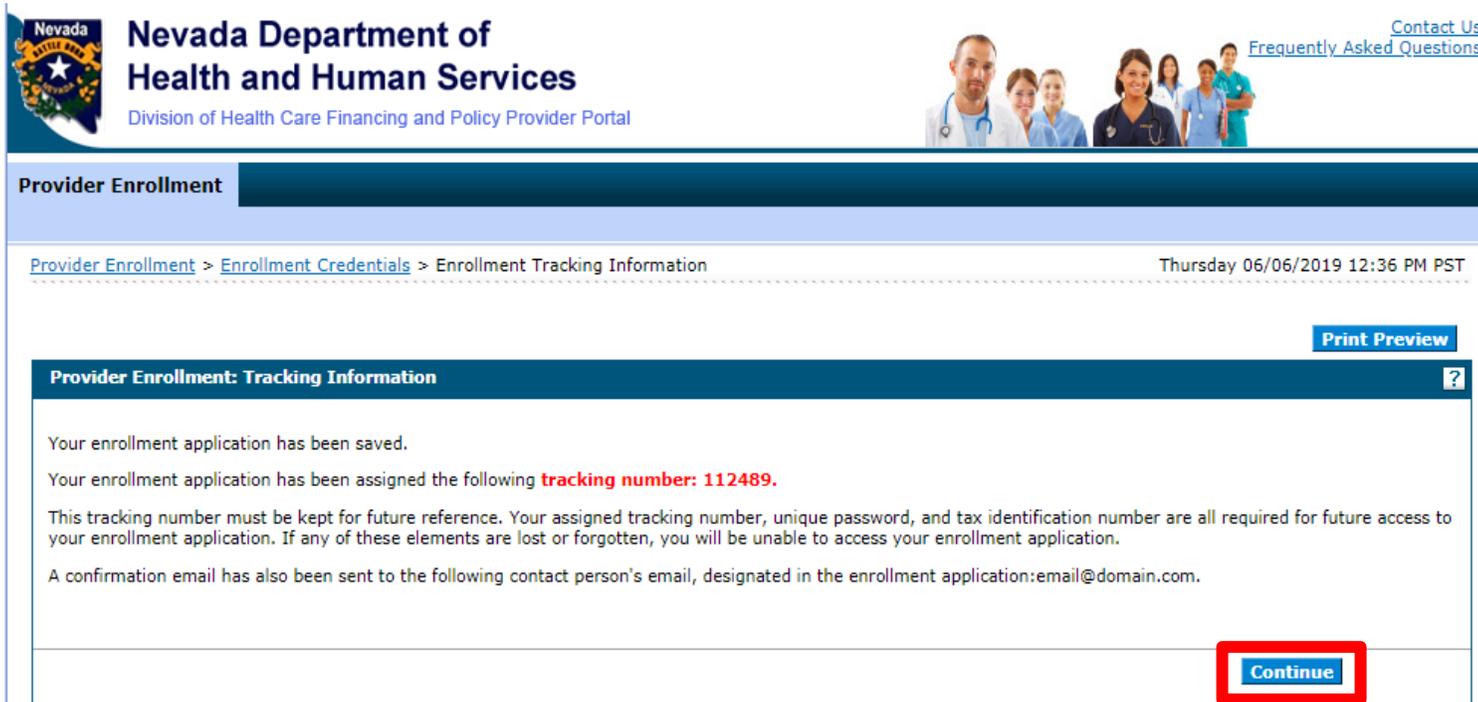
* Password

* Confirm Password

The user will then need to create and confirm a password for the application. If the user cannot remember the password that was created and needs to access the application at a later date, the user will need to complete an entirely brand new application as Nevada Medicaid is unable to reset passwords for the OPE tool.

Once the password is confirmed, select Submit.

Provider Enrollment Credentials, continued



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state logo, the department name, and the text "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Frequently Asked Questions". The main content area is titled "Provider Enrollment" and shows a breadcrumb trail: "Provider Enrollment > Enrollment Credentials > Enrollment Tracking Information". The date and time are "Thursday 06/06/2019 12:36 PM PST". A "Print Preview" button is visible. The main heading is "Provider Enrollment: Tracking Information" with a help icon. The text reads: "Your enrollment application has been saved. Your enrollment application has been assigned the following **tracking number: 112489**. This tracking number must be kept for future reference. Your assigned tracking number, unique password, and tax identification number are all required for future access to your enrollment application. If any of these elements are lost or forgotten, you will be unable to access your enrollment application. A confirmation email has also been sent to the following contact person's email, designated in the enrollment application: email@domain.com." A "Continue" button is highlighted with a red box at the bottom right.

