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1. Individual Application

1.1. Welcome and Enrollment Information

To begin an initial application for enrollment with the Nevada Medicaid and Nevada Check Up programs:

1. Select the “Start Application” button from the Provider Flex dashboard,
<https://flex.medicaid.nv.gov/a/3b8917dc-5086-49c9-8e1b-8c748320d7fd/t/0de061ea-dc68-4cb8-b6c3-e7fb7e8cb2c1/v>.

The screenshot shows the Provider Flex Enrollment Portal dashboard. At the top, there is a header with the Nevada Department of Health and Human Services logo and navigation links: FAQs, Contact Us, My Account, and Logout. Below the header, a greeting says "Hello Misses Training" with the date "Thursday, 4/10/2025". To the right of the greeting are three buttons: "Provider Enrollment Booklet", "Enrollment Checklist", and "Start Application" (highlighted with a red box and a red circle with the number 1). Below the greeting is a section titled "Applications List" with a search bar and a "Quick Filters" dropdown set to "All". The list contains three rows of application data:

ATN	NPI	Provider Type	Provider Name	Application ...	Status	Submitted On	Updated On	Contact
112457	1972380921	20	1 EMILY WAY OPCO LLC	NEW	Incomplete		04/07/2025	
112338	1972380921	20	Family Orthopedics	NEW	Incomplete		04/07/2025	Harper Leigh
112450	1598708901	20	Thomas Jefferson	NEW	Incomplete		04/07/2025	

At the bottom right, it says "Provider Flex Enrollment Portal Powered by Gainwell". At the bottom center, there is a copyright notice: "© 2025 Gainwell Technologies Company. All rights reserved. Nevada Online Privacy Policy".

2. The welcome page is displayed. Select “Next” to continue.

The screenshot shows the "Welcome to the Online Provider Enrollment System" page. On the left, there is a sidebar with a "Sections" menu containing "Welcome" (selected) and "Enrollment Information". The main content area has a heading "Welcome to the Online Provider Enrollment System" followed by a paragraph: "To begin billing for Nevada Medicaid services, you must enroll as a provider by completing the required documentation, using the checklist provided for guidance. Submit all materials, including any supplementary documents, via Gainwell Technologies' online system, ensuring no delays from incomplete applications. If extended responses are necessary, attach them as separate documents. Retain copies for your records, and await written confirmation of your application status." Below this is a section titled "Urgent/Emergency Enrollment" with two paragraphs: "For urgent/emergency enrollment, individual providers must link with their separate billing provider once both are enrolled with Nevada Medicaid. Similarly, groups enrolling urgent/emergency must link with individual servicing providers post-enrollment for claims processing. Use the Provider Search tool to check enrollment status." and "For claims submission, ensure both servicing and billing providers are enrolled, then follow billing instructions available on the Medicaid website." At the bottom, there is a paragraph: "For enrollment questions, call Provider Enrollment at (877) 638-3472 (choose 'Provider Enrollment') from 8 a.m. to 5 p.m. PT, Monday to". Below this paragraph are two buttons: "Cancel & Return To Dashboard" and "Next" (highlighted with a red box and a red circle with the number 2). At the bottom right, it says "Provider Flex Enrollment Portal Powered by Gainwell". At the bottom center, there is a copyright notice: "© 2025 Gainwell Technologies Company. All rights reserved. Nevada Online Privacy Policy".

3. Select the application type.
 - a. Enroll a new provider or add a new service location to existing provider
 - b. Change of Ownership
 - c. Re-enroll a provider that was previously enrolled

4. Select the “Next” button to continue with the application.

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

Sections

- Welcome
- Enrollment Information

What would you like to do today?

- ☐ Enroll a new provider or service location
- ☐ Change Ownership
- ☐ Re-Enroll a provider

Previous

Cancel & Return To Dashboard

Next

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1 of 2 Completed

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5. Select “Search NPI” to enter the NPI of the enrolling provider.

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

Sections

- Welcome
- Enrollment Information

What would you like to do today?

- ☒ Enroll a new provider or service location
- ☐ Change Ownership
- ☐ Re-Enroll a provider

Start Application

To start a new application you must first enter a valid NPI. Click the **Search NPI** button, enter the NPI and hit search. Confirm the NPI is correct and then click **Accept**

Search NPI

Previous

Cancel & Return To Dashboard

Next

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6. Select “Accept” to confirm the NPI matches the provider enrolling.

The search will verify and return information for the NPI based on National Plan & Provider Enumeration System (NPPES) data.


NPI Search

* Enter NPI ⓘ

Results

Name	HEALTH LLC
Address	1301 BERTHA HOWE AVE, MESQUITE, NV, 8902777502


7. The “Enrollment Type” drop-down menu will display the available enrollment options based on the NPI Type.



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

Sections

- Welcome
- Enrollment Information



Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

Start Application

To start a new application you must first enter a valid NPI. Click the **Search NPI** button, enter the NPI and hit search. Confirm the NPI is correct and then click **Accept**

NPI: 1972380921

*** Enrollment Type**

Select

Select

Individual

Ordering, Prescribing or Referring Application or Revalidation

Urgent/Emergency Individual

Provider Flex Enrollment Portal
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1 of 2 Completed

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8. The “Provider Type” drop-down menu will display the available provider types based on the enrollment type selected.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

Sections

- Welcome
- Enrollment Information

Enrollment Type

Individual

Provider Type

Select

- 14 - Behavioral Health Outpatient Treatment
- 15 - Registered Dietitian
- 20 - Physician, M.D., Osteopath, D.O.
- 21 - Podiatrist
- 22 - Dentist
- 23 - Hearing Aid Dispenser and Related Supplies
- 24 - Advanced Practice Registered Nurses
- 25 - Optometrist
- 26 - Psychologist
- 32 - Ambulance, Air or Ground
- 34 - Therapy
- 36 - Chiropractor

Cancel & Return To Dashboard

Next

Provider Flex Enrollment Portal
Powered by Gainwell

9. Select “Click to Add a Specialty.” A pop-up box will display the available specialties based on the provider type selected.

