

# Chapter 1 Getting started

The Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal allows providers, or their delegates, to enter all pertinent provider enrollment information using an online application. The online application captures key provider data such as contact information, provider type, specialties, and provider demographics such as names and locations.

The Online Provider Enrollment application allows you to navigate through each page of enrollment, from the contact information in the first page, to the final print preview and tracking number on the last page.

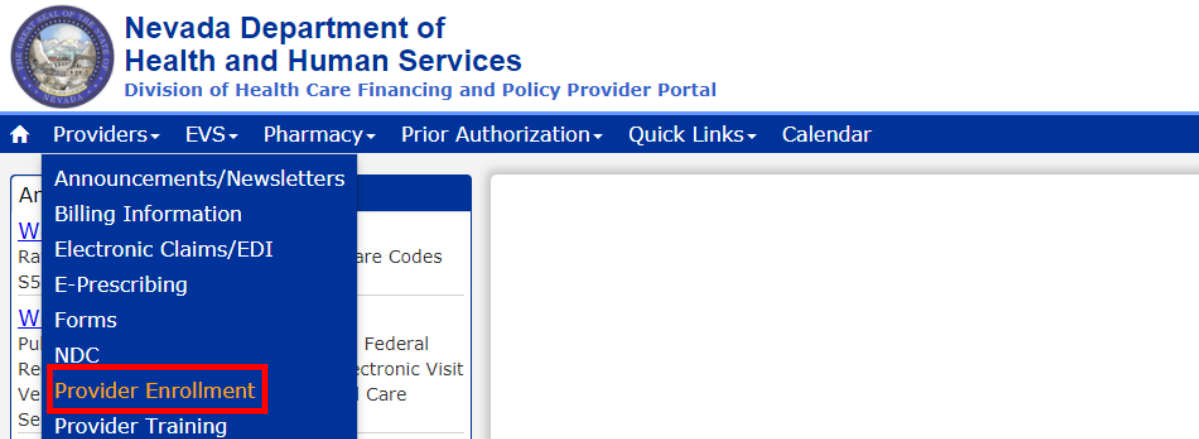
## **System requirements**

To access the Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal, you must have internet access and a computer with a web browser (Internet Explorer 7.0 or higher or Firefox 3.0 or higher recommended).

# 1.1. Accessing the Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal

## To access:

1. On the Nevada Medicaid and Nevada Check Up Health Care content website home page, [www.medicaid.nv.gov](http://www.medicaid.nv.gov), click the “Provider” tab, and select “Provider Enrollment.”



2. The Provider Enrollment page is displayed.
3. Click the “Online Provider Enrollment” link.
4. The Online Provider Enrollment Portal Home page opens as shown below.



5. Click **“Provider Enrollment Application”** to initiate a new provider enrollment application.

**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.

Provider Enrollment: Welcome page is displayed.

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the Nevada state logo, the department name, and the 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 > Provider Enrollment Application'. The date and time are 'Tuesday 10/10/2023 09:19 AM PST'. The main content is titled 'Provider Enrollment: Welcome' and includes a sidebar with a table of contents: Welcome, Request Information, Addresses, Provider Identification, Other Information, Ownership & Disclosure, Agreement, Attachments, and Summary. The main text area contains a welcome message, a checklist of required documentation, and information about urgent/emergency enrollment. At the bottom, there are 'Continue' and 'Cancel' buttons.

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

[Contact Us](#)  
[Frequently Asked Questions](#)

**Provider Enrollment**

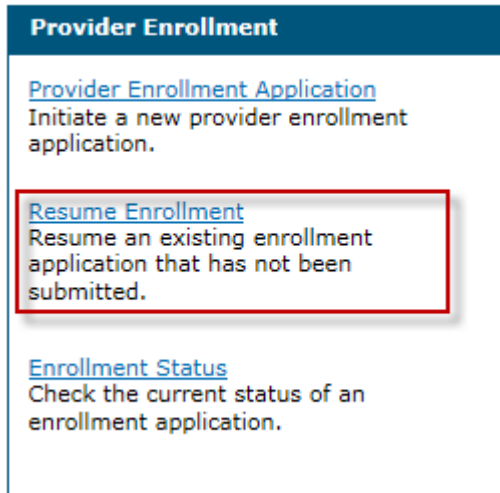
[Provider Enrollment](#) > [Provider Enrollment Application](#) Tuesday 10/10/2023 09:19 AM PST