Once the password has been submitted, the Application Tracking Number (ATN) will be generated. Users should take note of the ATN as this will be used to verify status after the application has been submitted. In addition to the ATN, users will also be required to record the FEIN or SSN and password. Again, this is due to the fact that Nevada Medicaid is unable to reset a password for the OPE tool.

Select Continue.

Provider Enrollment Credentials, continued



Tue 6/11/2019 7:52 AM

Division of Health Care Financing and Policy Provider Portal <NVMMIS.edisupport@dxc.com>

Provider Enrollment Application

To

Thank you for your interest in Nevada Medicaid Program. Your Nevada Medicaid Program tracking number is 112780. This tracking number must be kept for future reference. The tracking number, unique password, and Federal Tax ID or SSN are all required for future access to your enrollment application. You will not be able to retrieve your enrollment application without all of the required information. Remember to return to the Provider Portal at <https://medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx> to complete your enrollment application.

A system-generated email will be sent to the contact email listed on the application.

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. If a provider does not have a specialty, please enter the specialty NO SPECIALTY. 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
☐ Click to collapse.		
B	Provider Type Physician, M.D., Osteopath, D.O. Specialty Code _ Primary <input checked="" type="checkbox"/> Specialty Board <input type="text"/>	*Specialty <input type="text" value="OPR Provider"/>
C <input type="button" value="Add"/> <input type="button" value="Reset"/>		

All provider types are required to indicate a Specialty. (See the Provider Enrollment Information Booklet for a list of Provider Types and associated Specialties.)

Select OPR Provider from the Specialty drop-down list (A). If the provider type does not require a specialty, select No Specialty. Indicate the Board, if applicable (B), that approved of the specialty and select Add (C). If add is not selected, the system will not allow users to continue.

Specialties, continued

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. If a provider does not have a specialty, please enter the specialty NO SPECIALTY. 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"/>	✔ OPR Provider	
<input type="checkbox"/>	Click to add specialty.	

Once the Specialty is added, select Continue.

Provider Addresses

Provider Addresses

The Mail-To and Contact address types are required. Nevada Medicaid will mail written correspondence to this 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.

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.

This section allows users to input address information for the provider.

Mail To Address is the address that Nevada Medicaid may send written correspondence.

Contact is the information for Nevada Medicaid to reach out to if any questions arise.

For OPR Applications, both the Mail-To and Contact information are required.

When the user is ready to input and add address information to the application, select the + to add a new address.

Provider Addresses, continued

Type	Street	City	State	Action
<input type="checkbox"/> Click to collapse.				
*Address Type	<input type="text"/>		<input type="text"/>	
*Street	<input type="text"/>			
*City	<input type="text"/>		*State <input type="text"/>	
*Zip+4	<input type="text"/>		*County <input type="text"/>	
Email Address	<input type="text"/>		Confirm Email Address	<input type="text"/>
Telephone Number Office	<input type="text"/>	Telephone Number Extension	<input type="text"/>	
Telephone Number Fax	<input type="text"/>			
Telephone Number TDD	<input type="text"/>			
Contact Name	<input type="text"/>			
Telephone Number Contact	<input type="text"/>	Telephone Number Extension	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>				

Address Type: Select from drop-down menu (Mail-To or Contact).

Street: Street Address.

City: City.

Zip+4: Zip Code. User can locate the additional 4 digits by running a post office address search or inputting 4 zeroes.

State: Select the state the address is located in from drop-down menu.

County: Select the county the address is located in from drop-down menu.

Provider Addresses, continued

Provider Addresses

The Mail-To and Contact address types are required. Nevada Medicaid will mail written correspondence to this 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.

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.				
*Address Type	Mail-To			
*Street	9850 DOUBLE R BLVD STE 102			
*City	RENO	*State	Nevada	
*Zip+4	89521-2987	County	Washoe	
Verify Address				
Email Address	Confirm Email Address			
Telephone Number Office	*	Telephone Number Extension		
Telephone Number Fax				
Telephone Number TDD				
*Contact Name				
Telephone Number Contact	*	Telephone Number Extension		
Add Reset				
Continue Finish Later Cancel				

Once the address information is completed, the user will need to select Verify Address. A pop up window will then appear asking to confirm information. User can click on Select or User Original Address to complete the address information.

