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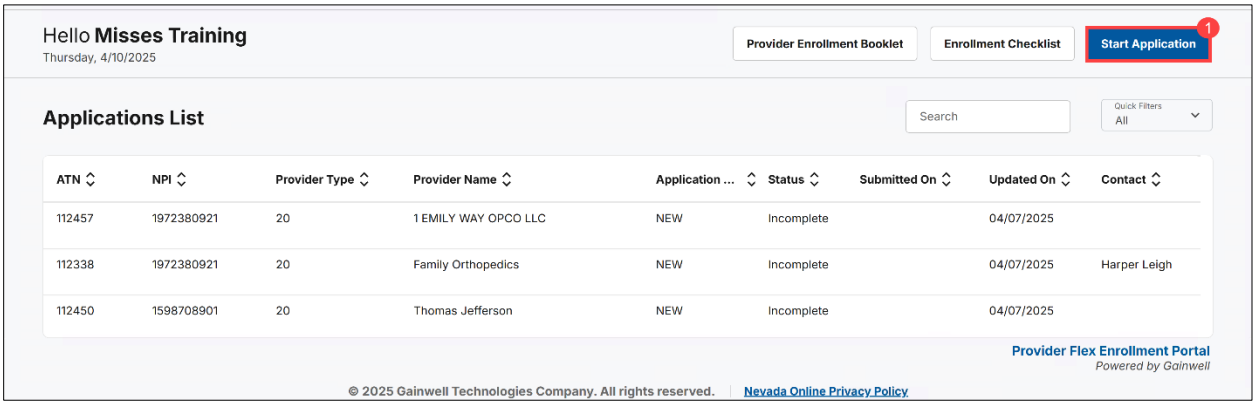
1. Individual Application

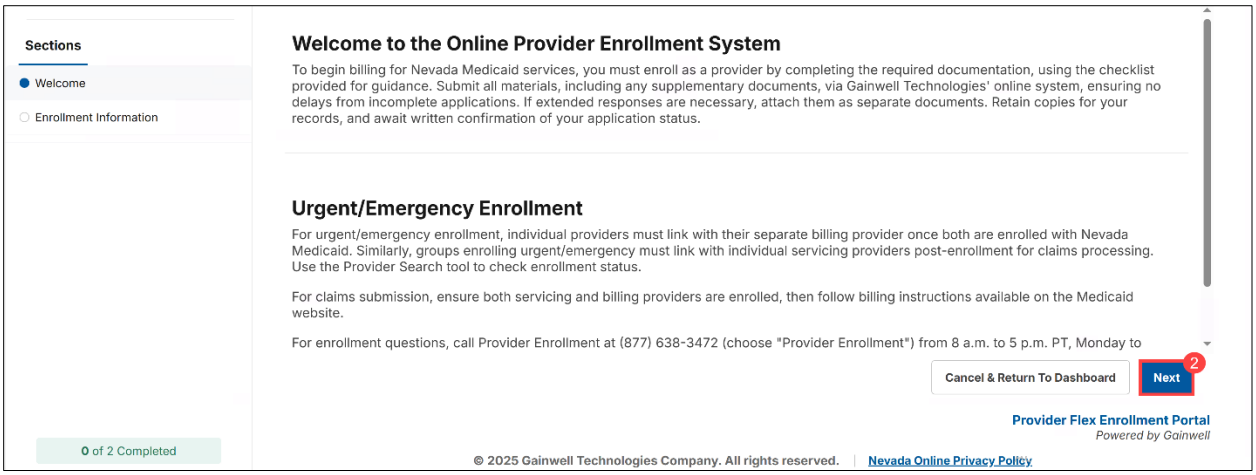
1.1. Welcome and Enrollment Information

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.

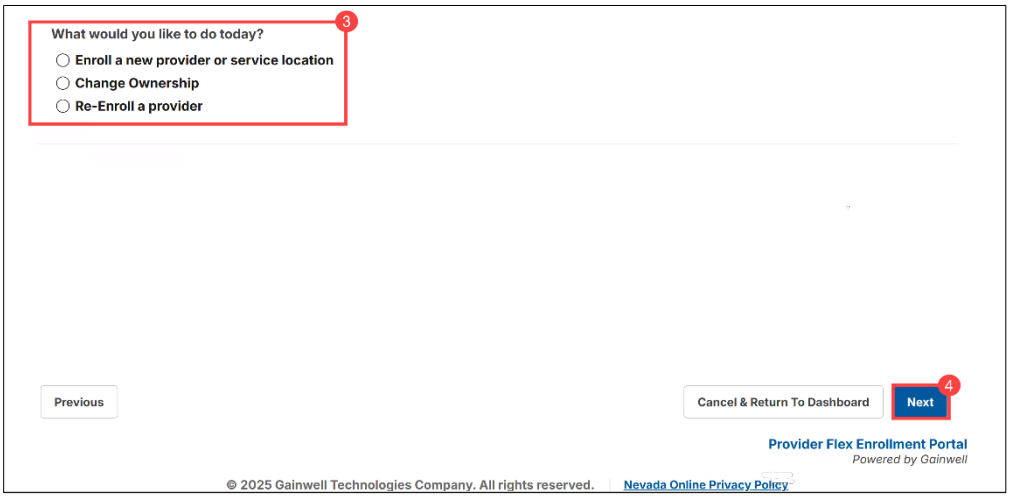


2. The welcome page is displayed. Select “Next” to continue.

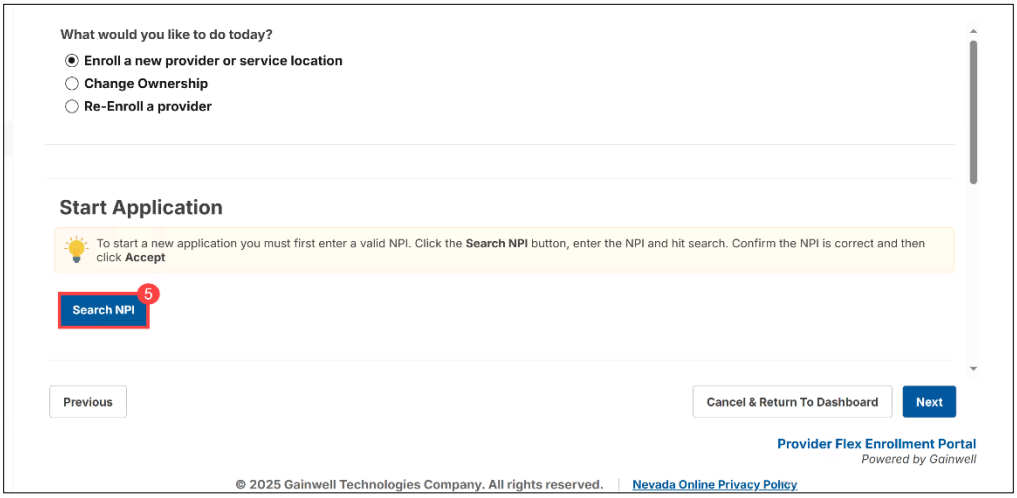


3. Select the application type.
    - Enroll a new provider or add a new service location to existing provider
    - Change of Ownership
    - Re-enroll a provider that was previously enrolled

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

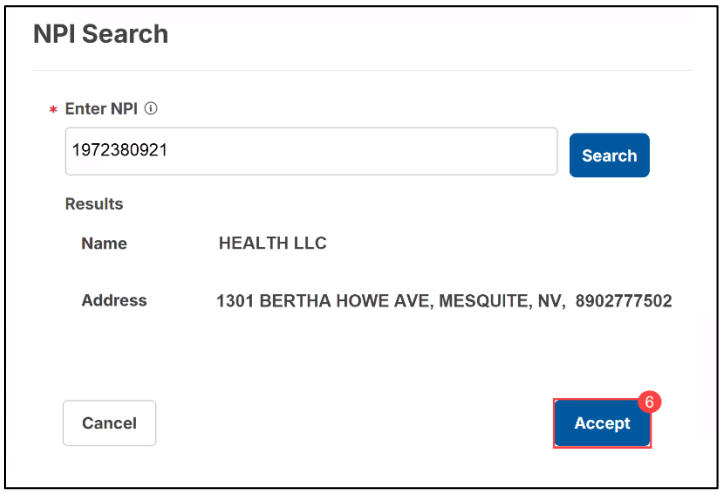


5. Select “Search NPI” to enter the NPI of the enrolling provider.

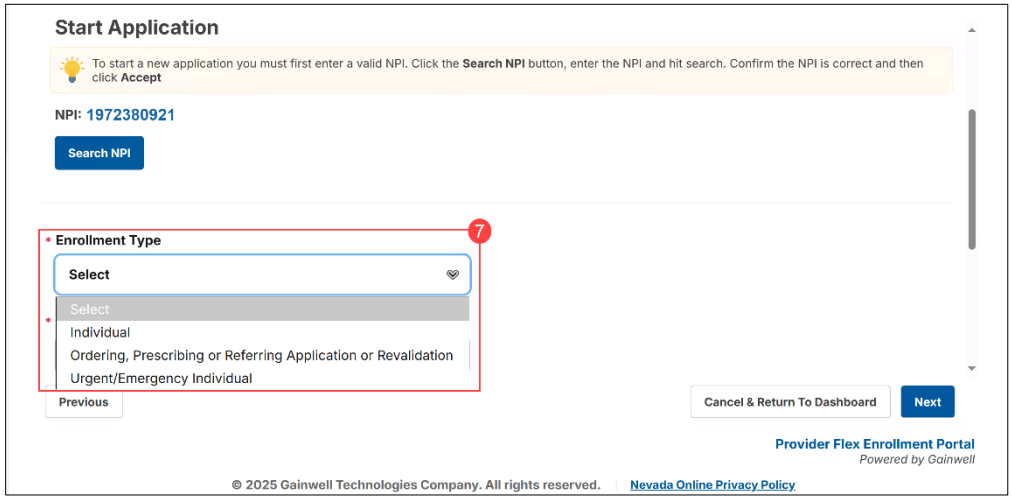


6. Select “Accept” to confirm the NPI matches the provider enrolling.

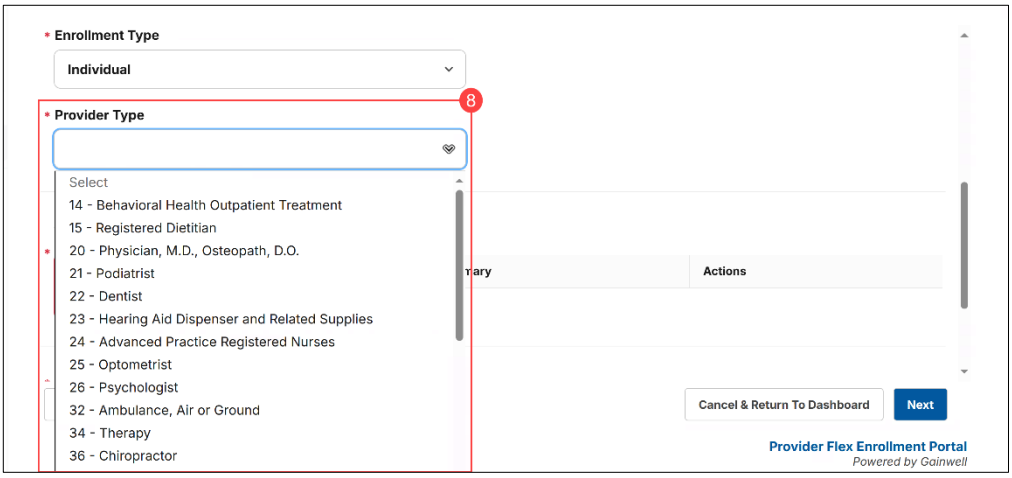
   The search will verify and return information for the NPI based on National Plan & Provider Enumeration System (NPPES) data.



