



Provider Enrollment Checklist

Provider Type 28/Specialty 928: Pharmacy

Please refer to the Provider Enrollment Information Booklet for guidance and to the applicable Medicaid Services Manual (MSM) Chapter for enrollment requirements. In addition, the following are required for your provider type and specialty. In the online application, upload specified documents where prompted and additional documents in the Miscellaneous Attachment section.

If you have any questions, please call the Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

Questionnaire for Out-of-State providers:

Out-of-state pharmacies may be enrolled only when enrollment is for one of the reasons below. Check and complete each item below that applies and return this checklist with your enrollment or revalidation documents.

- ☐ To support a recipient who has been placed in an inpatient facility outside the state of Nevada
Name of Institution: _____
Name of Recipient(s): _____
- ☐ To provide diabetic supplies to recipients when Medicare is the primary payer
- ☐ To provide a specialty drug that is not currently available in the state of Nevada (attach a separate page, if applicable):
Name and National Drug Code (NDC) of Product: _____
Name and National Provider Identifier (NPI) of referring Physician: _____