Address Verification: Results

To continue, select one of the options below.

Original Address

**Original address may be undeliverable.

Line 1 9850 Double R Blvd
Line 2 Suite 102
City Reno
State Nevada Zip+4 89521-0000
County Washoe

Use Original Address

Recommended Address Formatted for Deliverability

Click on **SELECT** to choose the address.

Address	City, State	County	ZipCode	Action
9850 DOUBLE R BLVD STE 102	RENO, Nevada	Washoe	89521-2987	Select

Cancel

Provider Addresses, continued

Type	Street	City	State	Action
<input type="checkbox"/> Click to collapse.				
*Address Type	<input type="text" value="Service"/>			
*Street	<input type="text" value="9850 DOUBLE R BLVD STE 102"/>			
*City	<input type="text" value="RENO"/>		*State	<input type="text" value="Nevada"/>
*Zip+4	<input type="text" value="895212987"/>		*County	<input type="text" value="Washoe"/>
<input type="button" value="Verify Address"/>				
Email Address	<input type="text"/>			
		Confirm Email Address	<input type="text"/>	
Telephone Number Office *	<input type="text"/>	Telephone Number Extension	<input type="text"/>	
Telephone Number Fax	<input type="text"/>			
Telephone Number TDD	<input type="text"/>			
*Contact Name	<input type="text"/>			
Telephone Number Contact *	<input type="text"/>	Telephone Number Extension	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>				

Once the address information has been verified, the user will then be required to input an active telephone number and contact information.

All other fields are optional.

Once all fields have been populated, select the Add button.

Provider Addresses, continued

	Type	Street	City	State	Action
<input type="checkbox"/>	Mail-To	9850 DOUBLE R BLVD STE 102	RENO	Nevada	Remove
<input type="checkbox"/>	Contact	9850 DOUBLE R BLVD STE 102	RENO	Nevada	Remove

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

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

The user can then select the + or the Copy link to add any additional address information pertaining to the Contact address.

Select Remove in order to delete an address.

Once all addresses have been completed, select Continue.

Provider Identification

Provider Legal Name	
The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.	
*Last Name	<input type="text"/>
*First Name	<input type="text"/>
Middle	<input type="text"/>
Doing Business As Name	<input type="text"/>

The provider's legal name **must** match their W-9 form.

Last Name: Input provider's legal last name

First Name: Input provider's legal first name

Middle: Provider's legal middle initial, if applicable

Doing Business as Name: If the individual provider will be operating the practice with a different name, list the DBA

Provider Identification, continued

Individual Providers	
Gender	<input type="text"/> *Birth Date 
NPI	
The NPI is the National Provider Identifier	is applied for and received through the NPPES Registry for all healthcare providers.

The Gender dropdown menu is open, showing the following options: Male, Female, and Unknown.

Individual providers will select a gender from the drop-down menu, as well as their birth date. Please note that for OPR providers, Gender is not a required field.

Provider Identification, continued

NPI

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

*NPI

Enter the provider's National Provider Identifier (NPI). This information will be obtained from the National Plan & Provider Enumeration System (NPPES). Nevada Medicaid cannot assist the provider in obtaining an NPI. For more information, please visit: nppes.cms.hhs.gov.

Provider Identification, continued

License	
*Name of Issuing Licensing Board, State or Entity	<input type="text"/>
*License Number	<input type="text"/>
*License State	<input type="text"/>
*Effective Date 	<input type="text"/>
*End Date 	<input type="text"/>

Name of Issuing Licensing Board, State or Entity: This answer will be selected from the drop-down menu.

License Number: This information will come directly from the license that was issued by the appropriate Board, State or Entity.

License State: Select from a drop-down menu to indicate which state issued the license.

Effective and End Dates: This will be the dates the license is active. After the application is completed, if the provider is issued an updated license, the provider must submit the new license to Nevada Medicaid.

Provider Identification, continued

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

DEA (Drug Enforcement Administration) Number: If a provider will be dispensing pharmaceuticals in the office, the provider must have a DEA number issued.

Note: If the provider does not have this information, the user can input a bypass code of nine 9s (999999999) into the field.

Provider Identification, continued

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
Click to add new Taxonomy Code.		