**Provider Enrollment: Welcome**

<b>Welcome</b>	<b>Welcome to the Online Provider Enrollment System</b>
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. Gainwell Technologies is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, Gainwell Technologies is referred to as Nevada Medicaid.
Addresses	All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A <a href="#">checklist</a> of required documentation has been provided for your convenience. Please review the <a href="#">Provider Information Enrollment Booklet</a> for additional information.
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	<b>Urgent/Emergency Enrollment</b>
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 <a href="https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx">https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx</a>
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 <a href="https://www.medicaid.nv.gov/providers/BillingInfo.aspx">https://www.medicaid.nv.gov/providers/BillingInfo.aspx</a> .
	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.

[Continue](#) [Cancel](#)

6. Click **“Resume Enrollment”** to resume an existing enrollment application that has not been submitted.



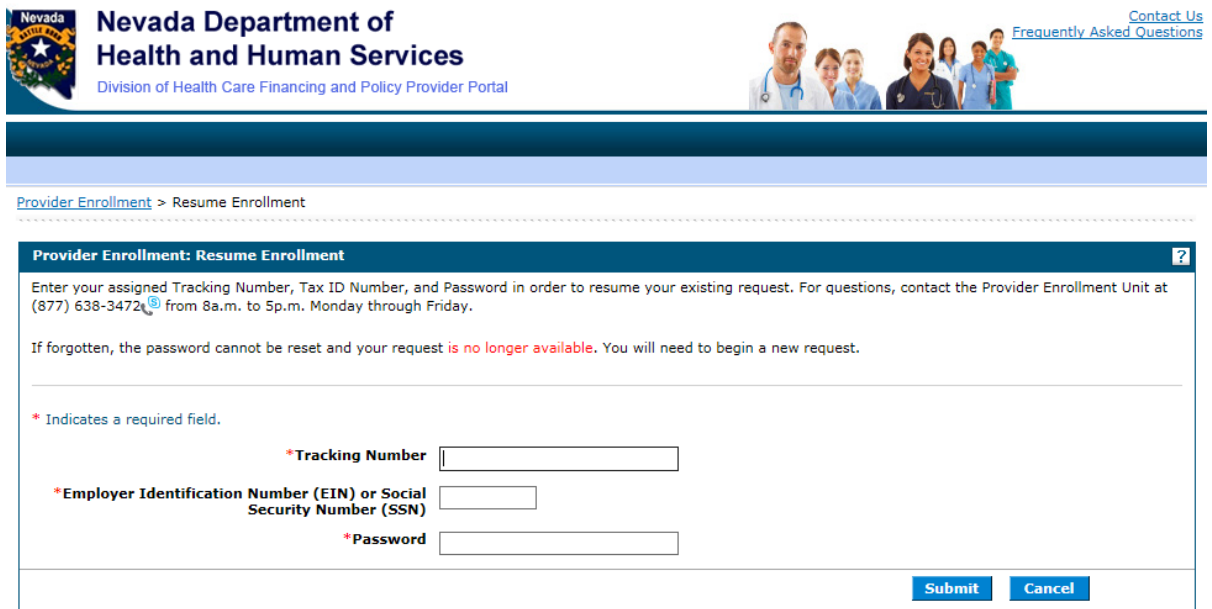
**Provider Enrollment**

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[Enrollment Status](#)  
Check the current status of an enrollment application.

Provider Enrollment: Resume Enrollment page is displayed.



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

[Contact Us](#)  
[Frequently Asked Questions](#)

[Provider Enrollment](#) > Resume Enrollment

**Provider Enrollment: Resume Enrollment**

Enter your assigned Tracking Number, Tax ID Number, and Password in order to resume your existing request. For questions, contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

If forgotten, the password cannot be reset and your request is no longer available. You will need to begin a new request.

\* Indicates a required field.

\*Tracking Number

\*Employer Identification Number (EIN) or Social Security Number (SSN)

\*Password

Enter your assigned Tracking Number, Federal Tax Identification Number (TIN or EIN) or Social Security Number (SSN), and Password in order to resume your existing request.