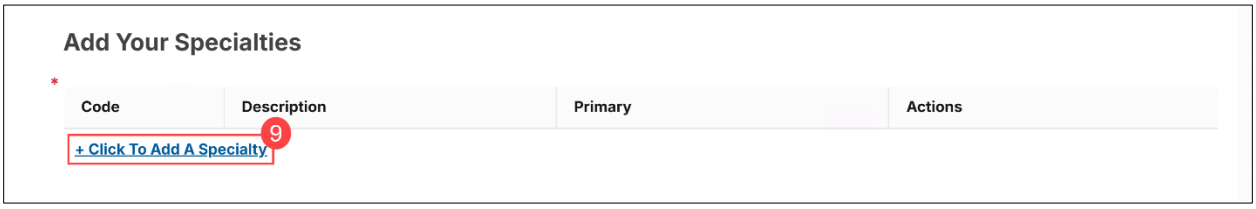
7. The “Enrollment Type” drop-down menu will display the available enrollment options based on the NPI Type.

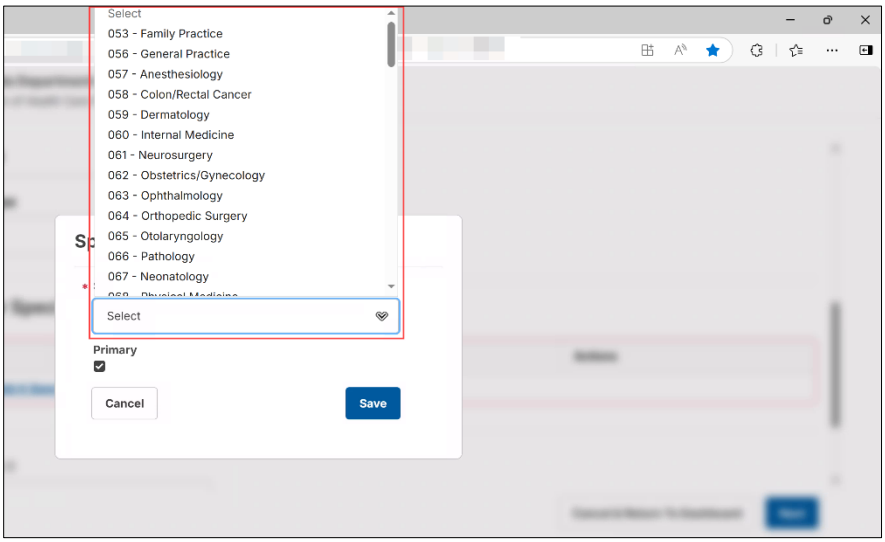


8. The “Provider Type” drop-down menu will display the available provider types based on the enrollment type selected.



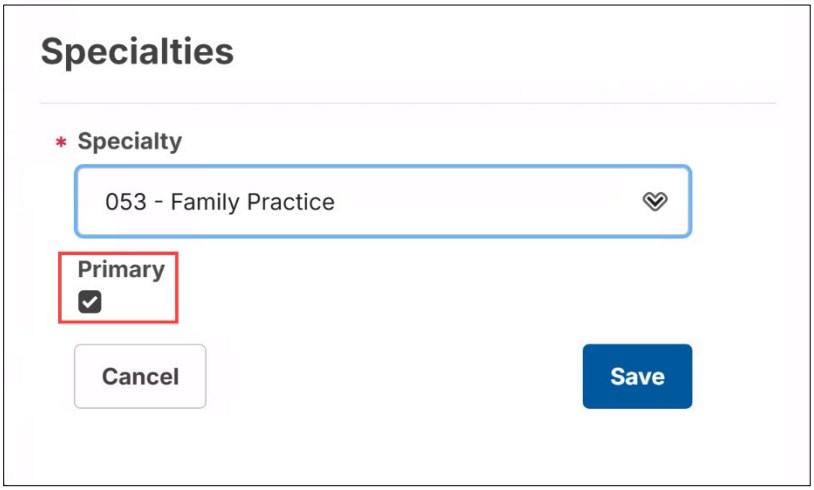
9. Select “Click to Add a Specialty.” A pop-up box will display the available specialties based on the provider type selected.





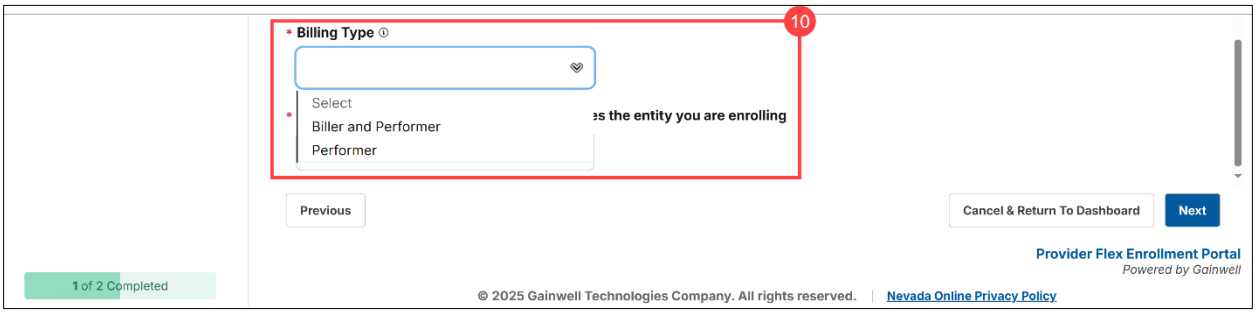
A primary specialty is required. Use the “Primary” checkbox to indicate whether the selected specialty is the primary specialty for this provider.

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

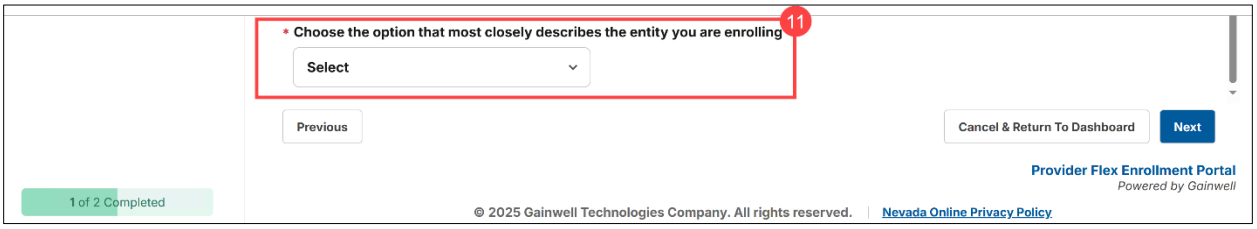


10. Select the applicable “Billing Type” for the enrolling provider.
    - Individuals selecting “Biller and Performer” will be required to supply their own EFT information, regardless of group affiliation.
    - Individuals selecting “Performer” only will be required to link to a group.

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



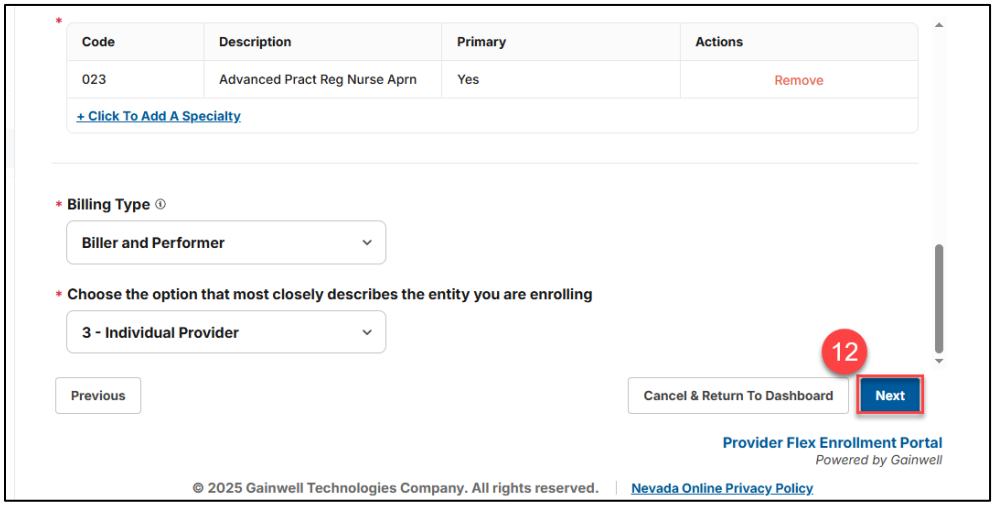
11. “Choose the option that most closely describes the entity you are enrolling”.



Individual Enrollment Types:

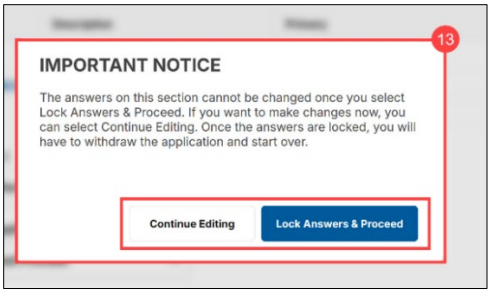
- Individual Provider
- Hospital-Based Physician
- Sole Proprietorship
    i. If Sole Proprietorship is selected, the Secretary of State (SOS) Business License will be required and must match this entity type.

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



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.



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, and Certified Laboratory Improvement Amendments (CLIA) number.