Add Your Specialties

Code	Description	Primary	Actions
+ Click To Add A Specialty			

Select

- 053 - Family Practice
- 056 - General Practice
- 057 - Anesthesiology
- 058 - Colon/Rectal Cancer
- 059 - Dermatology
- 060 - Internal Medicine
- 061 - Neurosurgery
- 062 - Obstetrics/Gynecology
- 063 - Ophthalmology
- 064 - Orthopedic Surgery
- 065 - Otolaryngology
- 066 - Pathology
- 067 - Neonatology
- 068 - Physical Medicine

Primary

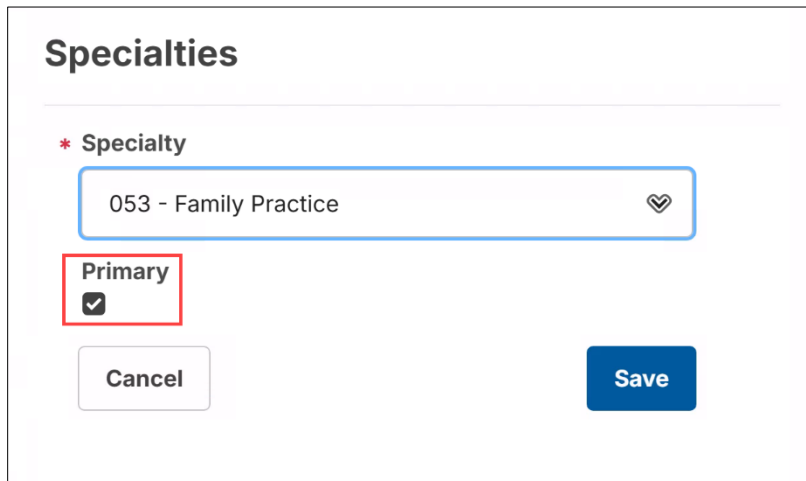
☒

Cancel

Save

A primary specialty is required. Use the “Primary” checkbox to indicate whether the selected specialty is the primary specialty for this provider.

NOTE: The first specialty selected will default to the primary specialty.

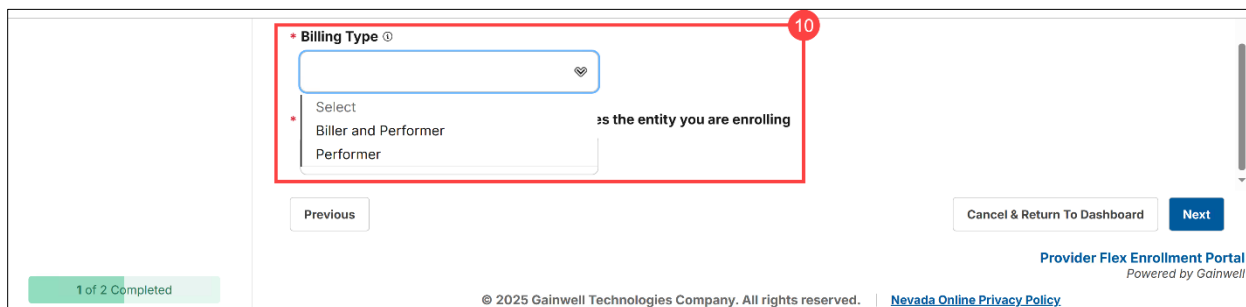


The image shows a form titled "Specialties". It contains a dropdown menu with the text "053 - Family Practice" and a heart icon. Below the dropdown is a checkbox labeled "Primary" which is checked. At the bottom of the form are two buttons: "Cancel" and "Save".

10. Select the applicable “Billing Type” for the enrolling provider.

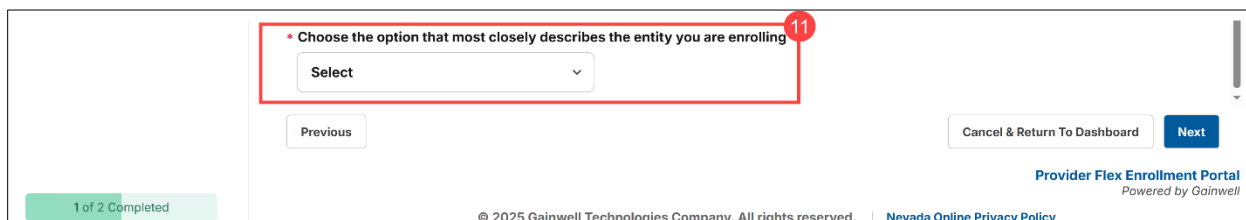
- Individuals selecting “Biller and Performer” will be required to supply their own EFT information, regardless of group affiliation.
- Individuals selecting “Performer” only will be required to link to a group.

NOTE: For individuals that require group affiliation or OPR providers, the “Billing Type” may default to the appropriate option.



The image shows a form titled "Billing Type". It contains a dropdown menu with the text "Select" and a heart icon. Below the dropdown is a list of options: "Biller and Performer" and "Performer". To the right of the list is the text "as the entity you are enrolling". At the bottom of the form are two buttons: "Previous" and "Next".

11. “Choose the option that most closely describes the entity you are enrolling”



The image shows a form titled "Choose the option that most closely describes the entity you are enrolling". It contains a dropdown menu with the text "Select" and a heart icon. At the bottom of the form are two buttons: "Previous" and "Next".

Individual Enrollment Types:

- Individual Provider
- Hospital-Based Physician
- Sole Proprietorship
 - i. If Sole Proprietorship is selected, the Secretary of State (SOS) Business License will be required and must match this entity type.

12. Once all required fields have been completed, select “Next”.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

Sections

- Welcome
- Enrollment Information

Code	Description	Primary	Actions
023	Advanced Pract Reg Nurse Aprn	Yes	Remove

+ Click To Add A Specialty

* Billing Type ⓘ
Billers and Performer

* Choose the option that most closely describes the entity you are enrolling
3 - Individual Provider

Previous

Cancel & Return To Dashboard

Next

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13. A pop-up warning message will appear asking the user to verify all information is correct before proceeding with the application.

- If changes need to be made, select “Continue Editing” to make the necessary changes.
- If no changes are needed, select “Lock Answers & Proceed”.

Once these answers have been locked, this information cannot be changed. The current application will need to be withdrawn and a new application will need to be started.

IMPORTANT NOTICE

The answers on this section cannot be changed once you select Lock Answers & Proceed. If you want to make changes now, you can select Continue Editing. Once the answers are locked, you will have to withdraw the application and start over.

Continue Editing

Lock Answers & Proceed

1.2. Provider Information

The provider information page allows the user to enter provider information, such as Legal Name, Business Name and any identification numbers, such as Tax IDs, License Numbers, Certified Laboratory Improvement Amendments (CLIA) number and Drug Enforcement Administration (DEA) number.

Please answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions.

1. Select “No” if the individual will not be linked to a group.
Select “Yes” if the individual will be linked to a group.

Individual Provider Types have the option to link to a Group. Depending on the specialty selected, some Provider types 14, 26, 32, 38, 82, 85, 89, and 93 are required to link to a group.

- To add a group affiliation, select “Add Linked Group”. Enter the group’s NPI and the date the individual would like to be affiliated with the group.
- The group NPI listed must be actively enrolled with Nevada Medicaid as a provider type that the enrolling individual is allowed to link to.
- Affiliation date may be backdated. Please note that all timely filing limits apply. Affiliation begin date will not supersede the enrollment effective date.

