

Chapter 3. Revalidation and Updates

The Nevada Medicaid and Nevada Check Up Health Care Online Provider Enrollment Portal allows providers, or their delegates, to revalidate enrollment, and update their previously submitted provider enrollment information.

The Provider Revalidation Application is to be used by active providers who have received a revalidation letter. The online revalidation application will allow providers to revalidate and update their provider enrollment information, with the exception of ownership changes. Once a provider submits a revalidation application, a new revalidation application cannot be submitted. If a revalidation application has already been submitted and a provider attempts to begin a new one, the current application status will display. Revalidations are required only once every five years (three years for Durable Medical Equipment (provider type 33) providers).

The Provider Update Application is to be used by active providers to report any changes to their provider enrollment information, with the exception of ownership changes. Once a provider submits an update application, a new update application cannot be submitted until the application in process reaches a finalized status. If an update application is in process and a provider attempts to begin a new one, the current application status will display along with the message: “The provider NPI has a change/update application in process. A new change/update application cannot be started until the current application is finalized.”

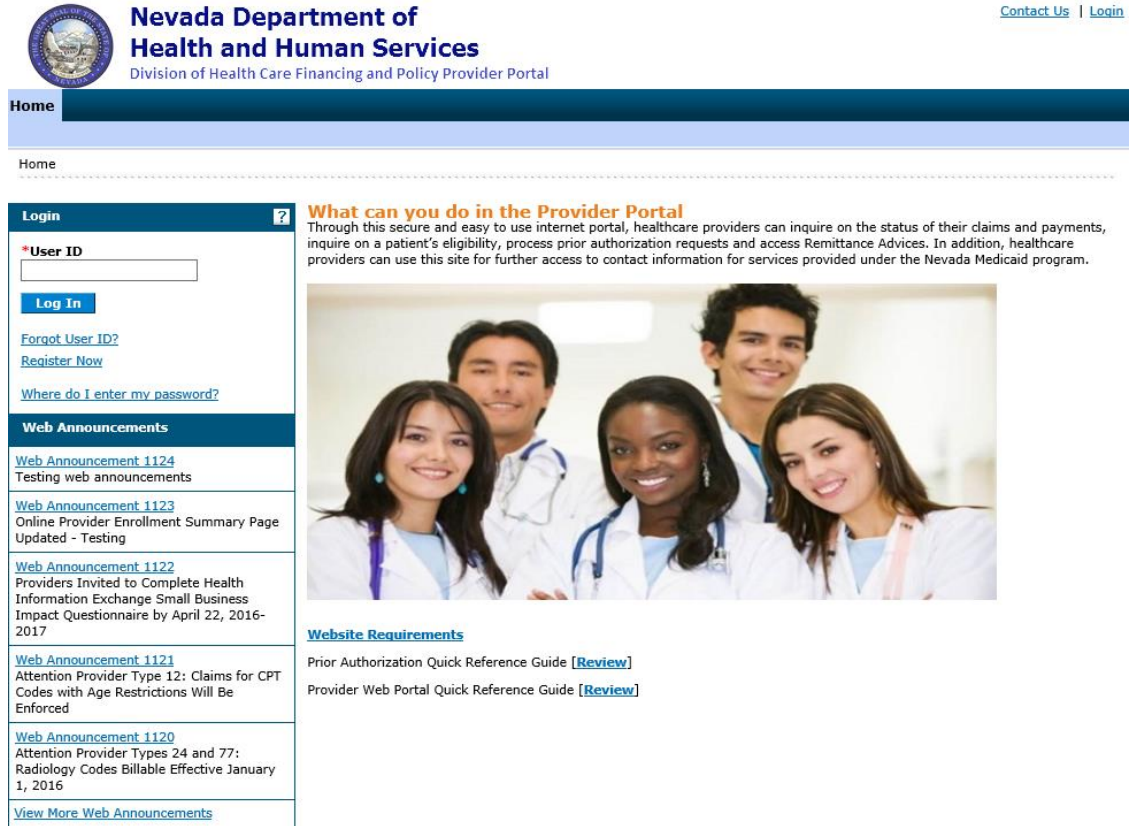
Besides initiating revalidate and update applications, providers also have the option to update demographics. The “Update Demographics” link redirects providers back to the Nevada Medicaid and Nevada Check Up Provider Web Portal (PWP) where they can update certain demographic data in real time. However, if an update application is already in process, demographic data cannot be updated until that application is finalized. For further instructions on how to update provider demographics, see the Electronic Verification System (EVS) User Manual Chapter 12.