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

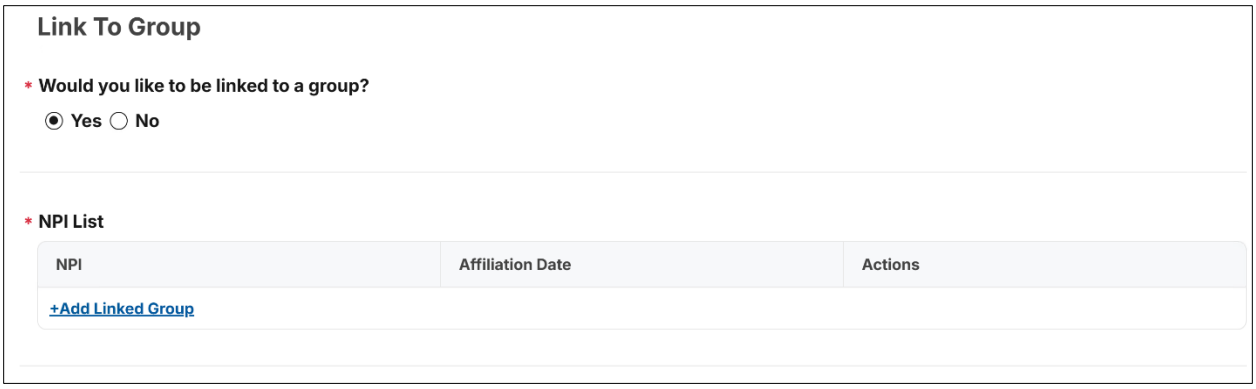
1. Select “No” if the individual will not be linked to a group.
   Select “Yes” if the individual will be linked to a group.

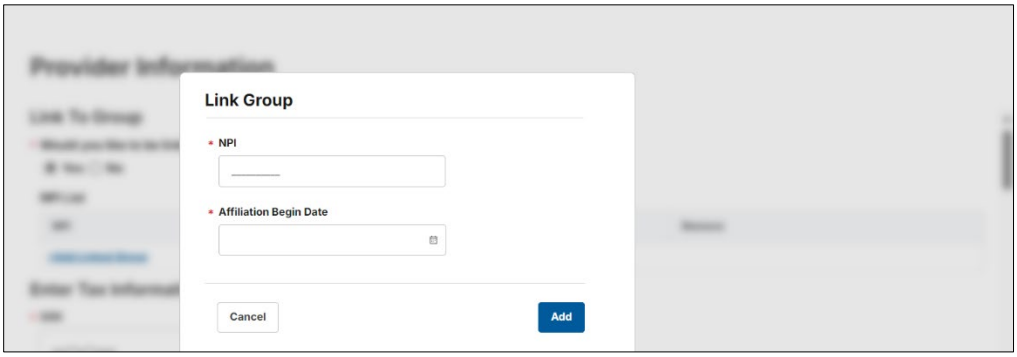
Individual Provider Types have the option to link to a Group. Depending on the specialty selected, some Provider types 14, 26, 32, 38, 82, 85, 89, and 93 are required to link to a group.

- 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.

The following individual provider types are required to be linked to specific group provider types:

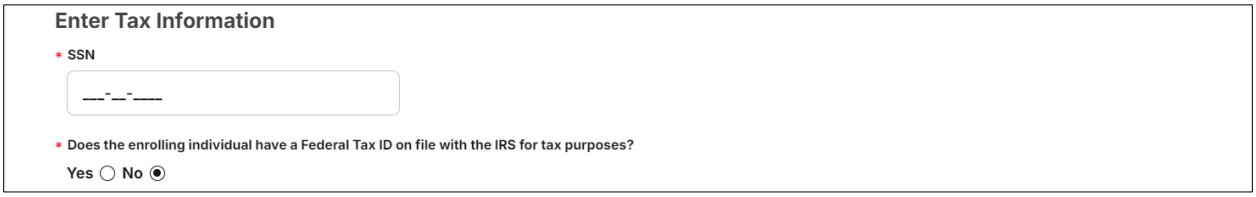
- Provider type 14 specialty 300 must be linked to group provider types 14/814, 82/300, 82/882, 93/707, 93/708, or 93/704.
- Provider type 14 specialties 301 and 302 must be linked to group provider types 14/814 or 82/882.
- Provider types 26/246, 26/247 and 26/248 must be linked to group provider types 26/826 or 26/162, and may not be linked to more than two groups.
- Provider type 32/249 must be linked to group provider type 32/249.
- Provider type 38 must be linked to group provider type 38.
- Provider type 82 specialties 300 must be linked to group provider types 14/814, 82/882, 93/707, 93/708, or 93/704.
- Provider type 82 specialty 301 and 302 must be linked to group provider types 14/814 or 82/882.
- Provider type 85/312, 85/313 and 85/314 must be linked to group provider type 85.
- Provider type 89 can only be linked to group provider types 14, 20, 22, 24, 72, 74, 77 and/or 82.
- Provider type 90 must be linked to group provider types 20, 24, 74, 77 or 90.
- Provider type 93 must be linked to group provider type 93.
- Provider type 94 must be linked to group provider type 94.

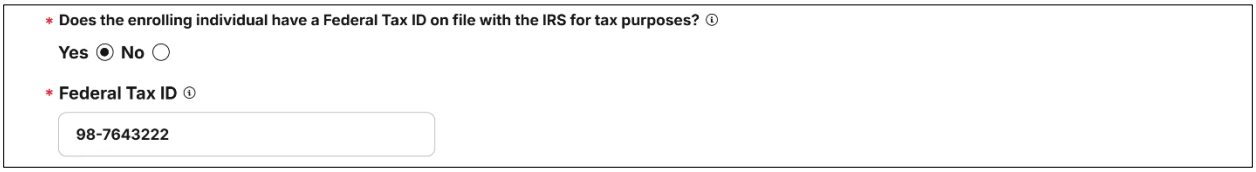




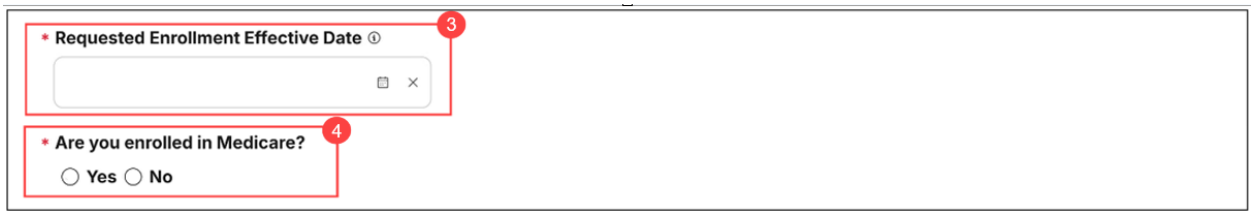
2. Enter Tax Information
    - Social Security Number (SSN) – Enter the SSN.
    - If the enrolling individual has a Federal Tax-ID, select “Yes“ and enter Federal Employer Identification Number (FEIN). Documentation showing Taxpayer Identification Number is required when a FEIN is entered.

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



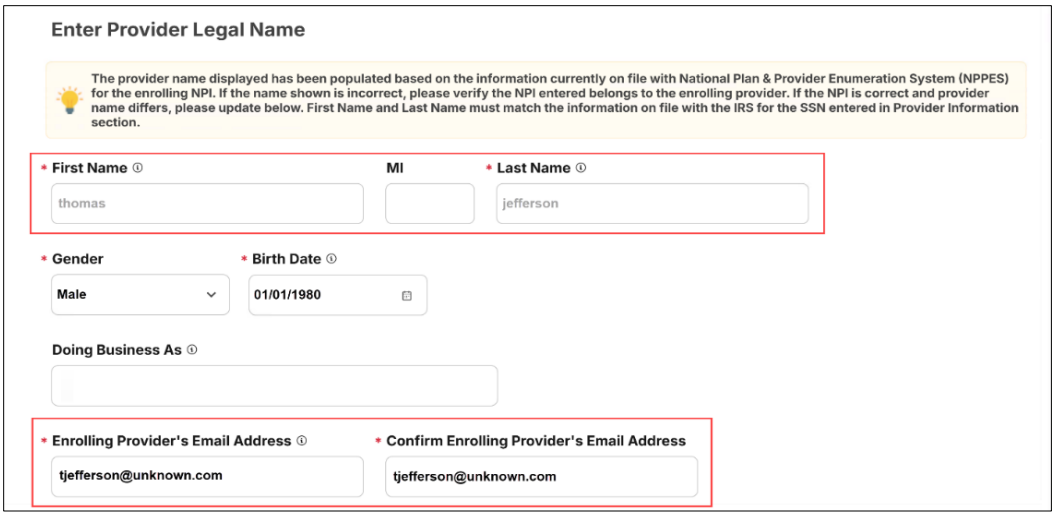


3. Enter the date you wish enrollment to begin.
    - The date in this field cannot be a future date.
    - The date can be backdated up to six months but may not be prior to all provider enrollment requirements being met. All timely filing guidelines apply.
        i. If the Requested Enrollment Effective 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.

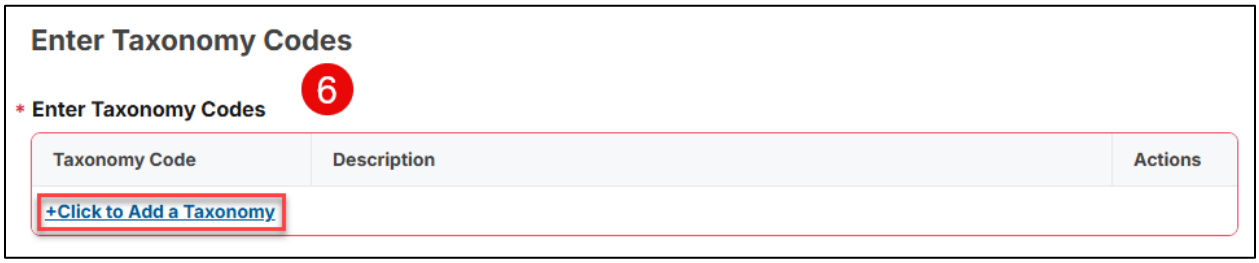


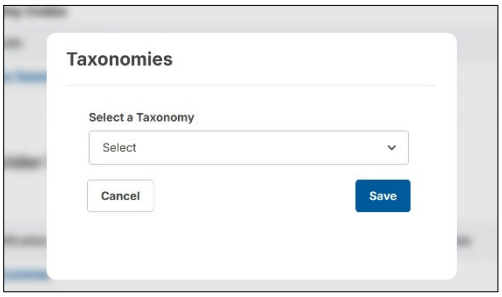
5. Enter the provider's legal name.
    - The provider's name listed must match the information on file with the Internal Revenue Service (IRS) for the SSN entered in the Provider Information section.

