



**Hewlett Packard
Enterprise**

Web Portal and Provider Enrollment



Agenda

- Demonstrate website navigation
- Review resources for provider enrollment
- Navigate the Online Provider Enrollment Tool
- Discuss top reasons applications & revalidations are returned

Web Portal Navigation



Announcements Latest News

Web Announcement 1237

Provider Enrollment and Revalidation Support

Web Announcement 1236

Clinical Claim Editor Updated with NCCI Quarter 3 2016 Files

Web Announcement 1235

Attention Provider Type 32 (Ambulance, Air or Ground):
Community Paramedicine Services Claims Update

Web Announcement 1234

Payerpath Claim Submission Training for October 2016

Web Announcement 1233

Medicaid Services Manual Chapters Updated

[View All Web Announcements](#)

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

[Provider Login \(EVS\)](#)

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

Welcome



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.

Notifications

[Enrollment Termination Frequently Asked Questions \(FAQs\) \[Review\]](#)

If you are a Medicaid provider whose revalidation application has not processed by your termination due date, you will not have access to the Provider Web Portal the day after your termination date. This will prevent any prior authorizations (PAs) from being submitted for approval. Please ensure that you have submitted your revalidation application to Hewlett Packard Enterprise at least 10 business days prior to your termination date to ensure that your application is processed on time.

Provider Links

[Billing Information](#)

[E-Prescribing](#)

[Forms](#)

[Provider Enrollment](#)

[Provider Newsletters](#)

[Provider Training](#)

Scheduled Site Maintenance

During the scheduled site maintenance window the Provider Web Portal will be unavailable. The table below shows the regularly scheduled maintenance window. All times will be in the Pacific time zone.

Monday - Friday
12:00AM - 12:30AM
Sunday
8:00PM - 12:30AM

<http://www.medicaid.nv.gov>

Web Portal Navigation-Provider Enrollment

Provider Enrollment

Provider Enrollment Online Application

Effective December 1, 2015, the web-based [Online Provider Enrollment Portal](#) is available for providers to complete new enrollment in Nevada Medicaid, revalidation and provider changes.

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).

Required Enrollment Documents

- [Provider Enrollment Information_Booklet](#): All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- [Enrollment Checklists](#): Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- [Business Associate Addendum \(NMH-3820\)](#): This document must be signed and submitted with your Provider Enrollment/Re-Enrollment 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 Hewlett Packard Enterprise.
- [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.

Online Provider Enrollment User Manual

- [Chapter 1: Getting Started](#)
- [Chapter 2: Initial Enrollment Application](#)
- [Chapter 3: Revalidation and Updates](#)

[Online Provider Enrollment Portal](#)

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[Provider Enrollment Checklist](#)

Web Portal Navigation- Online Provider Enrollment

Nevada
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 Friday 09/30/2016 11:12 AM PST

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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[Provider Enrollment Application](#)

Top Return Reasons for Applications

No Match

- IRS Information does not match W-9
 - Doing Business as Name
 - Tax or SSN need to Match
 - Tax ID or SSN used interchangeably
- All documentation must support data provided on the application.
- Information on the contract does not match what was provided on the application and supporting documents
- Incorrect information documented
 - SSN
 - DOB
 - Typos

Missing Documents

- Incomplete responses to application questions
- Break down of ownership
 - 5% of any direct or indirect ownership or interest
 - If a parent company owns a business we need a break down of that parent company
- Missing supporting documents required on the enrollment checklist
- Page 5 (declaration page) not attached



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Thank you

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Provider Services Manager