Providers are required to have a Taxonomy Code. Taxonomy Codes are determined by the provider and not by Nevada Medicaid. To add a Taxonomy Code, select the + symbol.

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"/>		

The user will then need to select the appropriate Taxonomy Code from the drop-down menu and select Add. Nevada Medicaid cannot advise a provider as to which taxonomy code should be selected.

Provider Identification, continued

Taxonomy Codes

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
<input type="checkbox"/>	102X00000X - Poetry Therapist	Remove
<input type="checkbox"/>	Click to add new Taxonomy Code.	

Once the user has input the Taxonomy Code, the user can add additional codes by selecting the + symbol.

If the Taxonomy Code is incorrect, select Remove from the Action column.

After all Taxonomy Codes have been entered, select Continue.

Ownership & Disclosure

Background and Disclosure of Disclosing Entity

These questions capture information regarding final adverse legal actions, such as convictions, exclusions, revocations and suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged or any appeals are pending.

The Ownership and Disclosure questions are all required to be answered and information regarding the questions is listed at the top of the page and describes the purpose of the following questions.

Ownership & Disclosure, continued

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, including but not limited to, criminal offenses related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs?

* Yes No

Conviction Information			
#	Name Used When Convicted	Date Of Conviction	Action
Click to add Convictions.			
	*Name Used When Convicted		
	*Date Of Conviction		
	*Charges		
	*Disposition		
	*Conditions Of Parole/Probation		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

If the OPR provider has ever been convicted of a misdemeanor, gross misdemeanor or felony (see Chapter 100 of the Medicaid Services Manual for further clarification), all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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.

* Yes No

Sanction Information						
#	Name Used When Sanctioned	Provider ID	Group ID	Sanction Effective Date	Reinstatement Date	Action
Click to add OIG/HHS Sanctions.						
If no NPI/API, use IPN for either provider ID or Group ID number. Either provider ID or Group ID is required						
	*Name Used When Sanctioned	<input type="text"/>				
	Provider ID	<input type="text"/>				
	Group ID	<input type="text"/>				
	*Sanction Effective Date	<input type="text"/>				
	*Reinstatement Date	<input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>						

If the OPR provider has ever been placed on the Office of Inspector General's exclusion list, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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?

* Yes No

*Please Provide Details

If any owner, agent, managing employee or person with controlling interest is currently under investigation, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

Do you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases?

* Yes No

*Please Provide Details
Including Court
Documentation

If any owner, agent, managing employee or person with controlling interest currently has an open or pending court case, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?

* Yes No

* Explain

If any owner, agent, managing employee or person with controlling interest has been denied malpractice insurance, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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?

* Yes No

Denied, Suspended, Restricted or Revoked Professional License or Certificate Information			
#	Explanation	Denial/Suspension/Restriction/Revocation Dates	Action
Click to add Surrendered Licenses.			
	*Explanation		
	<input type="text"/>		
	*From	<input type="text"/>	
	*To	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

If any owner, agent, managing employee or person with controlling interest has had their license denied, suspended, restricted or revoked, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

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?

* Yes No

Voluntary Surrender of Professional License or Certificate Information			
#	Explanation	Voluntary Surrender Dates	Action
Click to add denied, suspended, restricted or revoked information.			
	*Explanation	<input type="text"/>	
	*From	<input type="text"/>	<input type="button" value="Calendar"/>
	*To	<input type="text"/>	<input type="button" value="Calendar"/>
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

If any owner, agent, managing employee or person with controlling interest has voluntarily surrendered their license, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

Ownership & Disclosure, continued

Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest a Nevada state employee (past or current)?

* Yes No

Past or Current Nevada State Employee Information

#	Individual's Name	Agency of Employment	Title	Dates of Employment	Action
<input type="checkbox"/>	Click to add State Employment.				
	*Individual's Name				
	*Agency of Employment				
	*Title				
	*Employment Start				
	Employment End				
	If a current employee, please provide supervisor's name.				
	First Name				
	Last Name				

If any owner, agent, managing employee or person with controlling interest has previously or currently works for the State of Nevada, all information must be disclosed. After all fields have been completed, select Add.

If answering No, select No and additional fields will not appear.

After this question has been completed, select Continue.

Agreement

Instructions

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.

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.

Once the request is submitted and confirmed, a tracking number will be assigned.