Link To Group

* Would you like to be linked to a group?
☒ Yes ☐ No

* NPI List

NPI	Affiliation Date	Actions
+Add Linked Group		

The screenshot shows a 'Link Group' modal form overlaid on the 'Provider Information' page. The modal contains the following fields and controls:

- NPI**: A text input field with a red asterisk indicating it is required.
- Affiliation Begin Date**: A date picker field with a red asterisk indicating it is required.
- Buttons**: 'Cancel' and 'Add' buttons at the bottom.

The background shows the 'Provider Information' page with a sidebar menu and a 'Link To Group' section.

2. Enter Tax Information

- Social Security Number (SSN) – Enter the SSN.
- If the enrolling individual has a Federal Tax-ID, select “Yes” and enter Federal Employer Identification Number (FEIN). Documentation showing Taxpayer Identification Number is required when a FEIN is entered.

NOTE: Federal Tax-ID information entered must belong to the individual and match IRS records.

Enter Tax Information


* SSN

* Does the enrolling individual have a Federal Tax ID on file with the IRS for tax purposes?
Yes ☐ No ☒

* Does the enrolling individual have a Federal Tax ID on file with the IRS for tax purposes? ⓘ
Yes ☒ No ☐

* Federal Tax ID ⓘ

* Please upload Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)

 Upload files here
PDF ONLY, file size no more than 15MB

Select File

3. Enter the date you wish enrollment to begin.

- The date in this field cannot be a future date.
- The date can be backdated up to six months but may not be prior to all provider enrollment requirements being met. All timely filing guidelines apply.
 - i. If the Requested Enrollment Effective Date is greater than 180 days in the past, you will be required to answer, “Will you be submitting secondary claims to Nevada Medicaid?”
 - ii. If “No” is selected and the date exceeds the six-month back limitation, provide a written explanation and supporting documentation as an attachment to this application.

4. Indicate if the provider is enrolled in Medicare.

* Requested Enrollment Effective Date ⓘ 2

* Are you enrolled in Medicare? 3
☐ Yes ☐ No

5. Enter the provider's legal name.

- The provider's name listed must match the information on file with the Internal Revenue Service (IRS) for the SSN entered in the Provider Information section.

NOTE: The enrolling provider's email address entered must be accessible by the provider in order to provide the required electronic signatures.

Enter Provider Legal Name

The provider name displayed has been populated based on the information currently on file with National Plan & Provider Enumeration System (NPPES) for the enrolling NPI. If the name shown is incorrect, please verify the NPI entered belongs to the enrolling provider. If the NPI is correct and provider name differs, please update below. First Name and Last Name must match the information on file with the IRS for the SSN entered in Provider Information section.

* First Name ⓘ

thomas

MI

* Last Name ⓘ

jefferson

* Gender

Male ▾

* Birth Date ⓘ

01/01/1980 📅

Doing Business As ⓘ

* Enrolling Provider's Email Address ⓘ

tjefferson@unknown.com

* Confirm Enrolling Provider's Email Address

tjefferson@unknown.com

6. Enter Taxonomy Codes – Select “Click to Add a Taxonomy” to add the appropriate taxonomy code from the drop-down list.

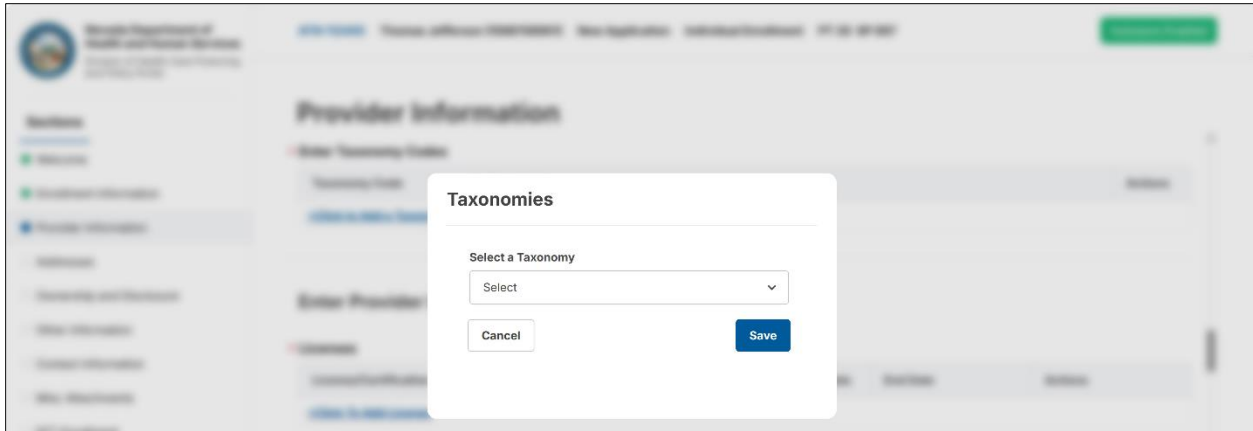
- If the provider has multiple provider types enrolled using the same NPI, a unique taxonomy code is required for each provider type.

Enter Taxonomy Codes

* Enter Taxonomy Codes

6

Taxonomy Code	Description	Actions
<div>+Click to Add a Taxonomy</div>		



7. Enter the Secretary of State (SOS) issued business license information, if applicable, and upload a copy of the business license.
 - Business license must be active, and the Provider name or Doing Business As (DBA) on the enrollment must match the Registered Name. Additionally, the Formation Date must be on or before the application requested effective date.

When enrolling and selecting Sole Proprietor as the individual enrollment type, business license information is required and must match the business structure reported to the SOS and comply with the Nevada Revised Statutes (NRS) rules.

Provider Information

Enter Provider Business Information

Corporations, Limited Liability Companies (LLCs), Limited Liability Partners (LLPs), Partnerships, Provider Groups, or Sole Proprietorship, are required to provide their Secretary of State information. If your business is incorporated in another state or your business is located outside of Nevada, please provide the information on file with the state of incorporation.

Secretary of State Issued Business ID ⓘ

Secretary of State Registered Name ⓘ

Formation Date ⓘ **Renewal Date** ⓘ

Upload files here
PDF ONLY, file size no more than 15MB

8. Select “Click to Add License” to add the appropriate license information and upload a copy of the license.

Enter Provider License Information
Updating License Information – If you need to update any license information, please remove the existing license row, then create a new row with the updated license information.
*** Licenses**

License/Certification Number	State	Licensing Board, State or Entity	Start Date	End Date	Actions
+Click To Add License					

- Provider types 20 and 77 – Enter license number and select “Search”. If an active license is found in the database, a copy of the licensure is not required.

*** Name of Issuing Board**

State Board of Medical Examiners

*** License/Certification Number**

00000

Search

!

 An active license with this information has been found!

- All other provider types - License information must be active and match documentation on file with licensing board for the enrolling provider. The original issue date of a license must be on or before the requested effective date of enrollment.