Change of ownership must be reported within 35 days of completion by completing an Initial Enrollment application.

3.1 Online Provider Revalidation Application

To begin the Online Provider Revalidation Application:

1. Log in to the Provider Web Portal.



The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal, followed by the department name and the text "Division of Health Care Financing and Policy Provider Portal". On the top right are links for "Contact Us" and "Login". A blue navigation bar contains the word "Home". Below this is a light blue banner with "Home" text. The main content area is divided into a left sidebar and a main right section. The sidebar includes a "Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". Below the login section is a "Web Announcements" section with several entries, each with a link to a specific announcement and a brief description. The main right section features a heading "What can you do in the Provider Portal" followed by a paragraph explaining the portal's purpose. Below the text is a photograph of five healthcare professionals in white coats. Underneath the photo is a "Website Requirements" section with two links: "Prior Authorization Quick Reference Guide [Review]" and "Provider Web Portal Quick Reference Guide [Review]".

2. Provider My Home page is displayed.

The screenshot shows the 'My Home' page for a provider. At the top, there is a navigation bar with links for 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The main content area is divided into several sections:

- Provider Information:** A box containing details for 'ABC MEDICAL GROUP', including Provider ID (195246304), Location ID (10054), Revalidation Date (12/01/2020 with a warning icon), and License (19120, valid 03/21/2016-12/30/2020). Links for 'My Profile' and 'Manage Accounts' are provided.
- Welcome Health Care Professional!** A central image of five healthcare professionals.
- Provider Services:** A list of links including 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'Pharmacy PA', 'PASRR', 'EHR Incentive Program', and 'Presumptive Eligibility'.
- Contact Us:** A section with a 'Contact Us' link and 'Secure Correspondence' information, including the address: Nevada Medicaid Administration, P.O. Box 30042, Reno, NV 89520-3042.
- Quick Reference Guides:** Links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide', both with 'Review' links.

3. Click on the “Revalidate-Update Provider” link under Provider Services.

This is a close-up view of the 'Provider Services' menu. The menu items are listed as follows:

- Member Focused Viewing
- Search Payment History
- Revalidate-Update Provider** (highlighted with a red box)
- PASRR
- EHR Incentive Program
- EPSDT

- Revalidate-Update Provider page is displayed with list of locations linked to the NPI. It will also display the revalidation due date, license effective dates, and contract information for each service location.

My Home Eligibility Claims Care Management File Exchange Resources

My Home > Revalidate-Update Provider

Provider Locations ?						
Duplicate providers may appear in the results since a unique row is created for each specialty.						Total Records: 2
Provider Name	Provider Type	Address	Revalidation Date	License	Contract	Action
ABC MEDICAL	Hospital, Inpatient	1234 MAIN STREET, RENO, Nevada, 23223-2323	01/27/2024	213213 01/01/2020-01/31/2025	Inpatient Hospital Effective Date: 01/27/2021	Update Demographics OR Update Provider OR Revalidate Provider
ABC MEDICAL	Hospital, Outpatient	1234 MAIN STREET, RENO, Nevada, 89511-3019	05/17/2028	123456 01/01/2023-12/31/2026	Outpatient Hospital Effective Date: 01/01/2023	Update Demographics OR Update Provider

- Click “Revalidate Provider” under Action.

My Home > Revalidate-Update Provider

Provider Locations ?						
Duplicate providers may appear in the results since a unique row is created for each specialty.						Total Records: 2
Provider Name	Provider Type	Address	Revalidation Date	License	Contract	Action
ABC MEDICAL	Hospital, Inpatient	1234 MAIN STREET, RENO, Nevada, 23223-2323	01/27/2024	213213 01/01/2020-01/31/2025	Inpatient Hospital Effective Date: 01/27/2021	Update Demographics OR Update Provider OR Revalidate Provider
ABC MEDICAL	Hospital, Outpatient	1234 MAIN STREET, RENO, Nevada, 89511-3019	05/17/2028	123456 01/01/2023-12/31/2026	Outpatient Hospital Effective Date: 01/01/2023	Update Demographics OR Update Provider

- Click “Proceed” on the redirect page.