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

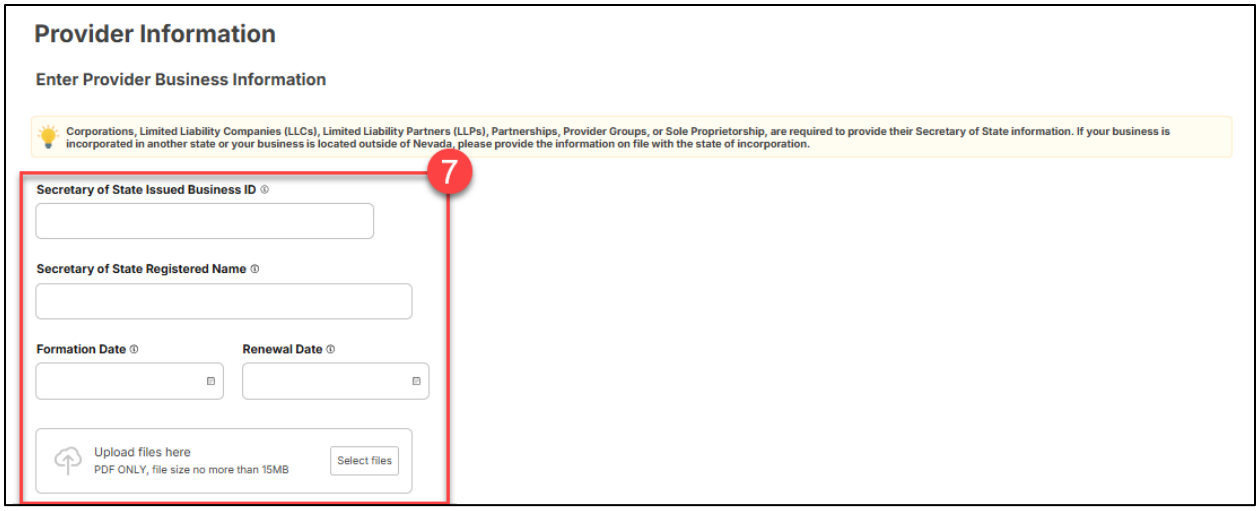


6. Enter Taxonomy Codes – Select "Click to Add a Taxonomy" to add the appropriate taxonomy code from the drop-down list.
    - If the provider has multiple provider types enrolled using the same NPI, a unique taxonomy code is required for each provider type.

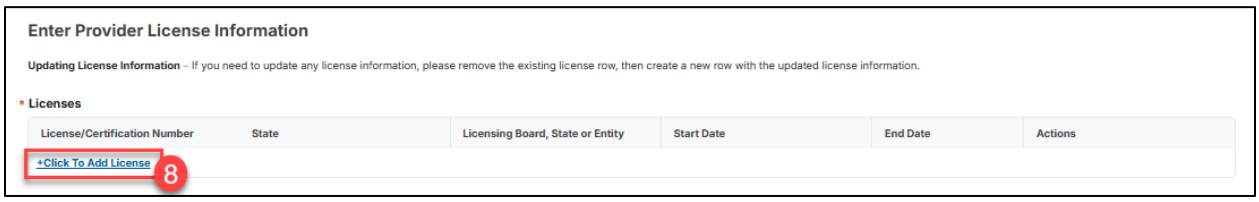




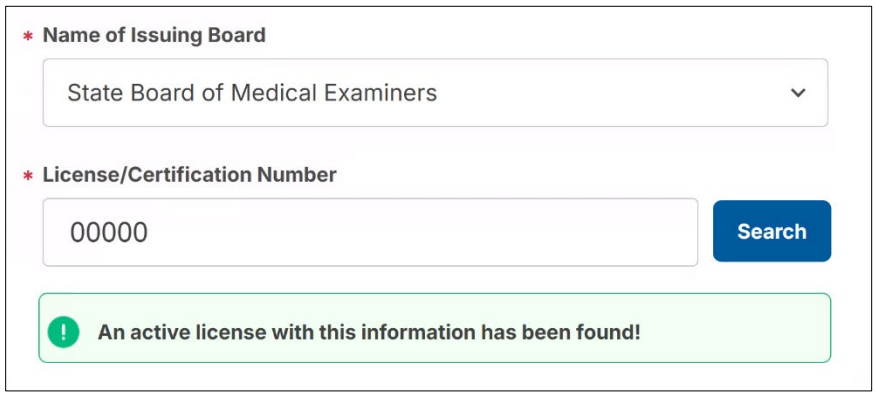
7. Sole Proprietors are required to enter the Secretary of State (SOS) issued business license information and upload a copy of the business license. Business license information must match the business structure reported to the SOS and comply with the Nevada Revised Statutes (NRS) rules.
    - Business 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.



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

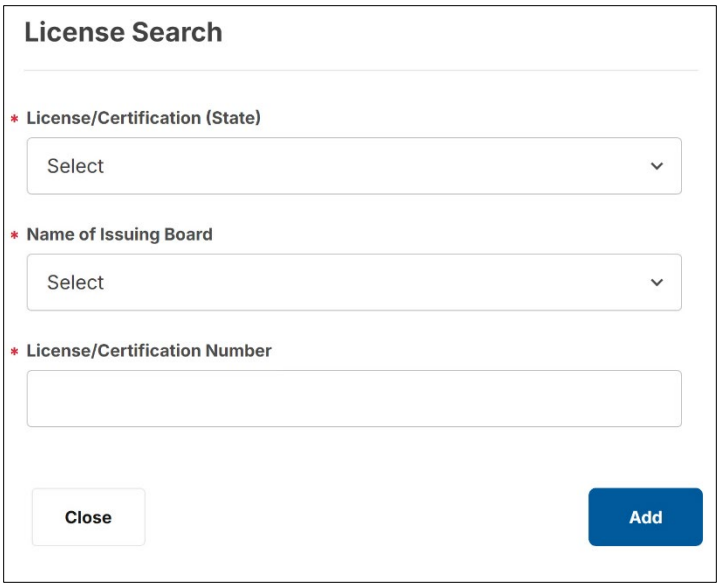


- Provider types 20 and 77 – Enter license number and select "Search". If an active license is found in the database, a copy of the licensure is not required.

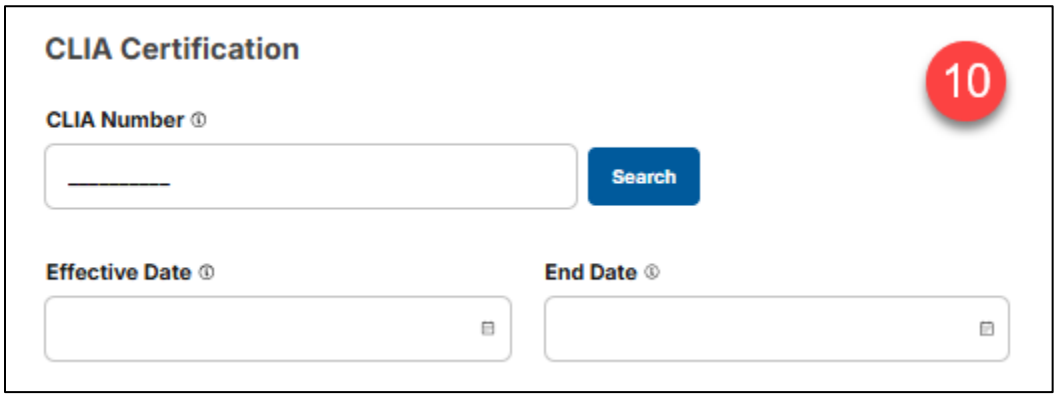


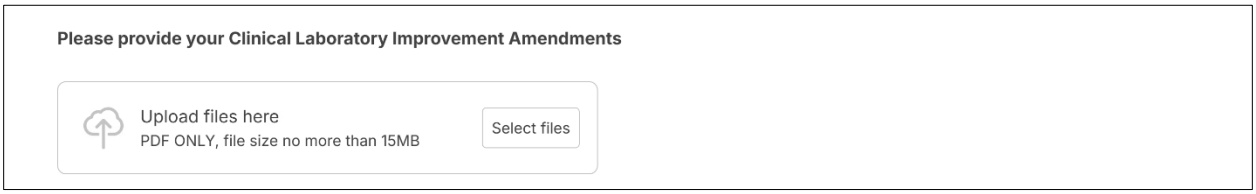
- All other provider types - License information must be active and match documentation on file with licensing board for the enrolling provider. The original issue date of a license must be on or before the requested effective date of enrollment.

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.



9. 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.

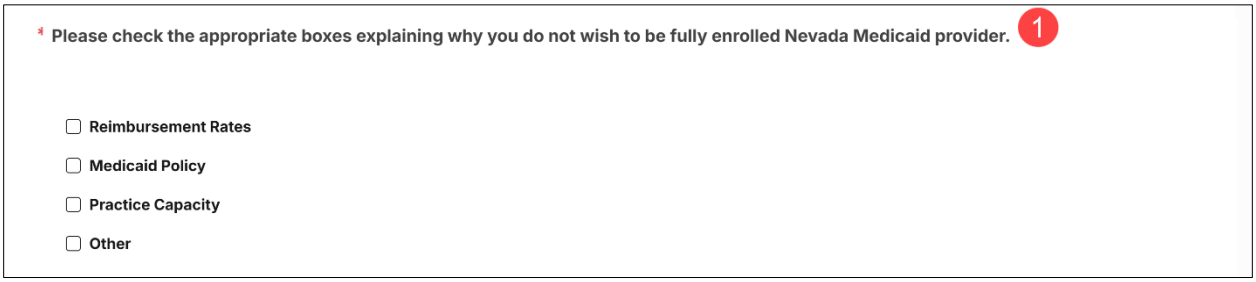




1.2.1. Ordering, Prescribing or Referring (OPR) Application or Revalidation Enrollment Type

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.



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.