NOTE: If the license will expire within 30 calendar days, renewed license information should be entered into the application and both the current and renewed license should be attached.

License Search

*** License/Certification (State)**

Select


*** Name of Issuing Board**

Select

*** License/Certification Number**

Close

Add



Upload files here
PDF ONLY, file size no more than 15MB

Select files

9. Enter Drug Enforcement Administration (DEA) information for the enrolling provider, if applicable.
- If the user answers "Yes," a DEA Number and End Date will be required. The information supplied must belong to the enrolling provider. The system will validate the DEA number entered.

Drug Enforcement Administration (DEA) Number

9

* Do you have a DEA Number to prescribe, dispense, administer, or procure controlled substances?

☒ Yes ☐ No

* DEA Number ⓘ

Search

* End Date

10. If applicable, enter the Clinical Laboratory Improvement Amendments (CLIA) Number.
- The CLIA number must belong to the enrolling provider/entity.
 - The name on the CLIA certificate must match the provider legal name or DBA.
 - If CLIA information is entered, a copy of the CLIA license is required to be uploaded.

CLIA Certification

CLIA Number ⓘ

Search

Effective Date ⓘ

End Date ⓘ

Please provide your Clinical Laboratory Improvement Amendments

Upload files here
PDF ONLY, file size no more than 15MB

Select files

1.2.1. Ordering, Prescribing or Referring (OPR) Application or Revalidation Enrollment Type

Please Answer all required questions that are marked with a (*) red asterisk. The following instructions are designed to clarify certain questions.

1. Check the appropriate boxes explaining why you do not wish to be a fully enrolled Nevada Medicaid provider.

*

Please check the appropriate boxes explaining why you do not wish to be fully enrolled Nevada Medicaid provider.

1

☐ Reimbursement Rates

☐ Medicaid Policy

☐ Practice Capacity

☐ Other

1.3. Addresses

Provider addresses identify the location where a provider performs services, as well as locations that are used for billing and payment. One address can be added for each address type.

A Service Address is required for Individual and Urgent/Emergency Individual enrollments. This is the location where services are rendered and must be a physical location. This must be a street address and not a gated community, post office box or virtual office. Each service address for an organization requires a separate application.

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.

Nevada Medicaid will mail written correspondence to the Mail To address. If you do not supply a Mail To address, written correspondence will be mailed to the service address.

1. For each applicable address type, select “Click to Add...” and enter the required information.

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

ATN 112995 Thomas Jefferson (1598758286) New Application Individual Enrollment PT 20 SP 053 Autopause Enabled

Enter Your Addresses

Service

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.
The service address is required.

Street Address	City	State	Zip+4	Actions
Click to Add a Service Address				

Pay-To

Street Address	City	State	Zip+4	Actions
Click to Add a Pay-To Address				

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.

Mail-To

Street Address	City	State	Zip+4	Actions
Click to Add a Mail-To Address				

Previous [Save & Finish Later](#) [Next](#)

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2. When an address is entered, select “Verify Address” to verify correct address information based on US Postal Service Information.

Enter Service Address

All addresses need to be verified

* Street Address

Street Address 2

* City

* State

* Zip+4

* County

[Verify Address](#)

3. Select the Original or Verified Address.

* Click on SELECT to chose the address

Type	Address	City/State	Zip	Actions
Original Address	915 W Fifth St	Reno,NV	89503	Select
Verified Address	915 W 5TH ST	RENO,NV	895034313	Select

4. After verification, complete the remaining required information for the address type and select “Add”.

- The email address associated with the Service Address and Mail To address are used for provider notifications and outreach related to the enrollment, billing, and prior authorizations.

89521-3103 Washoe

[Verify Address](#)

* Email Address * Confirm Email Address

* Office Phone Number Ext Phone TDD

* Contact Name * Contact Phone Number Ext

[Cancel](#) **4** [Add](#)

1.3.1. Ordering, Prescribing or Referring Application or Revalidation Enrollment Types

For Ordering, Prescribing or Referring Application or Revalidation enrollment types, the Mail To address is required. Nevada Medicaid will mail written correspondence to the Mail To address and attempt to make contact at the phone number provided.

1.4. Ownership and Disclosure

Please see the Ownership and Disclosure section of the [Medicaid Provider Enrollment Compendium \(MPEC\)](#) for additional instructions. Ownership information should match Medicare enrollment, if applicable.

Completion of this section is a condition of participation in the Nevada Medicaid program and is mandated by 42CFR §455.100 – 106.

Direct ownership interest is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health-related services under the social services program.

Indirect ownership interest is defined as ownership interest in an entity that has direct or indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported if it equates to an ownership interest of five (5) percent or more in the disclosing entity. Example: If A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8

percent indirect ownership and must be reported.

Controlling interest is defined as the operational direction or management of a disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity, or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Other definitions:

Agent means any person who has been delegated the authority to obligate or act on behalf of a provider.

Disclosing entity means a Medicaid provider or a fiscal agent.

Fiscal agent means a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.

Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII or XX of the Act. This includes:

- Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic or health maintenance organization that participates in Medicare (Title XVIII),
- Any Medicare intermediary or carrier; and
- Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

Person with an ownership or control interest means a person or corporation that:

- Has an ownership interest totaling five (5) percent or more in a disclosing entity,
- Has an indirect ownership interest equal to five (5) percent or more in a disclosing entity,
- Has a combination of direct and indirect ownership interests equal to five (5) percent or more in a disclosing entity,
- Owns an interest of five (5) percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five (5) percent of the value of the property or assets of the disclosing entity,
- Is an officer or director of a disclosing entity that is organized as a corporation; or
- Is a partner in a disclosing entity that is organized as a partnership.

Subcontractor means:

- An individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- An individual, agency or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier means an individual, agency or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds or a pharmaceutical firm).

NOTE: Individual Enrollment applications are required to enter all Agents and Managing Employees.

Ownership information is not required for Individuals, with the exception of sole proprietors.

1. Select “Add a record” to add ownership information.

Provider Ownership and Control Structure
List all person(s) / entities with an ownership of 5% or more or controlling interest in the provider (including managing employees)
Thomas Jefferson

Type of Entity	Legal Name	SSN/FEIN	Ownership %	Authorized Repres...	Actions
Add a record					

2. Select the “Type of Entity” – the values displayed in the dropdown list are dependent on the Enrollment Type. For an Individual enrollment, the enrolling individual should be listed as owner.

The screenshot shows the 'Ownership' dropdown menu open. The dropdown list contains the following options: 'Select', 'Select', 'Authorized Representative', 'Managing Employee and/or Agent', and 'Owner'. A red circle with the number '2' is placed next to the dropdown menu.