Attention

You are now leaving the HP Healthcare portal web site. The link you have selected is located on another server. Please press the Proceed button below to leave the HP Healthcare portal site and proceed to the selected site, or Cancel to close this window.


7. The Provider Enrollment Welcome page is displayed. Click Continue to open the Revalidation 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. 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 checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Booklet 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	
Ownership & Disclosure	
Agreement	
Attachments	
Summary	
	Urgent/Emergency Enrollment
	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.
	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.
	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
	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"/>

8. The Request Information page is displayed to begin the revalidation application.



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 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
<input type="checkbox"/> Click to collapse.	
<div style="display: flex; justify-content: space-between;"> <div> <p>Provider Type <input type="text"/></p> <p>Specialty Code <input type="text"/></p> <p>Specialty Board <input type="text"/></p> </div> <div> <p>*Specialty <input type="text"/></p> <p>Primary <input type="checkbox"/></p> </div> </div>	<p>Remove</p>

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

9. Navigate through each page of the online application to add required information and make any necessary changes to the information on file.

Note: The Enrollment Type, Provider Type and Social Security Number (SSN) fields will display as “read only” and can’t be changed during the revalidation process.

3.2 Provider Updates

To begin the Online Provider Update Application:

1. Log in to the Provider Web Portal.

Nevada Department of Health and Human Services

[Contact Us](#) | [Login](#)

Division of Health Care Financing and Policy Provider Portal

Home

Home

Login ?

*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Web Announcements

[Web Announcement 1124](#)

Testing web announcements

[Web Announcement 1123](#)

Online Provider Enrollment Summary Page Updated - Testing

[Web Announcement 1122](#)

Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016-2017

[Web Announcement 1121](#)

Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be Enforced

[Web Announcement 1120](#)

Attention Provider Types 24 and 77: Radiology Codes Billable Effective January 1, 2016

[View More Web Announcements](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

Website Requirements

Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

2. Provider My Home page is displayed.

The screenshot shows the 'My Home' page of the Nevada Department of Health and Human Services Provider Portal. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The main content area is divided into several sections:

- Provider Information:** A box containing details for 'ABC MEDICAL GROUP', including Provider ID 195246304 (NPI), Location ID 10054, and a Revalidation Date of 12/01/2020 with a warning icon. License information shows ID 19120 and expiration 03/21/2016-12/30/2020. Links for 'My Profile' and 'Manage Accounts' are provided.
- Welcome Health Care Professional!** A central banner featuring a photo of five diverse healthcare professionals in white coats.
- Provider Services:** A list of links including 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'Pharmacy PA', 'PASRR', 'EHR Incentive Program', and 'Presumptive Eligibility'.
- Contact Us:** A section with a 'Contact Us' link and a 'Secure Correspondence' link. Below these, it states that all claim inquiries should be submitted to the Nevada Medicaid Administration at P.O. Box 30042, Reno, NV 89520-3042.
- Additional Resources:** Links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide', both with 'Review' links.

3. Click the “Revalidate-Update Provider” link under Provider Services.

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My Home **Eligibility** Claims Care Management File Exchange Resources

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- Click "Update Provider" under Action.

My Home > Revalidate-Update Provider

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Proceed
Cancel


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Ownership & Disclosure	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.
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	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.
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Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal



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Provider Enrollment

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Specialty	Action
<input type="checkbox"/> Click to collapse.	
<div style="display: flex; justify-content: space-between;"> Provider Type <input type="text"/> *Specialty <input type="text"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Specialty Code <input type="text"/> Primary <input type="checkbox"/> </div> <div style="margin-top: 5px;"> Specialty Board <input type="text"/> </div>	<input type="button" value="Add"/> <input type="button" value="Reset"/>

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.

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*Last Name

*First Name

*Telephone Number Telephone Number Extension

*Contact Email

*Confirm Email Address

*Preferred Method of Communication

9. Navigate through each page of the online application to add required information and make any necessary updates to the information on file.

Note: The Enrollment Type, Provider Type and SSN fields will display as read only and can't be changed during the revalidation process.