**Note:** If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

7. Click **“Enrollment Status”** to check on the status of an application.


**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.

Provider Enrollment: Status page is displayed.



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

[Contact Us](#)  
[Frequently Asked Questions](#)

[Provider Enrollment](#) > Enrollment Status

**Provider Enrollment - Status** ?

Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) that was used on the provider application to verify the current status. For any further inquiries, please contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

\* Indicates a required field.

\*Tracking Number

\*Employer Identification Number (EIN) or Social Security Number (SSN)

\*Password

Enter your assigned Tracking Number and Federal Tax Identification Number (TIN or EIN) or SSN that was used on the provider application to verify the current status.

**Note:** If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

The following table shows the potential enrollment statuses:

Enrollment Status as seen in OPE	Description of the Enrollment Status
Application Pending Review	Application is waiting for finalization; no further action needed by provider.
Manual Review	Application is pended for additional manual review or research/question.
Denied	Application has been denied.
Enrollment Completed – Approved	Application is approved and enrollment is complete.
Incomplete	Provider is working to complete an application; application has never been submitted, or it was reset by the provider.

<b>Enrollment Status as seen in OPE</b>	<b>Description of the Enrollment Status</b>
Returned to Provider – Corrections Required	Application has missing or incomplete information and is being returned with a return letter. Provider can make corrections in the OPE tool and resubmit.
Pended for Outreach	Application is pended for outreach to the provider due to incomplete information or missing/corrected attachments.
Outreach Conducted – Corrections Required	Outreach has been performed and awaiting corrections discussed.
Under Review	Analyst is reviewing the Application Tracking Number (ATN) and a final decision has not been determined.
Pended to DHCFP for Review	Application is pended to DHCFP for review.
Pended to Rates for Review	Application is pended to DHCFP for rates.
Application Awaiting Finalization	Application is waiting for finalization after DHCFP Determination.
Pended to QA Team for Review	Application has been decisioned but has been routed to QA first.
QA Complete - Return to Analyst	Application has been reviewed by QA and needs to be completed by analysis.
Supervisor Review	Application is with a supervisor to review, before sending out the Return To Provider (RTP) letter.
Submitted	Application has been submitted and is available for analyst review.
Rejected by Reviewer	Rejected by Reviewer – Rejected by Nevada Medicaid as a duplicate request.
Awaiting Additional Authorizations	Application is awaiting additional authorization by Medical Management for Day Treatment Model or by Pharmacy team for out-of-state Pharmacy approval.
T – Expired Past 120 Days	ATN is expired; 120 days since the last activity by the provider.

## 1.2. Navigation

A table of contents appears at all times during the enrollment process to show your current location in the enrollment process.

As you navigate through each page of the enrollment application, all previous pages in the application are displayed in the table of contents as a link. You can navigate back to that link to apply changes, if needed. You cannot navigate forward within the table of contents, beyond the current page in which you are working. You can navigate back to a previous page, apply updates, and then return to the current page by using the table of contents.

You can enter a partial application and resume the enrollment process at a later time by clicking

the “**Finish Later**” button on any page once you have entered the required information on the Request Information page.

You can cancel the provider enrollment process at any time by clicking the “**Cancel**” button; however, data that has been entered will be lost and you will be navigated out of the provider enrollment application.

## 1.3. Welcome

1. Gather the required information listed on the Welcome page.

The screenshot shows the Nevada Department of Health and Human Services Provider Enrollment Welcome page. The header includes the Nevada Department of Health and Human Services logo and the text "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Frequently Asked Questions". The page title is "Provider Enrollment" and the breadcrumb is "Provider Enrollment > Provider Enrollment Application". The date and time are "Tuesday 10/10/2023 09:19 AM PST". The main content area is titled "Provider Enrollment: Welcome" and contains a table of contents on the left and a main text area on the right. The table of contents includes: Welcome, Request Information, Addresses, Provider Identification, Other Information, Ownership & Disclosure, Agreement, Attachments, and Summary. The main text area contains the following sections: "Welcome to the Online Provider Enrollment System" (with a thank you message and reference to Gainwell Technologies), "Urgent/Emergency Enrollment" (with instructions for individual and group providers), and "Please click the 'Continue' to proceed." At the bottom right, there are two buttons: "Continue" (highlighted with a red box) and "Cancel".

