



Provider Enrollment Checklist for Provider Type 56

Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals

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 or 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)
- Hospital License. For facilities located within Nevada borders, this is obtained through the Bureau of Health Care Quality and Compliance (BHCQC).
- Active enrollment in Medicare is required. Enrollment will be validated by Nevada Medicaid. The information on the application must match Medicare enrollment.
- For Rehabilitation Specialty Hospitals Only: Accreditation by one of the following entities:
 - The Joint Commission (TJC),
 - American Osteopathic Association (AOA),
 - Commission on Accreditation of Rehabilitation Facilities (CARF),
 - Center for Improvement in Healthcare Quality (CIHQ),
 - Healthcare Facilities Accreditation Program (HFAP), or
 - DNV GL - Healthcare
- For LTAC Hospitals Only: Accreditation by one of the following entities:
 - The Joint Commission (TJC),
 - American Osteopathic Association (AOA),
 - Center for Improvement in Healthcare Quality (CIHQ),
 - Healthcare Facilities Accreditation Program (HFAP), or
 - DNV GL - Healthcare

Resources:

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

You do not need to include this checklist with your enrollment or revalidation.