3. Enter the required information for the type of Entity.

Ownership 3

Type Of Entity
Owner

% of Ownership

First Name

MI

Last Name

Title

SSN

Birth Date

Street Address

Street Address 2

City

State

Zip + 4

Email Address

Does this entity own 5 percent or more of any other business (healthcare related or non-healthcare related)?
☐ Yes ☐ No

CloseAdd

Ownership 3

Type Of Entity
Managing Employee and/or Agent

First Name

MI

Last Name

Title

SSN

Birth Date

Street Address

Street Address 2

City

State

Zip + 4

Email Address

Does this entity own 5 percent or more of any other business (healthcare related or non-healthcare related)?
☐ Yes ☐ No

Employee Indicator
Select

CloseAdd

Ownership 3

Type Of Entity
Authorized Representative

First Name

MI

Last Name

SSN

Birth Date

CloseAdd

4. If any owner or managing employee selected “Yes” to owning five (5) percent or more of any other business, the Other Business Interests page will display. Select “Click to Add Additional Businesses” to disclose individuals with five (5) percent or more ownership or controlling interest in another business/entity, if applicable. Please list all businesses/entities under the appropriate individual.

Below is a list of disclosed individuals with ownership or controlling interest in another business/entity. Please list all businesses/entities under the appropriate individual.



Example: If John Doe is listed, you must disclose all additional ownership of entities.

Atticus Finch

* Business/E...	Federal Tax ID	Street Addr...	Street Addr...	City	State	Zip+4	Actions
+ Click To Add Additional Businesses ⁴							

Additional Business Interests

* Business/Entity Name * Federal Tax ID

[Use Previous Address](#)

* Street Address Street Address 2

* City * State

* Zip+4

[Close](#) [Add](#)

1.4.1. Disclosure Questions

1. Answer the disclosure questions listed in Background and Disclosure of Disclosing Entity as required by State and Federal policy.
 - If “Yes” is selected, the user will be required to provide additional details.



Sections

- Welcome
- Enrollment Information
- Provider Information
- Addresses
- Ownership and Disclosure
 - Introduction
 - Provider Ownership
 - Other Business Interests
 - Disclosure Questions
- Other Information
- Contact Information
- Misc Attachments
- EFT Enrollment


Background and Disclosure of Disclosing Entity

- * Does any individual and/or corporation have an interest of five percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity?

☐ Yes ☒ No

- * Is any person (individual or corporation) with an ownership or control interest in the disclosing entity related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling?

☐ Yes ☒ No

 These questions capture information regarding final adverse legal actions, such as convictions, exclusions, revocations and suspensions. All applicable final adverse legal actions must be reported, regardless of whether any records were expunged, or any appeals are pending.

- * Are you or any owner, agent, managing employee, or person with controlling interest currently enrolled, or have ever been enrolled, as a Medicaid provider with another state or owned a business enrolled as a Medicaid provider in Nevada or with another state?

☐ Yes ☒ No

- * Do you as an individual or any owner, agent, managing employee or person with controlling interest currently have a negative balance or owe money to any state or federal program (including Medicare and/or Medicaid)? Does a group for which you were the owner or person with controlling interest have a negative balance or owe money to any state or federal program (including Medicare and/or Medicaid)? ^①

☐ Yes ☒ No

- * Have you (individual, OPR, or group) or any owner, agent managing employee or person with controlling interest ever received a Judgment of Conviction, including a judgment which has been expunged, sealed, or otherwise removed in accordance with a first offender, deferred adjudication, or other program, or arrangement where a judgment of conviction has been withheld, or for which there is a post-trial motion or a pending appeal? If answering 'Yes,' please upload the relevant court document(s), including the judgement. NOTE: traffic related offenses associated with NRS 62A.220 need not be reported. ^①

☐ Yes ☒ No

- * Have you (individual or OPR provider), or any group applicant/provider, owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs? ^①

☐ Yes ☒ No

- * Have you (individual, OPR, group) or any owner, agent, managing employee, or person with controlling interest ever been placed on the Federal Office of Inspector General, Health and Human Services (OIG/HHS) exclusion list or otherwise been suspended, terminated, sanctioned, denied or debarred from participation in any program established under Medicare, Medicaid, Title XVIII, Title XIX, or any other Medicaid program since the inception of these programs? This includes termination and/or sanction from the Nevada Medicaid program or any other state Medicaid program. If answering 'Yes,' please upload supporting documentation or signed and dated statement regarding this action. ^①

☐ Yes ☒ No

- * Are you (individual, OPR, group) or any owner, agent, managing employee, or person with controlling interest currently under investigation by any law enforcement, regulatory or state agency? If answering 'Yes,' please upload supporting documentation from the investigating entity.

☐ Yes ☒ No

- * Do you (individual, OPR, group) or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases, excluding family cases or traffic related cases (NRS 62A.220)? If answering 'Yes,' please upload supporting documentation from the investigating entity. ^①

☐ Yes ☒ No

- * Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance? ^①

☐ Yes ☒ No

- * Have you (individual, OPR, group), or any owner, agent, managing employee, or person with controlling interest had any professional, business or accreditation license/certificate denied, placed on probation, arrangement where a judgment of conviction has been withheld, or for which there is a post-trial motion or a pending appeal? If answering 'Yes,' please upload the relevant court document(s), including the judgement. NOTE: traffic related offenses associated with NRS 62A.220 need not be reported. ^②

☐ Yes ☒ No

- * Have you (individual or OPR provider), or any group applicant/provider, owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs? ^①

☐ Yes ☒ No

- * Have you (individual, OPR, group) or any owner, agent, managing employee, or person with controlling

Previous

Save & Finish Later

Next

1.5. Other Information

The Other Information page displays questions and fields based on enrollment type and provider type.

NOTE: This page will not display for OPR and Urgent/Emergency Individual Enrollment Types.

Provide other additional information, such as Days and Hours of Operation, Accepting New Patients, and hospital privileges.

Please answer all required questions that are marked with a (*****) red asterisk.

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

ATN 112401 Atticus Finch (1598708901) New Application Individual Enrollment PT 20 SP 064 Autosave Enabled

Sections

- Welcome
- Enrollment Information
- Provider Information
- Addresses
- Ownership and Disclosure
- Other Information**
- Contact Information
- Misc Attachments
- EFT Enrollment
- Summary

*** Days and Hours of Operation** ⓘ

M-F, 8-5

*** Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?**

Fee For Service and Managed Care

*** Are you currently accepting new patients?** ⓘ

☒ Yes ☐ No

*** Can you accommodate recipients with special needs?** ⓘ

☒ Yes ☐ No

*** Do you have hospital privileges?** ⓘ

☒ Yes ☐ No

*** Please describe where**

*** Are you a board approved supervisor for a provider type 93 intern?**

☐ Yes ☒ No

Previous Save & Finish Later Next

1.5.1. Supervisor for a Provider Type 93 Substance Use Treatment Intern

The following individual provider types will be required to indicate if they are a board approved supervisor for a provider type 93 Substance Use Treatment Intern:

- 14 – Behavioral Health Outpatient Treatment specialties 305 Licensed Clinical Social Worker (LCSW), 306 Licensed Marriage and Family Therapist (LMFT), and 307 Clinical Professional Counselor (CPC).
- 20 – Physician, MD, Osteopath, DO
- 24 – Advanced Practice Registered Nurses (APRN)
- 26 - Psychologist
- 77 – Physician Assistant (PA)
- 74 – Nurse Midwife

- 93 – Substance Use Treatment specialties 701 Certified Alcohol and Drug Counselor (CADC), 702 Licensed Alcohol and Drug Counselor (LADC) and 709 Licensed Clinical Alcohol and Drug Counselor (LCADC).