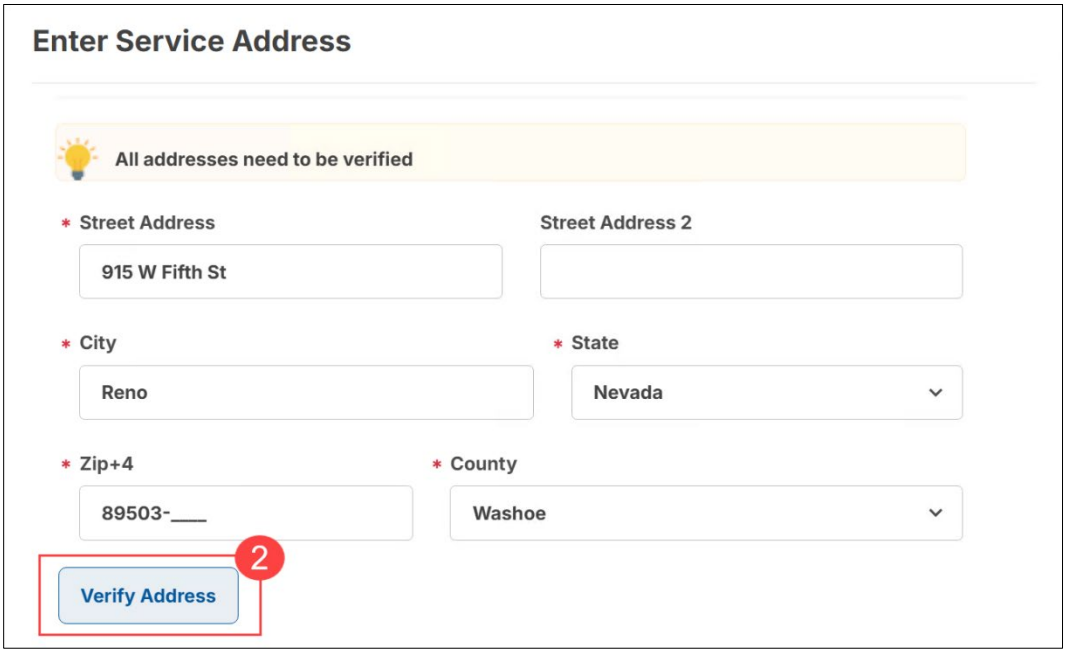
A Service Address is required for Group and Urgent/Emergency Group enrollments. This is the location where services are rendered and must be a physical location of the practice/business/facility. This must be a street address and not a gated community, post office box or virtual office. Each service 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.

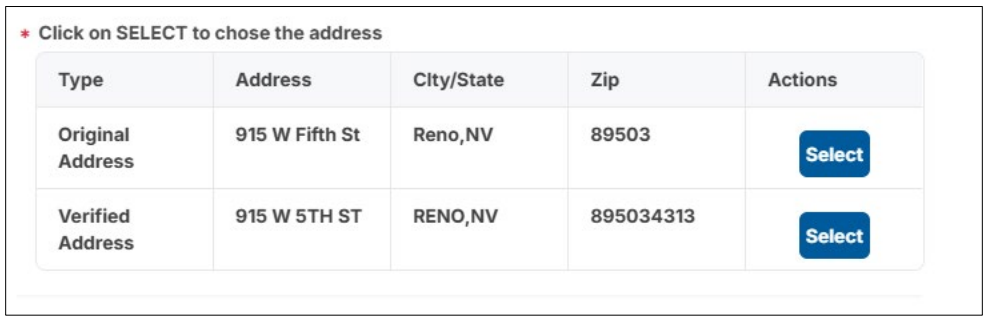
Nevada Medicaid will mail written correspondence to the Mail To address. If you do not supply a Mail To address, written correspondence will be mailed to the service address.

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

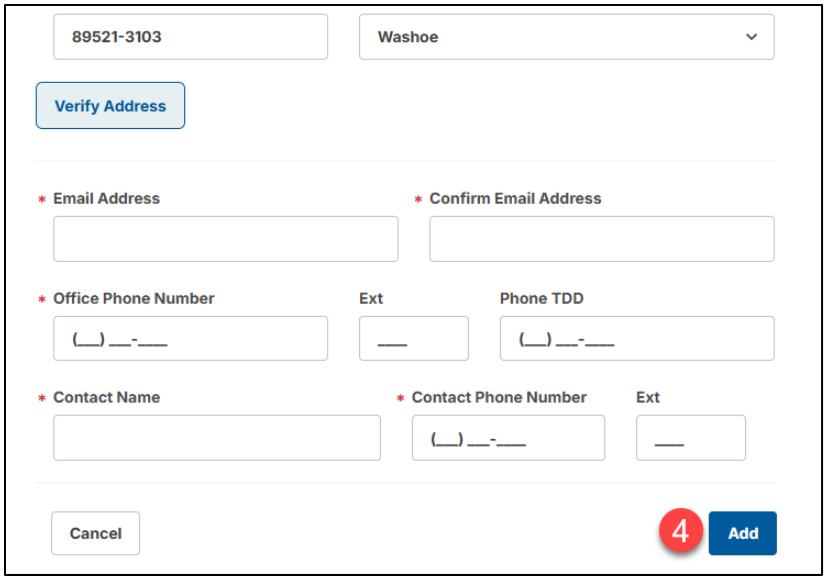
2. When an address is entered, select “Verify Address” to verify correct address information based on US Postal Service Information.



3. Select the Original or Verified Address.



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.



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:

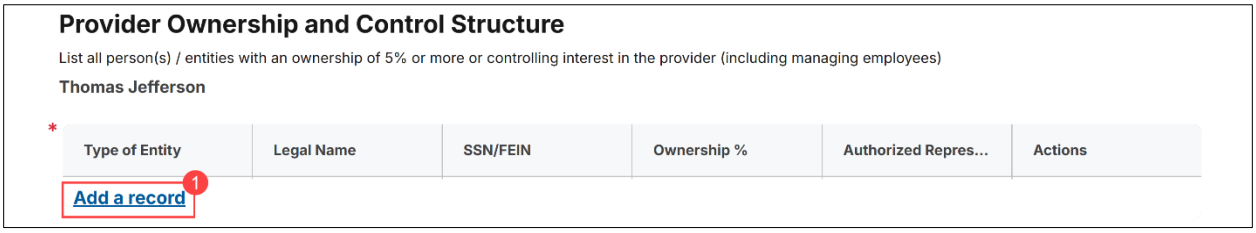
- An individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- An individual, agency or organization with which a fiscal agent has entered into a contract, agreement, 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).

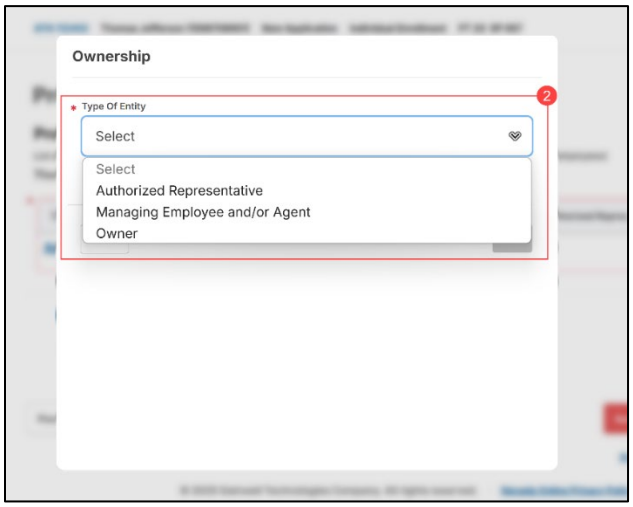
NOTE: Individual Enrollment applications are required to enter all Agents and Managing Employees, if applicable.

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

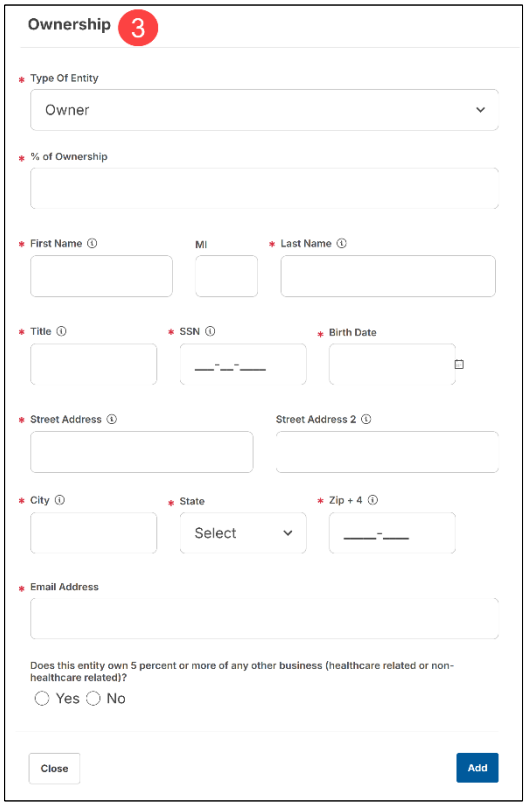
1. Select "Add a record" to add ownership information.

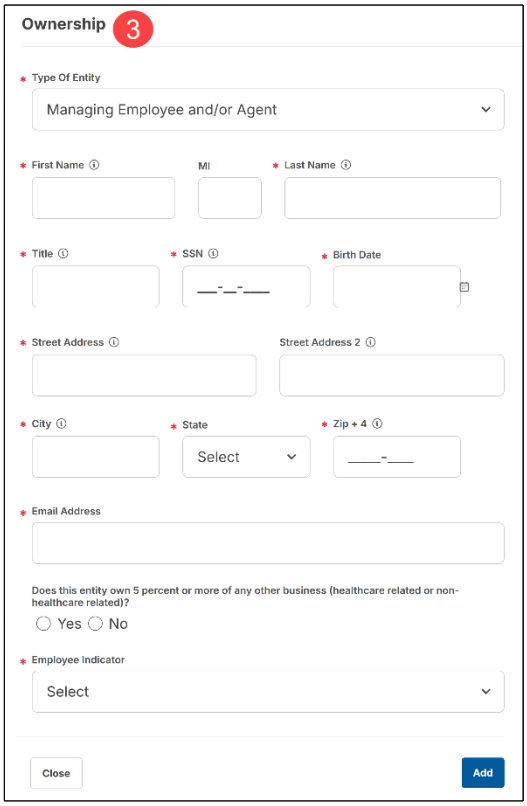


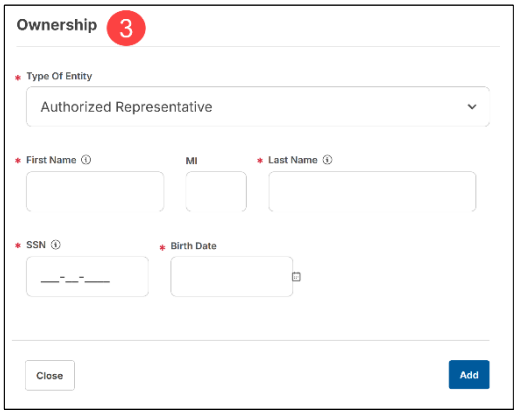
2. Select the "Type of Entity" – the values displayed in the drop-down list are dependent on the Enrollment Type. For an Individual enrollment, the enrolling individual should be listed as owner.