There are three (3) sections of the Provider Enrollment: Agreement page. The first section is the Instructions section, which will provide instructions regarding the additional sections of the Agreement page. Providers must read and understand before proceeding with the remainder of the application.

Agreement, continued

Terms of Agreement	
Provider Name	first last
Street	9850 DOUBLE R BLVD STE 102 RENO Nevada, 89521-2987
Employer Identification Number (EIN) or Social Security Number (SSN)	111111111
NPI	1234512345
Contact Name	first last
Contact Email	
<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>	
<input checked="" type="checkbox"/> *I accept the terms and conditions of the application and contract.	<input type="checkbox"/> I understand that my electronic signature is equivalent to written signature.
*Provider or Authorized Representative Signature	<input type="text"/>
*Title	<input type="text"/>
Submission Date	06/17/2019

Indicate that the OPR provider accepts the terms and conditions of the application and contract, and complete the remaining fields.

Agreement, continued

Declaration and Certification Statement

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.

The Certification Statement contains certain standards that must be met for initial and continuous registration in the Medicaid program solely to order, prescribe or refer items and services for Medicaid recipients. Review these requirements carefully. By signing the Application, the provider agrees to adhere to all of the requirements listed herein and acknowledge that the provider may be denied or revoked from enrolling in the Medicaid program if any requirements are not met.

CERTIFICATION STATEMENT

Under the penalty of perjury, I, the undersigned, certify to the following:

1. I understand that to be reimbursed by Medicaid for services performed, a provider must first enroll in Medicaid.
2. I have read the contents of this Application and the information contained herein is true, correct and complete. If I become aware that any information in this Application is not true, correct and complete, I agree to notify Nevada Medicaid immediately.
3. I authorize Nevada Medicaid to verify the information contained herein. I agree to notify Nevada Medicaid of any changes to the information to this form within 5 days of the effective date of change. I understand that any change to my status as an individual practitioner may require the submission of a new Application.
4. I will not knowingly order, prescribe and/or refer an item and/or service that allows a false or fraudulent claim to be presented for payment by Medicaid.
5. I further certify that I am the individual practitioner who is enrolling for the sole purpose of ordering, prescribing or referring items or services to Medicaid recipients, and I have signed and dated this Application.

I understand I am required to **notify Nevada Medicaid within five days** of changes to information on this Application.

Continue

Finish Later

Cancel

The last section covers the Declaration, which indicates that the user has answered all questions to the best of their ability.

Once the Declaration is read and understood, select Continue.

Attachments

Supporting Documentation

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

- 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 Physician, M.D., Osteopath, D.O.
Provider Specialty OPR Provider

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
				Choose File No file chosen
<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"/>				

The next section is where users will need to upload all required documents. Users will need to review the Enrollment Checklist for the Provider Type to determine if all documents have been uploaded.

Transmission Method will always default to FT-File Transfer and this does not need to be changed. Select the Attachment Type from the drop-down menu. Select Choose File and locate the appropriate document for uploading. Once the document is placed in the application, select Add.

Users will need to make sure that the proper EFT documentation is also uploaded.

Once all applicable documents are uploaded, select Continue.

Summary

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, print a copy of this summary for your records, then select 'Confirm' to submit the enrollment for processing.

[Print Preview](#) [Save As PDF](#) [Confirm](#) [Finish Later](#) [Cancel](#)

The Summary Page will allow users to view the information input into the application before submitting to Nevada Medicaid for approval.

Once the user reviews and determines that there are no changes necessary, select Confirm in order to submit to Nevada Medicaid for processing. After submitting, users can view the status of the application by logging into the OPE tool. Users will also receive mailed communication from Nevada Medicaid indicating whether or not the application has been accepted.

After submission, users should allow **at least a minimum of 2-3 weeks for processing**. There are some cases in which the processing can take more time.

Resources

Resources

- Provider Enrollment Webpage: <https://www.medicaid.nv.gov/providers/enroll.aspx>
- Online Provider Enrollment Tool:
<https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>
- Provider Billing Information: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- Medicaid Services Manual (Medicaid Policy):
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>

Contact Nevada Medicaid



Contact Us – Customer Service

- Customer Service Call Center:
877-638-3472 (Monday through Friday 8 a.m. to 5 p.m. Pacific Time)
- Provider Field Representative:
Email: NevadaProviderTraining@gainwelltechnologies.com



Thank You