1. Select “Yes” or “No” to note if you are a board approved supervisor for a provider type 93 intern.
 - If the answer is Yes, select “Click to Add Interns” to provide intern information.
 - Interns reported in the enrollment application must be actively enrolled with Nevada Medicaid.

• Are you a board approved supervisor for a provider type 93 intern?

☒ Yes ☐ No

Intern Information

If so, please enter their information below.

• Disclosures-Interns

First Name	MI	Last Name	NPI	Agency	Phone Number	Ext	Actions
+ Click To Add Interns 1							

Interns

* NPI

Search

Location

Select

▼

First Name

MI

Last Name

Phone Number

Ext

Agency Name

Begin Date

📅

Close

Add

1.5.2. Supervisor Disclosure

The following individual provider types are required to disclose the agency supervisor information.

- 14 - Behavioral Health Outpatient Treatment specialites 300 Qualified Mental Health Professional (QMHP), 301 Qualified Mental Health Associate (QMHA), and 302 Qualified Behavioral Aide (QBA)
- 82 - Behavioral Health Rehabilitative Treatment specialties 300 Qualified Mental Health Professional (QMHP), 301 Qualified Mental Health Associate (QMHA), and 302 Qualified Behavioral Aide (QBA)
- 85 – Applied Behavior Analysis specialties 312 Licensed and Board Certified Assistant Behavior Analyst (BCABA), and 314 Registered Behavior Technician (RBT)
- 93 – Substance Use Treatment specialties 703 Certified Alcohol and Drug Counselor Intern (CADC-I), and 705 Licensed Clinical Alcohol and Drug Counselor Intern (LCADC-I)

- 26 – Psychologist specialties 246 Psychological Assistant, 247 Psychological Intern, and 248 Psychological Trainee.

Individuals enrolling as a provider type 89 – Community Health Worker are required to disclose their supervising provider information.

1. Select “Click to Add Supervisors” to add a supervisor.

Supervisor Disclosure

Please enter your Agency Supervisor information below.

First Name	Last Name	NPI	Supervisor Type	Primary	Agency	Actions
+Click To Add Supervisors						

Please upload supervisor credentials/license.

[Upload/View Files](#)

2. Enter “NPI” and select “Search” to enable the remaining fields.
 - The supervisor must be actively enrolled with Nevada Medicaid.

Supervisor

* NPI

Type

Select

▼

Location

Select

▼

First Name

MI

Last Name

Email Address

Agency Name

Professional Title

Phone Number

Ext

() - -

Begin Date

☐ Primary Supervisor

Close

Add

3. Select the supervisor type from the “Type” drop down.

Supervisor

NPI

1234567890

3

* Type

Select

Select

Clinical

Direct

* Location

Select

* MI

* Last Name

* Email Address

* Agency Name

* Professional Title

* Phone Number

() - -

Ext

-

4. Complete the remaining required information and select “Add” to return to the application.

Supervisor

NPI

1234567890

* Type

Clinical

* Location

5061 N RAINBOW BLVD STE 180 (8838)

* First Name

Jessica

MI

* Last Name

Bloom

* Email Address

jbloom.abc@unknown.com

* Agency Name

ABC Behavioral Agency

* Professional Title

Clinical Supervisor

* Phone Number

(123456-7890)

Ext

* Begin Date

04/14/2025

☒ Primary Supervisor

Close

Add

5. Select "Upload/View Files" to upload supervisor credentials/license.

Supervisor Disclosure

Please enter your Agency Supervisor information below.

First Name	Last Name	NPI	Supervisor Type	Primary	Agency	Actions
Jessica	Bloom	123456789...	Clinical	Yes	ABC Beha...	Remove

[+Click To Add Supervisors](#)

Please upload supervisor credentials/license.

[Upload/View Files](#)

1.6. Contact Information

If questions arise during application processing, Nevada Medicaid may attempt to contact the person listed on the Contact Information page regarding this application.

Contact Information

Provide the appropriate contact person and information for the enrollment application. If correspondence is needed during application processing, Gainwell Technologies will attempt to contact the person listed on the Contact Information page.

Contact Name

* First name ⓘ * Last name ⓘ

* Phone Number ⓘ Ext ⓘ

* Contact Email ⓘ * Confirm Email Address

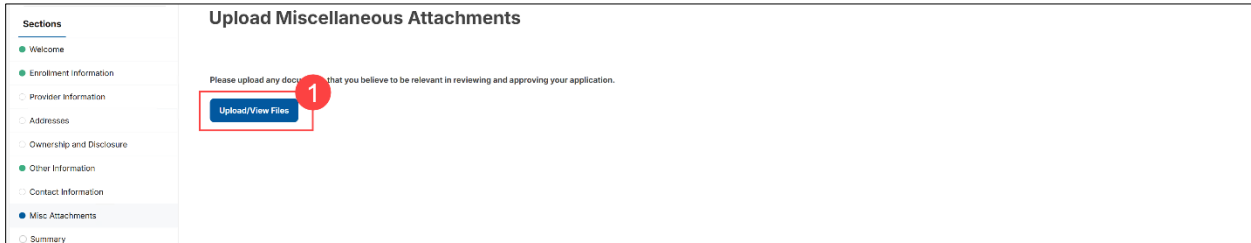
* Preferred Communication Method

[Previous](#) [Save & Finish Later](#) [Next](#)

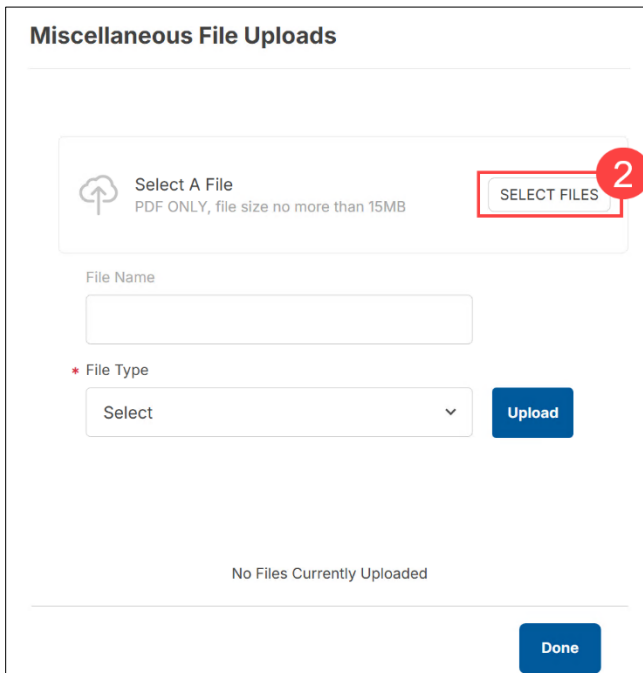
1.7. Misc Attachments

Additional supporting documentation can be uploaded with the application if necessary. All documents must be uploaded at the time of submission for the application to be considered complete.