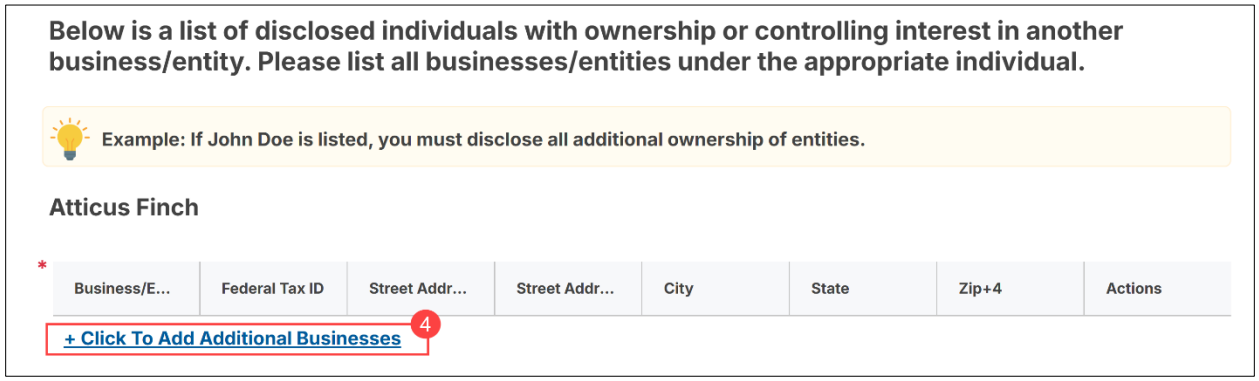
3. Enter the required information for the type of Entity.

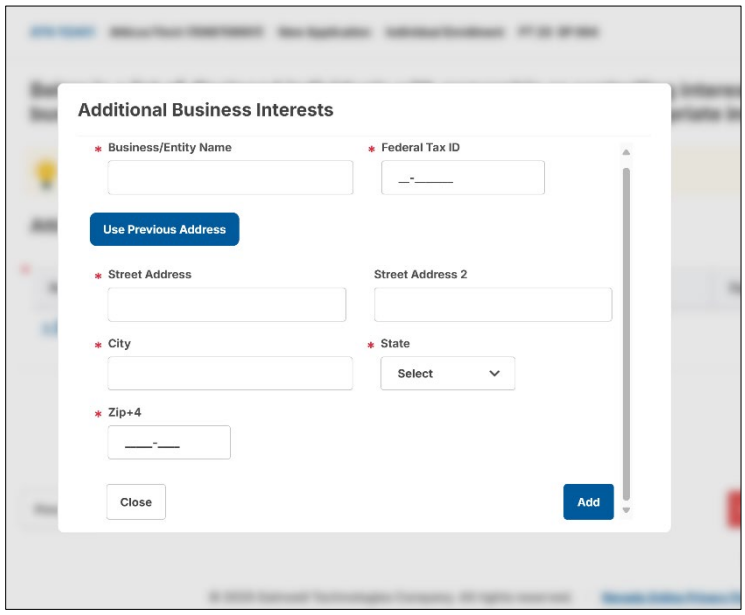






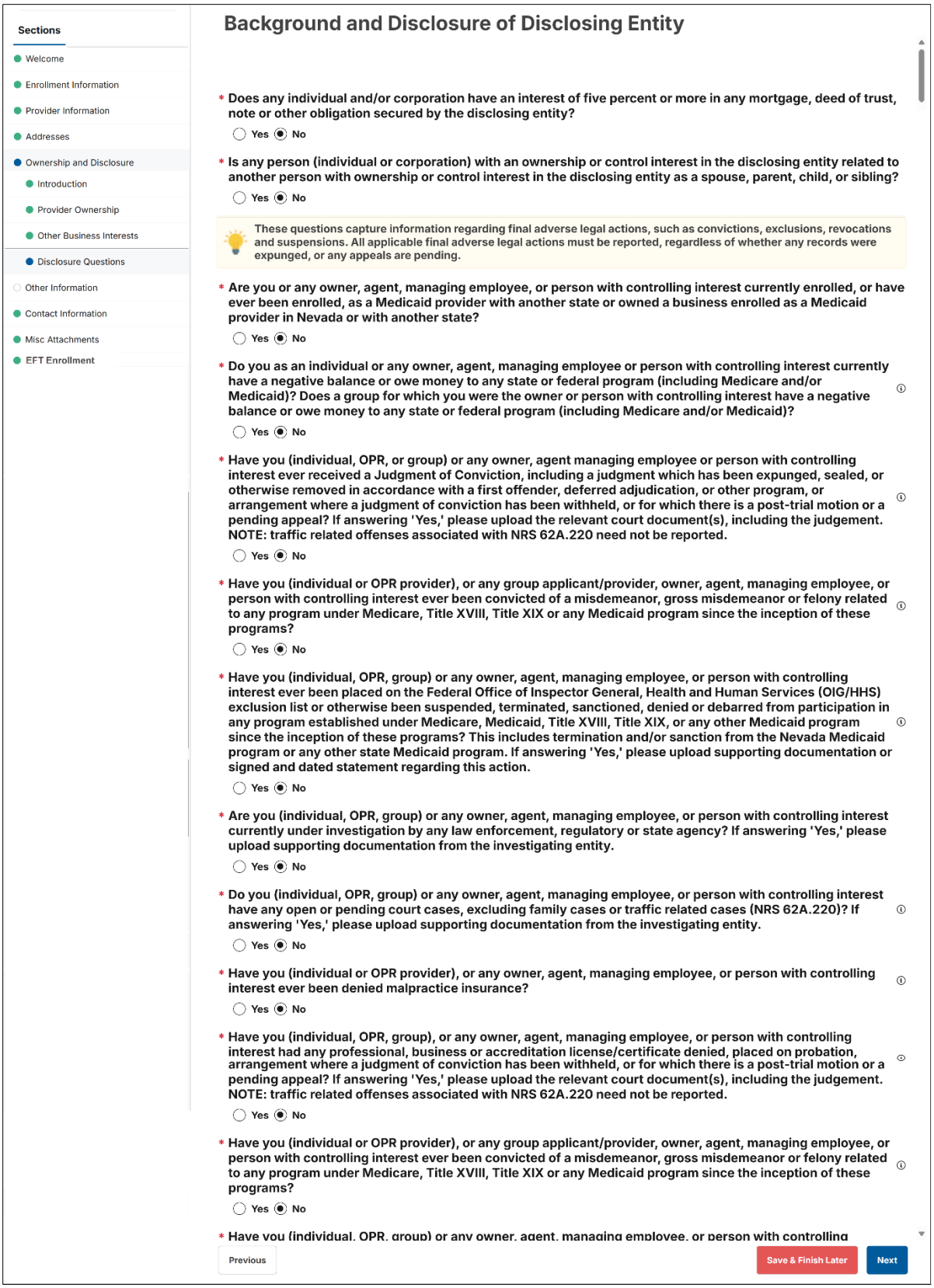
4. If any owner or managing employee selected “Yes” to owning five (5) percent or more of any other business, the Other Business Interests page will display. Select “Click to Add Additional Businesses” to disclose individuals with five (5) percent or more ownership or controlling interest in another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





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)?
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.
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?
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.
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.
Yes No
* Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?
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.
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?
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 be displayed for OPR and Urgent/Emergency Individual Enrollment Types.

Provide other additional details such as Days and Hours of Operation, Languages Supported at the provider's office or organization, availability of Telehealth services, status of accepting new patients, hospital privileges, a public website address if applicable and accessibility information.

Additionally, users will be asked whether they can accommodate people with special needs. If "Yes" is selected, an additional "Type of Accommodation" field will appear, allowing users to select one or more applicable options.

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

Days and Hours of Operation

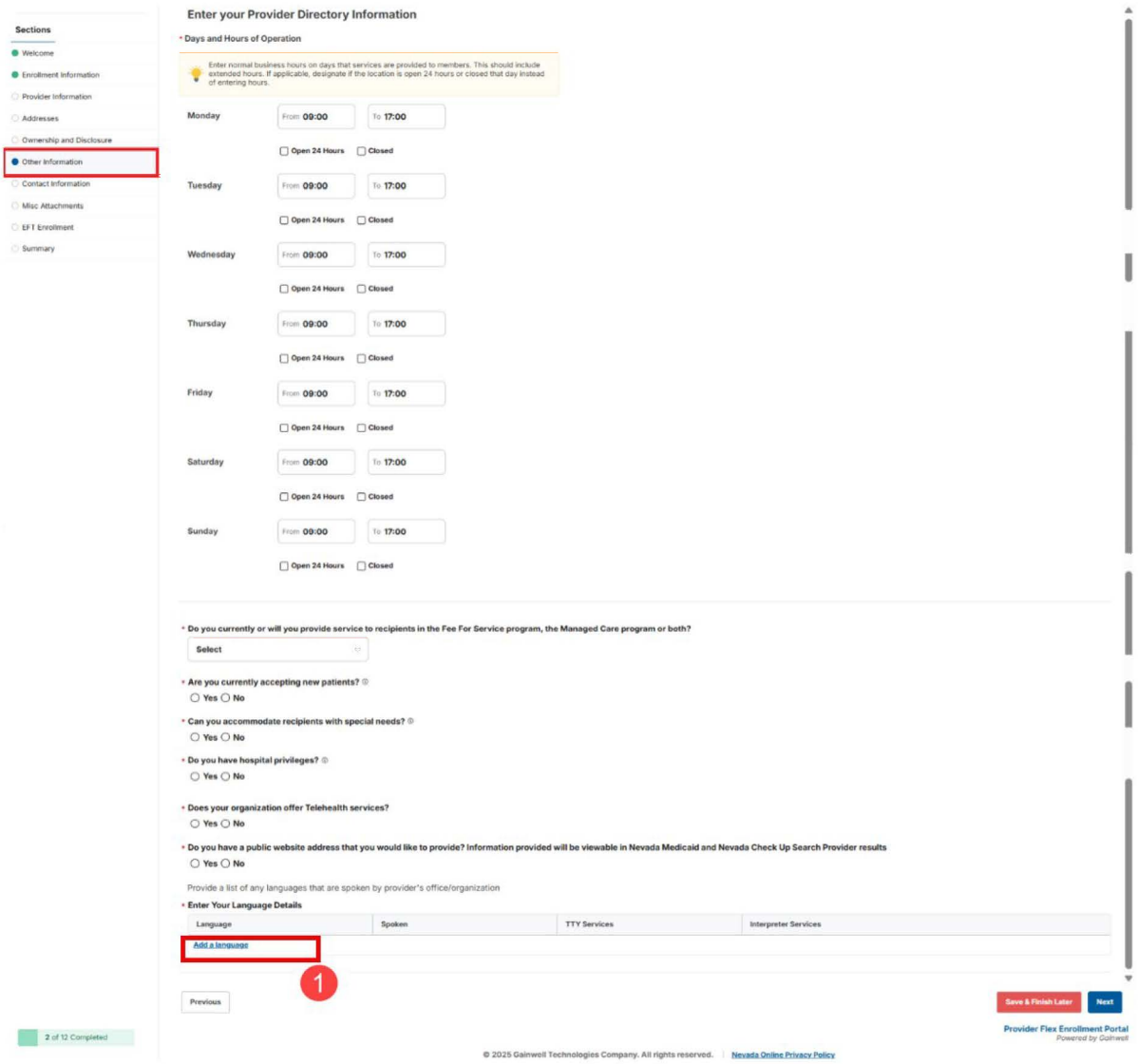
The Days and Hours of Operation section contains From and To time fields for entering service hours.