2. Click “Continue” or press the “Enter” key to begin the enrollment application. The Request Information page appears.



**Provider Enrollment**

[Provider Enrollment](#) > Enrollment Request Information

Monday 10/09/2023 10:32 AM PST

**Provider Enrollment: Request Information** ?

[Welcome](#)

**Request Information**

Addresses

Provider Identification

Other Information

Ownership & Disclosure

Agreement

Attachments

Summary

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.

**Initial Enrollment Information**

\*Enrollment Type

\*Provider Type

\*Requested Enrollment Effective Date

**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. 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	
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Click to collapse.</span> <span>+</span> </div> <div style="padding: 5px;"> <p>Provider Type <input type="text"/></p> <p>*Specialty <input type="text"/></p> <p>Specialty Code <input type="text"/> Primary <input type="checkbox"/></p> <p>Specialty Board <input type="text"/></p> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="button" value="Add"/> <input type="button" value="Reset"/> </div> </div>		

**Provider Information**

**Biller:** Enrolling provider will receive direct payment from Nevada Medicaid and Nevada Check Up on behalf of the individual(s) rendering services. This billing type may not be listed as the rendering provider on claims.

**Both:** Enrolling provider will receive direct payment from Nevada Medicaid and Nevada Check Up for services rendered. Provider may be listed on a claim as both billing and/ or rendering provider.

**Performer:** Enrolling provider will not receive direct payment from Nevada Medicaid and Nevada Check Up for services rendered. Can only be listed on the claim as the rendering/servicing provider.

\*Billing Type

\*Are you currently enrolled as a Provider?  Yes  No

\*Were you previously enrolled as a Provider?  Yes  No

**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

\*Contact Email

\*Confirm Email Address

\*Preferred Method of Communication



Click the Continue button after all of the required information has been entered on the Request Information page. After clicking the Continue button, the Credentials page will be displayed to create a password for this application. Make sure that you remember your password; if your password is forgotten it cannot be reset and your application information will be lost. You will need to begin a new application.

The screenshot shows the 'Provider Enrollment: Credentials' page. At the top, there is a dark blue header with the text 'Provider Enrollment' and a question mark icon. Below the header, a breadcrumb trail reads 'Provider Enrollment > Enrollment Credentials'. The main content area has a dark blue title bar 'Provider Enrollment: Credentials' with a question mark icon. The text below reads: '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.' Below this, it says: '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.' A note states: '\* Indicates a required field.' The form contains the following fields: 'Employer Identification Number (EIN) or Social Security Number (SSN)' with the value '123456789', '\* Password' with an empty text box, and '\* Confirm Password' with an empty text box. At the bottom right, there are 'Submit' and 'Cancel' buttons.

3. Click "Submit."

This screenshot is identical to the previous one, but the 'Password' and 'Confirm Password' fields are now filled with eight dots (••••••••), indicating that the user has entered a password. The 'Submit' and 'Cancel' buttons remain at the bottom right.

4. The Tracking Information page is displayed with your tracking number. A confirmation email is also sent to the contact person's email that was designated on the Request Information page.

Print Preview

Provider Enrollment: Tracking Information

Your enrollment application has been saved.

Your enrollment application has been assigned the following **tracking number: 3242**.

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: m@me.com.

Continue

### Confirmation Email:

From: Division of Health Care Financing and Policy Provider Portal  
To: Test User  
Subject: Provider Enrollment Application

Thank you for your interest in Nevada Medicaid Program. Your Nevada Medicaid Program tracking number is 3243. 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://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx> to complete your enrollment application.

5. Click the Continue button to return to the application.

**Provider Enrollment: Addresses** ?

[Welcome](#) \* Indicates a required field.

[Request Information](#)

**Provider Addresses**

**Addresses**

Provider Identification: The service address is required. The service address is the physical location of the practice/business/facility where services will be rendered. **This must be a street address and NOT a post office box.**

Associated Providers: Paper checks will be mailed to Pay-To address while Electronic Funds Transfer (EFT) testing is performed. If you do not supply a Pay-To address, paper checks will be mailed to the service address.