1. Select “Upload/View Files” button.




2. Click the “Select Files” button and choose a PDF to attach.
 - Attachments must be in PDF format and have a file size maximum of 15MB.



3. Select the “File Type” from the drop-down menu.
4. Click the “Upload” button

Miscellaneous File Uploads

 **Select A File**
PDF ONLY, file size no more than 15MB

SELECT FILES

File Name

ExtraDocumentation.pdf

* File Type

Select


Upload

No Files Currently Uploaded

Done

5. File is successfully uploaded. Select “Done” to return to application.

Miscellaneous File Uploads

 **Select A File**
PDF ONLY, file size no more than 15MB

SELECT FILES

File Name

* File Type

Select

Upload

Files of this type currently uploaded

ExtraDocumentation.pdf

Remove

Done

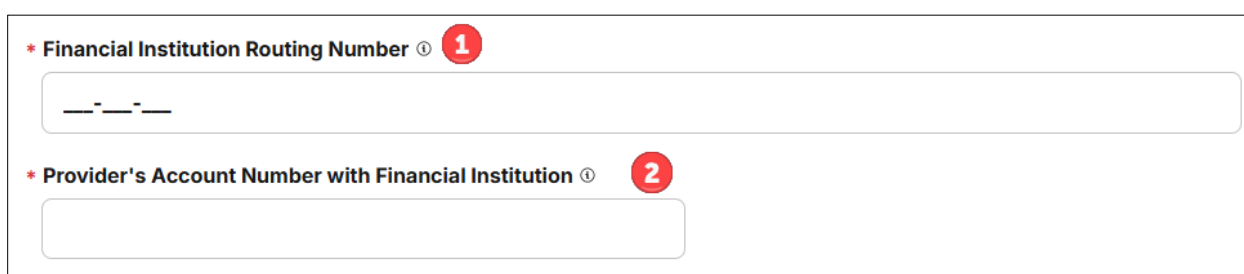
1.8. Electronic Funds Transfer (EFT) Enrollment

All providers who will be receiving payment from Nevada Medicaid and Nevada Check Up must accept payments via (EFT). If a provider does not have an active EFT account enrolled with Nevada Medicaid, that provider's Nevada Medicaid enrollment may be terminated.

EFT information entered must belong to the enrolling provider.

NOTE: The "EFT Enrollment" section will not display for individual provider types 32 (Ambulance, Air or Ground) and 89 (Community Health Worker) or for individuals with a billing type of Performer.

1. Enter Financial Institution Routing Number
2. Provider's Account Number with Financial Institution



The screenshot shows a form with two required fields, each marked with a red asterisk and a red circle containing a number. The first field is labeled "* Financial Institution Routing Number" with a red circle containing the number 1. The field contains a placeholder with dashes: "____-____-____". The second field is labeled "* Provider's Account Number with Financial Institution" with a red circle containing the number 2. The field is empty.

3. Upload Bank Letter or Voided check.
 - Voided checks must be pre-printed. Checks cannot be handwritten or temporary.
 - The printed name on the voided check or bank letter must match the legal name or the Doing Business As (DBA) name entered on the application.
 - The routing number on the voided check must match the routing number entered on the EFT page.
 - The bank account number listed on the voided check must match the bank account number entered on the EFT page.
 - Deposit slips and direct deposit slips are not acceptable.
 - If a bank letter is attached in lieu of a voided check:
 - i. It must be printed on the bank's letterhead.
 - ii. It cannot be handwritten.

***Include with Enrollment Submission**

Please upload either a voided check or a bank letter with the routing number on it.



BANK DEPOSIT SLIPS ARE NOT ACCEPTED



Upload files here

PDF ONLY, file size no more than 15MB

Select files

- Click the “Electronic 1099 Consent Document” link to download and save a copy for your records.

Electronic 1099 Consent

The Internal Revenue Service (IRS) requires a Payer to receive affirmative consent from providers to deliver 1099 Forms electronically. If you would like to receive your 1099 electronically, download and save a copy of the electronic 1099 consent document for your records.

[Electronic 1099 Consent Document](#)

- Answer the question that appears: “Do you consent to electronic delivery?”
 - Select “Yes” to receive electronic 1099.
 - Select “No” to receive paper 1099.


*** Do you want to receive your 1099 form electronically from Nevada Medicaid?**

☐ **Yes (Recommended)**

☐ **No**

1.9. Application Review/Summary

The summary page provides a summary of the information that was included on the provider enrollment application. If changes are required when viewing the Summary page, select the appropriate “Go To Section” button or select the section from the “Sections” panel to navigate back to that page.



Nevada Department of
Health and Human Services
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Atticus Finch (1598708901)
New Application
Individual Enrollment
PT 20 SP 064

Autosave Enabled

Sections

Errors

Welcome

Enrollment Information

Provider Information

Addresses

Ownership and Disclosure

Other Information

Contact Information

Misc Attachments

EFT Enrollment

Summary

Provider Information

Go to Section

Link to Group

Would you like to be linked to a group?

No

Tax Information

SSN

234567890

Does the enrolling individual have a Federal Tax ID on file with the IRS for tax purposes?

Yes

Federal Tax ID

201234567

Requested Enrollment Effective Date

04/03/2025

Are you enrolled in Medicare?

Yes

1.9.1. Error Identification

Once on the Summary page, a tab will appear with any validation errors in the application. This will check the application information to ensure all required fields are completed for the provider type entered, and the information entered meets field requirements. Any errors identified must be corrected prior to submission.

1. Select the red arrow to be directed to the page containing the error.

Sections

Errors (4) 1

General

You are missing required files.

→

Financial Institution Routing Number

Financial Institution Routing Number is a required field.

→

Provider's Account Number with Financial

Provider's Account Number with Financial Institution is a required field.

→

Provider Ownership

You are required to enter at least one Managing Employee and/or Agent.