Service hours can be entered manually in the time fields, or one of the following options can be selected:

- Open 24 Hours
- Closed

When either checkbox (Open 24 Hours or Closed) is selected, the time fields are disabled.

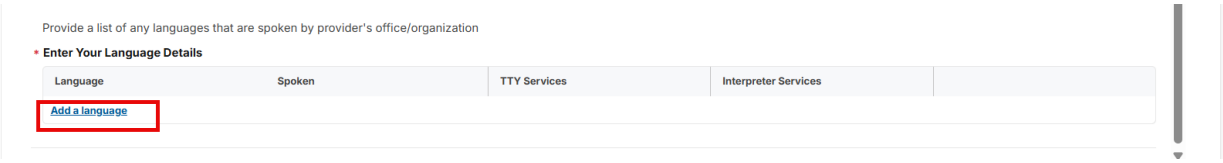
When no checkbox is selected, the time fields remain enabled, allowing entry of specific operating hours.


Sections
Welcome
Enrollment Information
Provider Information
Addresses
Ownership and Disclosure
Other Information
Contact Information
Misc Attachments
EFT Enrollment
Summary
2 of 12 Completed
Enter your Provider Directory Information
* Days and Hours of Operation
Enter normal business hours on days that services are provided to members. This should include extended hours. If applicable, designate if the location is open 24 hours or closed that day instead of entering hours.
Monday From 09:00 To 17:00 Open 24 Hours Closed
Tuesday From 09:00 To 17:00 Open 24 Hours Closed
Wednesday From 09:00 To 17:00 Open 24 Hours Closed
Thursday From 09:00 To 17:00 Open 24 Hours Closed
Friday From 09:00 To 17:00 Open 24 Hours Closed
Saturday From 09:00 To 17:00 Open 24 Hours Closed
Sunday From 09:00 To 17:00 Open 24 Hours Closed
* Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?
Select
* Are you currently accepting new patients?
Yes No
* Can you accommodate recipients with special needs?
Yes No
* Do you have hospital privileges?
Yes No
* Does your organization offer Telehealth services?
Yes No
* Do you have a public website address that you would like to provide? Information provided will be viewable in Nevada Medicaid and Nevada Check Up Search Provider results
Yes No
Provide a list of any languages that are spoken by provider's office/organization
* Enter Your Language Details
Language
Spoken
TTY Services
Interpreter Services
Add a language
1
Previous
Save & Finish Later
Next
Provider Flex Enrollment Portal
Powered by Gainwell
© 2025 Gainwell Technologies Company. All rights reserved.
Nevada Online Privacy Policy

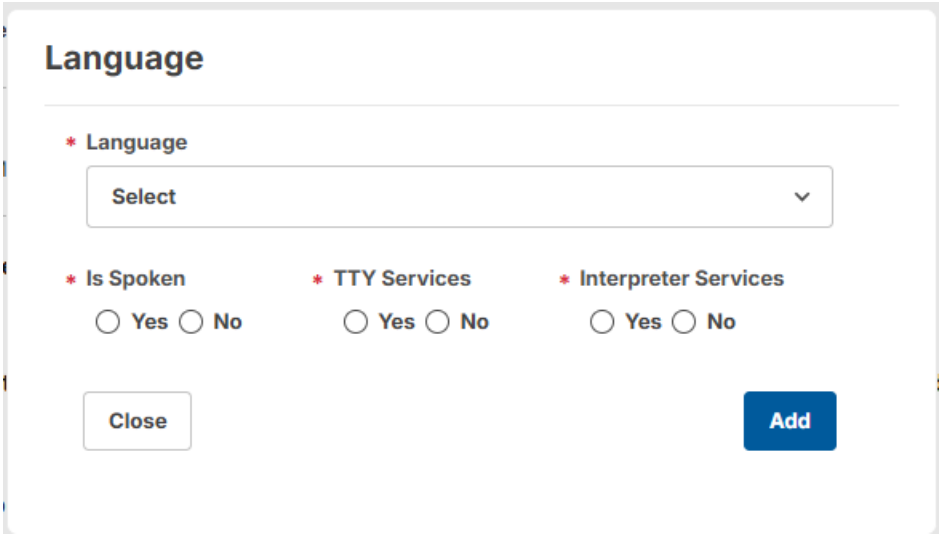
Language

To add a language:

1. Click the “Add a language” link to create a new language entry.



2. From the drop-down list, select the appropriate Language, and specify Yes or No for the Is Spoken, TTY Services, and Interpreter Services fields as needed.

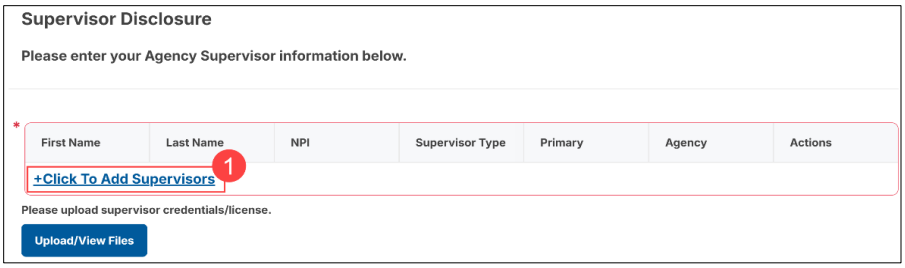


1.5.1. Supervisor Disclosure

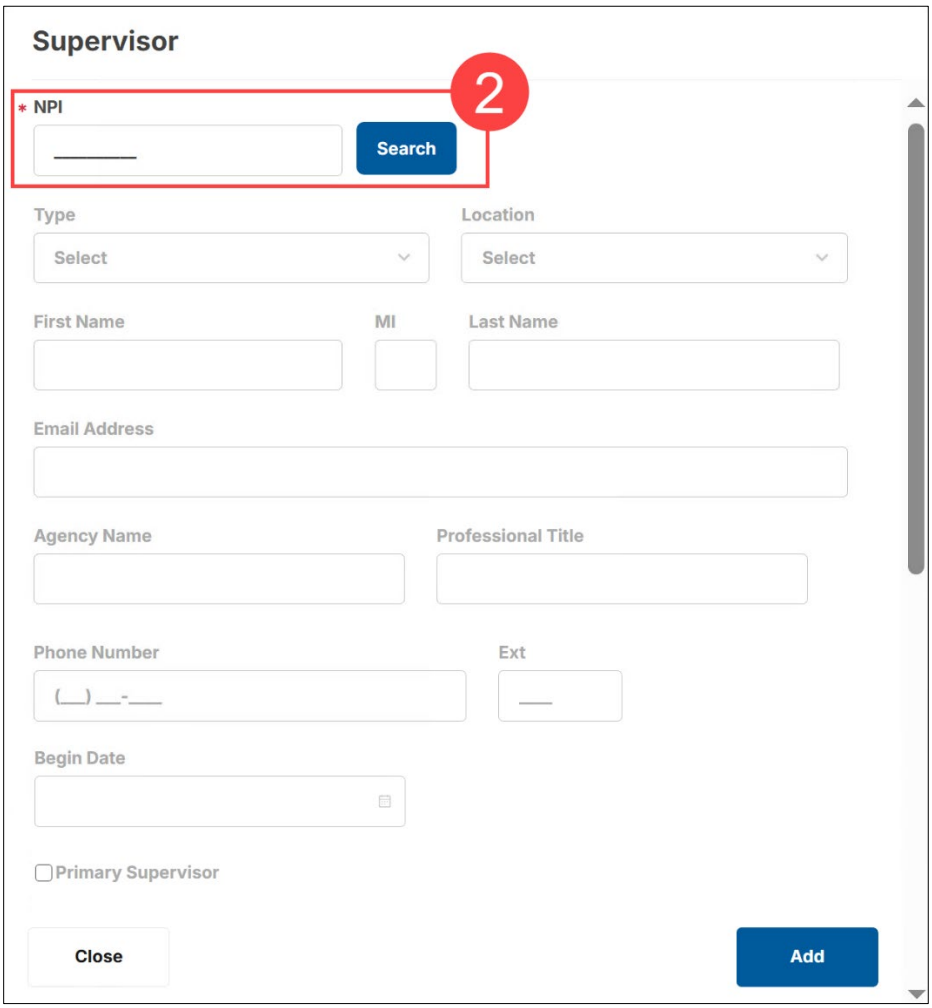
The following individual provider types are required to disclose supervisor information.

- Provider type 26 – Psychologist, Specialties 246 Psychological Assistant, 247 Psychological Intern, and 248 Psychological Trainee are required to enter their Supervising Psychologist information
- Individuals enrolling as a provider type 89 – Community Health Worker are required to disclose their supervising provider information.

