



Swing-bed, Acute Hospital

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment/Revalidation.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Bureau of Health Care Quality and Compliance (BHCQC) license
- Certification from The Joint Commission (TJC) or the American Osteopathic Association (AOA)
- Active enrollment in Medicare is required. Enrollment will be validated by Nevada Medicaid. The information on the application must match Medicare enrollment.
- Complete and submit to DHCFP the following two forms. These forms do not need to be included with your enrollment/revalidation documents. The return email and mailing address to DHCFP are provided at the bottom of each form. The forms are available by clicking on the links below and are also available on the Provider Enrollment webpage under "Required Enrollment Documents."
 - [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#)
 - [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#)

Out-of-State and Out-of-Catchment Urgent/Emergent Enrollment

Full Nevada Medicaid enrollment is not required for out-of-state, out-of-catchment providers that render urgent/emergent services to recipients outside of Nevada borders.

If you are enrolling to be reimbursed for urgent/emergent services provided to a Nevada Medicaid recipient, please complete an Urgent/Emergent enrollment.

The following documentation will need to be submitted along with the urgent/emergent enrollment.

- Proof of Medicaid Enrollment in Home State
- The proof must show the rendering provider's name and National Provider Identifier (NPI) and your State's Medicaid name and be dated within 5 years from the date of service.
- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Voided Check or Bank Letter to Confirm Electronic Funds Transfer (EFT) Information
- Letter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc.

Resources:

The [Provider Enrollment](#) webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.

You do not need to submit this checklist with your enrollment/revalidation.