→

- If any required attachments are missing, navigate to the Summary page for a list of “Missing Files”.

Missing Files	
Description	
Voided Check or Bank letter for EFT, if applicable	Go To Section
Documentation showing Taxpayer Identification Number: SS-4 or CP575 or W-9 or SS Card	Go To Section

- Once corrections are made to the field, the error count will update automatically. When all errors are resolved, the application may be submitted.


1.10. Application Submission


1. To begin the application submission process, select “E-Sign”.

Save & Finish Later

E-Sign

2. Select the signers from the drop-down list.
 - If no drop-down is available, the signer is the individual listed on the application.
3. Select “Submit” to submit the enrollment application.

 Nevada Medicaid Provider Enrollment e-Sign



NOTICE: Once you begin the e-signing process the application will be locked and you will not be able to update anything on the application. Please ensure all information provided on the application is true and accurate. Only start the e-signing process after you have reviewed everything entered is true and accurate.

The following documents are required to submit the provider enrollment application. Please select from the drop-down's below to assign who will be completing/signing the required documents. If no drop-down is available that is because the signer is defaulted to match the information provided on the application.

52-Provider Enrollment Agreement (Individual)

Enrolling Provider

Atticus Finch

afinch87@unknown.com

56-Nevada Medicaid and Nevada Check Up Provider Contract (Individual)

Enrolling Provider

Atticus Finch

afinch87@unknown.com

Administrator

Dashboard

3

Submit

1.11. After Submission

Once the application is ready for approval, the Dashboard shows Awaiting Signatures as the Status to indicate that the application is ready to begin the electronic signature process.

All documents must be signed electronically before the enrollment application will be finalized.

To view the signature status:

1. Click the application's row in the Dashboard to check the status of all signatures.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

FAQs Contact Us My Account Logout

Hello Misses Training
Monday, 4/14/2025

Provider Enrollment Booklet Enrollment Checklist Start Application

Applications List

Search [] Quick Filter All

ATN	NPI	Provider Type	Provider Name	Application ...	Status	Submitted On	Updated On	Contact
105914		14		NEW	Awaiting Signatures	02/23/2025	02/20/2025	Test Contact
105957		24		NEW	Submitted	02/23/2025	02/20/2025	Misses Training
105930		24		NEW	Submitted	02/23/2025	02/20/2025	Misses Training
105928		24		NEW	Withdrawn		02/19/2025	
105875		20		NEW	Withdrawn		02/19/2025	

Provider Flex Enrollment Portal
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2. Select the "Signing Status" button.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

Hello Misses Training
Monday, 4/14/2025

Provider Enrollment Booklet Enrollment Checklist Start Application

Applications List

Search [] Quick Filter All

ATN	NPI	Provider Type	Provider Name	Application ...	Status	Submitted On	Updated On	Contact
105914		14		NEW	Awaiting Signatures	02/23/2025	02/20/2025	Test Contact
105957		24		NEW	Submitted	02/23/2025	02/20/2025	Misses Training
105930		24		NEW	Submitted	02/23/2025	02/20/2025	Misses Training
105928		24		NEW	Withdrawn		02/19/2025	
105875		20		NEW	Withdrawn		02/19/2025	

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ATN 105914
Provider Name
Status Awaiting Signatures
Application Type NEW
Provider Type 14

Cancel Signing Status

Activate My Account
Go to Settings to activate Windows

The Signing Status page displays. Review the page to see the status of each signer.

The Providers List will show each signer, the status, and expiration date of each DocuSign envelope.

Note the following statuses:

- “Created” means the document/envelope has been created. Please allow 24 hours for the initial envelope to be sent. Subsequent envelopes will be sent within 24 hours when the previous is completed.
- “Sent” means the document/envelope has been sent for signature to the email address listed in the application. If the email address listed is not correct, the user may select “Edit Email” to update the DocuSign email address.

NOTE: This will not update the email address on file with the enrollment.

- “Completed” means the document/envelope has been signed.

Once an envelope is sent, an expiration date will appear next to the status icon.

The expiration date is 30 calendar days from the date the envelope was sent. If the date expires without all the signatures, the provider must re-submit the application.

If a provider cannot locate the email requesting signature, they can select the “Resend” button to have the email resent.

The screenshot displays the 'Application Status: Awaiting Signatures' page for the Nevada Department of Health and Human Services. The page header includes the department name, division, and navigation links (FAQs, Contact Us, My Account, Logout). The status is 'Awaiting Signatures' with a 'Last Change' of 2/20/2025 7:33:35 AM and a progress bar at 0 / 7 Done. Below the status, there's a 'Recipients List' for 'NV Medicaid Enrollment Documents' with a 'Created' status. The list contains seven entries, each with a role, email address, and actions. The first entry, 'Test Supervisor', has a 'Resend' button highlighted with a red box. The other entries have 'Created' status. The footer includes copyright information for Gainwell Technologies and a link to the Nevada Online Privacy Policy.

Role	Email Address	Status	Actions
1 Test Supervisor	ictrainingquestions@gainwelltechnologies.com	Sent Date: 2/26/2025 4:53:03 PM	Edit Email Resend Sent
2 Direct Supervisor	ictrainingquestions@gainwelltechnologies.com		Edit Email Created
3 Test Supervisor	ictrainingquestions@gainwelltechnologies.com		Edit Email Created
4 Direct Supervisor	ictrainingquestions@gainwelltechnologies.com		Edit Email Created
5 Enrolling Provider	ictrainingquestions@gainwelltechnologies.com		Edit Email Created
6 Owner Lady	ictrainingquestions@gainwelltechnologies.com		Edit Email Created
7 Test Supervisor	ictrainingquestions@gainwelltechnologies.com		Edit Email Created

Once documents are signed, the Signing Status page will change to reflect the updates.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

FAQs Contact Us My Account Logout

Application Status: Awaiting Signatures

Last Change 2/20/2025 7:54:56 AM 1 / 8 Done

Dashboard Refresh

Recipients List

Filter by: ▼

NV Medicaid Associated Provider List **Completed** Expires: 6/20/2025 8:53:03 AM

1	Cool Guy	ictrainingquestions@gainwelltechnologies.com	Signed Date: 2/20/2025 7:54:56 AM	Completed
---	----------	--	-----------------------------------	------------------

NV Medicaid Enrollment Documents **Created**

1	Test Supervisor	ictrainingquestions@gainwelltechnologies.com	Edit Email	Created
2	Direct Supervisor	ictrainingquestions@gainwelltechnologies.com	Edit Email	Created
3	Test Supervisor	ictrainingquestions@gainwelltechnologies.com	Edit Email	Created

When all required signatures have been obtained, the application will be finalized. The finalized contract will be sent to the signer(s), or the user may download enrollment documents in the Provider Web Portal by selecting [Report Download](#).