EFT Enrollment: Nevada Medicaid will mail written correspondence, excluding remittance advices, to Mail-To address. If you do not supply a Mail-To address, written correspondence will be mailed to the service address.

Other Information: Enter each type of valid provider address including location(s) where a provider renders services, as well as location(s) used for billing and payment.

Ownership & Disclosure: 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.

Agreement:

Attachments:

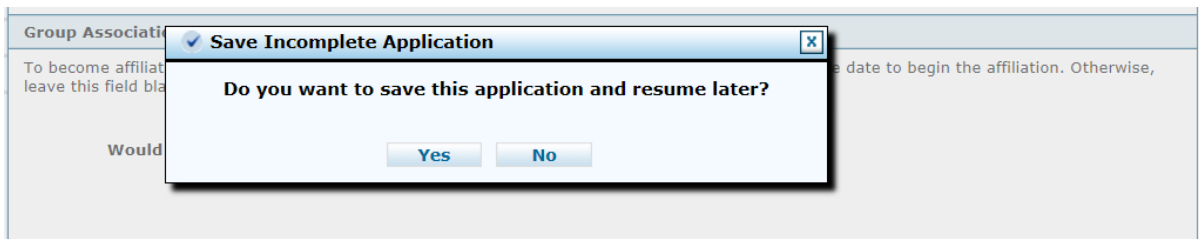
Summary:

Type	Street	City	State	Action
<input type="checkbox"/> Click to collapse.				
<div style="border: 1px solid #ccc; padding: 5px;"> <p>*Address Type <input type="text"/></p> <p>*Street <input type="text"/></p> <p>*City <input type="text"/></p> <p>*Zip+4 <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>*State <input type="text"/></p> <p>*County <input type="text"/></p> <p>Confirm Email Address <input type="text"/></p> <p>Telephone Number Office <input type="text"/> Telephone Number Extension <input type="text"/></p> <p>Telephone Number TDD <input type="text"/></p> <p>Contact Name <input type="text"/></p> <p>Telephone Number Contact <input type="text"/> Telephone Number Extension <input type="text"/></p> <p style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Reset"/> </p> </div>				
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>				

## 1.4. Finish Later

You can enter a partial application and resume the enrollment process at a later time by clicking the **"Finish Later"** button on any page once you have entered the required information on the Request Information page.

1. Click "Finish Later" and the Save Incomplete Application pop up message is displayed.



2. The application is saved and you are directed back to the Provider Enrollment home page.

**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](#)



Provider enrollment applications that have been started and assigned an Application Tracking Number (ATN) will expire after 120 days of inactivity. ATNs are considered inactive when the last save date is greater than 120 days from the current date. Once an ATN is expired, a new provider enrollment application will be required to complete the provider enrollment process.

## 1.5. Resetting a “Submitted” application to make changes

Once an OPE application is submitted, changes can be made using the reset functionality as long as the application is still in **Submitted** status.

**Steps to reset OPE application:**

1. On the Online Provider Enrollment Portal Home page, click **“Enrollment Status.”**

**Provider Enrollment**

[Provider Enrollment Application](#)  
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[Resume Enrollment](#)  
Resume an existing enrollment application that has not been submitted.

[Enrollment Status](#)  
Check the current status of an enrollment application.

2. Enter your assigned Tracking Number, Federal Tax Identification Number (TIN or EIN) or Social Security Number (SSN), and Password then click the **“Search”** button.  
**Note:** If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.
3. Click the **“Reset”** button.

**Provider Enrollment - Status** ?

Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) or SSN that was used on the provider application to verify the current status. Refer to the [OPF User Guide Chapter 1: Getting Started](#) for more information about application status. For any further inquiries, please contact the Provider Center at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

\* Indicates a required field.

\*Tracking Number

\*Employer Identification Number (EIN) or Social Security Number (SSN)

\*Password

**Provider Enrollment - Summary**

Here is the most current information regarding your provider enrollment application. For any further inquiries, contact the Provider Enrollment Unit at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

Tracking Number	8772
Date Submitted	04/22/2022
Status	Submitted
Status Date	04/22/2022

- This will reset the application and the status changes to Incomplete. A confirmation message will also appear indicating that the reset was successful and you can resume the application.

**Provider Enrollment - Status** ?

Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) or SSN that was used on the provider application to verify the current status. Refer to the [OPF User Guide Chapter 1: Getting Started](#) for more information about application status. For any further inquiries, please contact the Provider Center at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

\* Indicates a required field.

\*Tracking Number

\*Employer Identification Number (EIN) or Social Security Number (SSN)

\*Password

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**Provider Enrollment - Summary**

Here is the most current information regarding your provider enrollment application. For any further inquiries, contact the Provider Enrollment Unit at (877) 638-3472 from 8 a.m. to 5 p.m. PT Monday through Friday.

Tracking Number	8772
Date Submitted	04/22/2022
<b>Status</b>	<b>Incomplete</b>
Status Date	04/22/2022

The Reset has been Successful. You can now go back and Resume your Application.

- Go back to the Online Provider Enrollment Portal Home page and click **“Resume Enrollment”** to resume the enrollment application and make the necessary changes.

**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.

- The Provider Enrollment: Resume Enrollment page is displayed.



[Provider Enrollment](#) > Resume Enrollment

**Provider Enrollment: Resume Enrollment**

Enter your assigned Tracking Number, Tax ID Number, and Password in order to resume your existing request. For questions, contact the Provider Enrollment Unit at (877) 638-3472 from 8a.m. to 5p.m. Monday through Friday.

If forgotten, the password cannot be reset and your request is no longer available. You will need to begin a new request.

\* Indicates a required field.

\*Tracking Number

\*Employer Identification Number (EIN) or Social Security Number (SSN)

\*Password

[Submit](#)

[Cancel](#)

- Enter your assigned Tracking Number, Federal Tax Identification Number (TIN or EIN) or Social Security Number (SSN), and Password in order to resume your application.  
**Note:** If both a FEIN and SSN were entered on your application, use the FEIN to locate your application.

## 1.6. Contact Us

The Online Provider Enrollment home page has a link to the Contact Us page.



**Provider Enrollment**

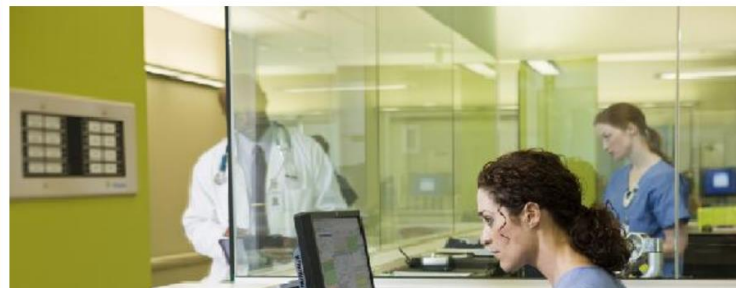
Provider Enrollment

**Provider Enrollment**

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When you click on the link it will take you to the Contact Us page that contains the Provider Enrollment Mailing address and Phone Number.

Contact Us
<p>Before submitting a question, have you checked the <a href="#">Frequently Asked Questions</a>?</p> <p>Use this directory to contact us by phone or mail.</p>
Mailing Address
<p>Nevada Medicaid            Attn: Provider Enrollment            PO Box 30042            Reno, NV 89520-3042</p>
Provider Enrollment
<p><b>Hours:</b> 8:00 a.m. – 5:00 p.m. PT Monday – Friday  <b>Phone:</b> (877) 638-3472 (select option for "Provider Enrollment")  <b>Fax:</b> (775) 335-8593</p>

## 1.7. FAQs

The Online Provider Enrollment home page has a link to Frequently Asked Questions regarding the online provider enrollment application. You can click this link to see a list of frequently asked questions and answers.

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

[Frequently Asked Questions](#)

**Provider Enrollment**

Provider Enrollment

**Provider Enrollment**

- [Provider Enrollment Application](#)  
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Check the current status of an enrollment application.

## 1.8. Other links

The Other links section contains links to:

- Division of Health Care Financing and Policy
- Provider Enrollment Information Booklet
- Enrollment Checklists



## 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](#)