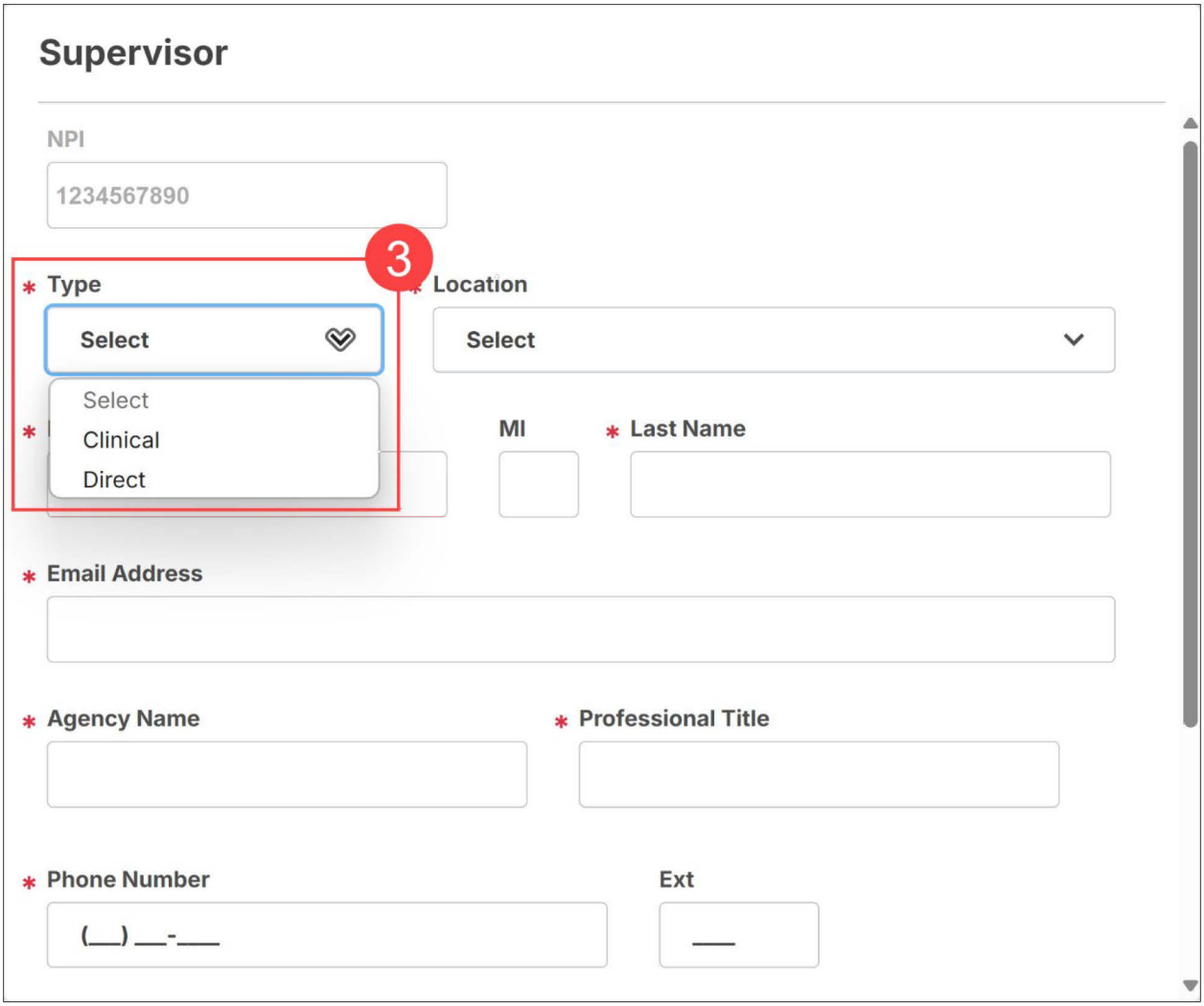
1. Select “Click to Add Supervisors” to add a supervisor.



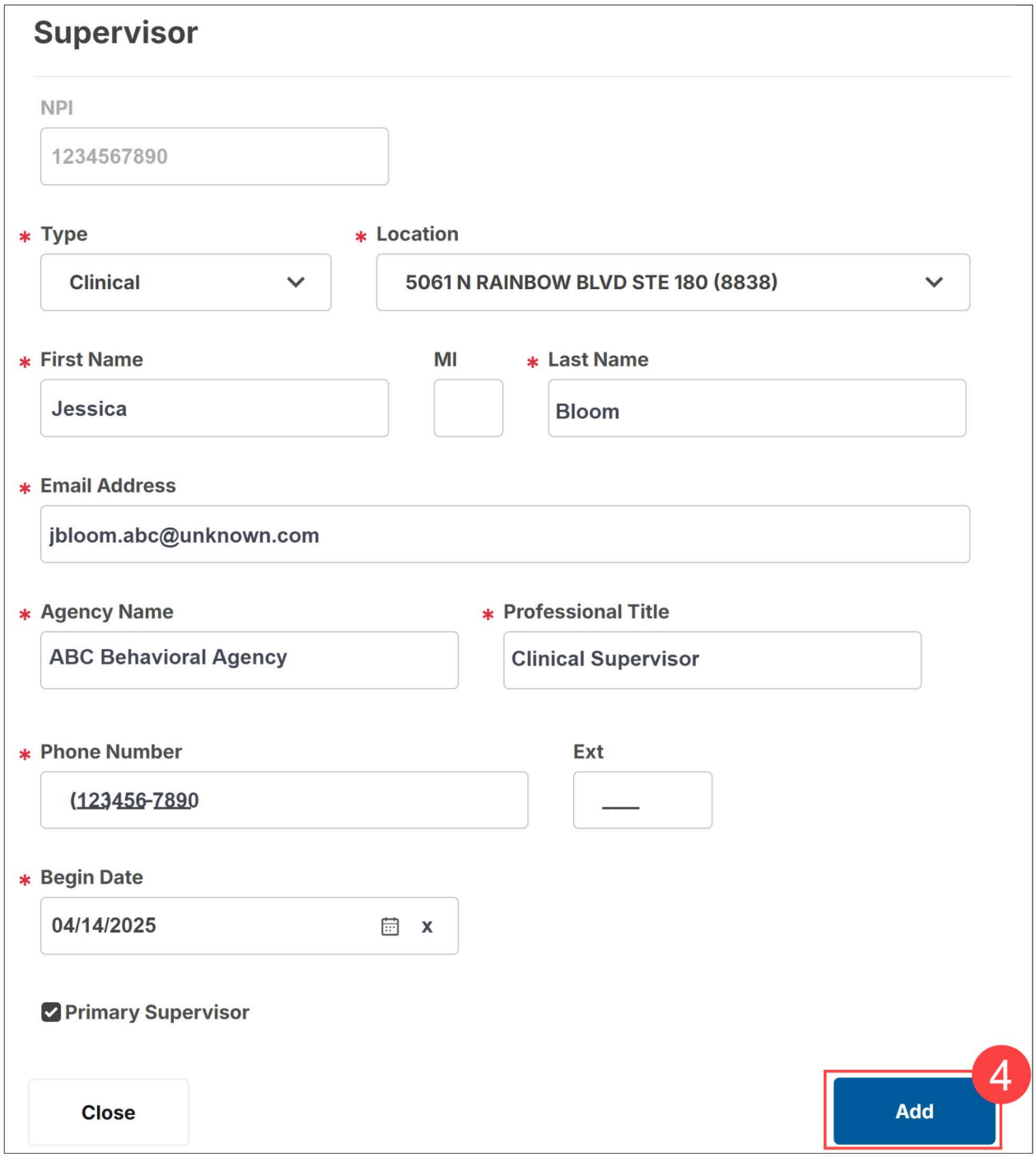
2. Enter “NPI” and select “Search” to enable the remaining fields.
    - The supervisor must be actively enrolled with Nevada Medicaid.



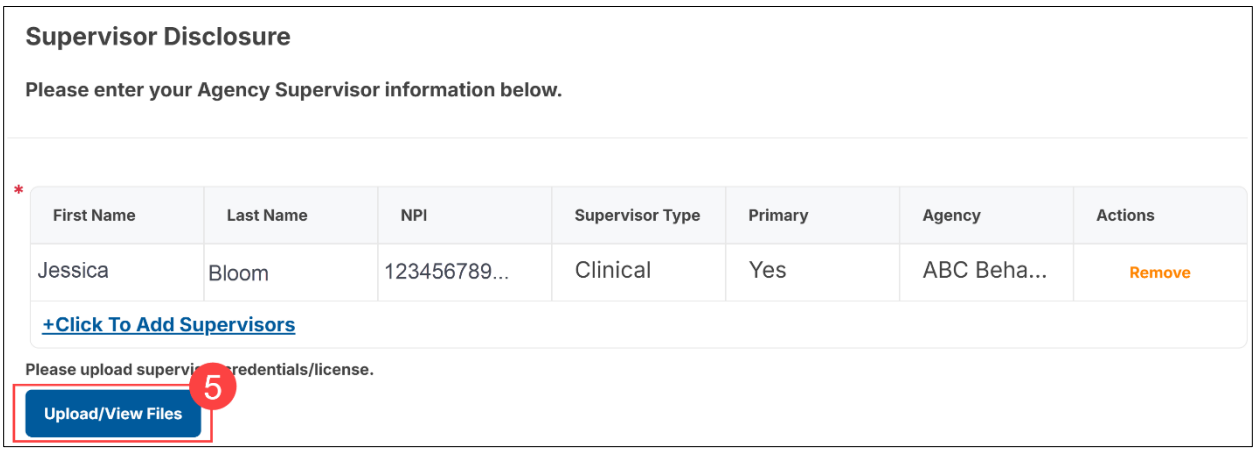
3. Select the applicable supervisor type from the “Type” drop-down list.



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

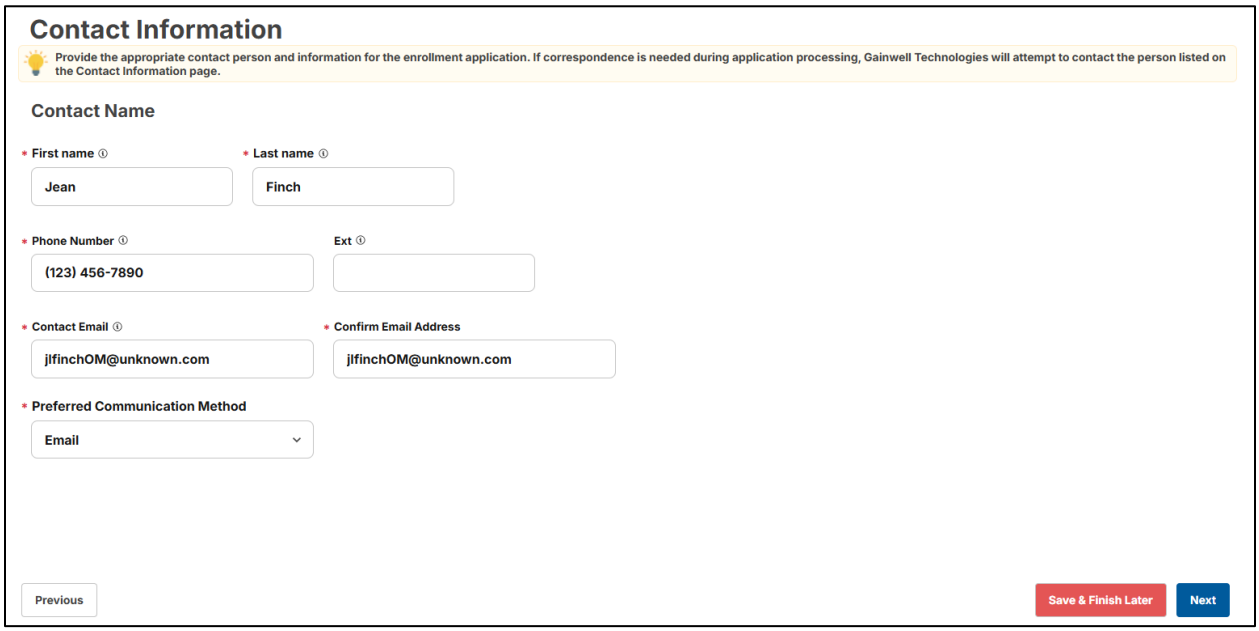


5. When applicable, select “Upload/View Files” to upload supervisor credentials/license.



1.6. Contact Information

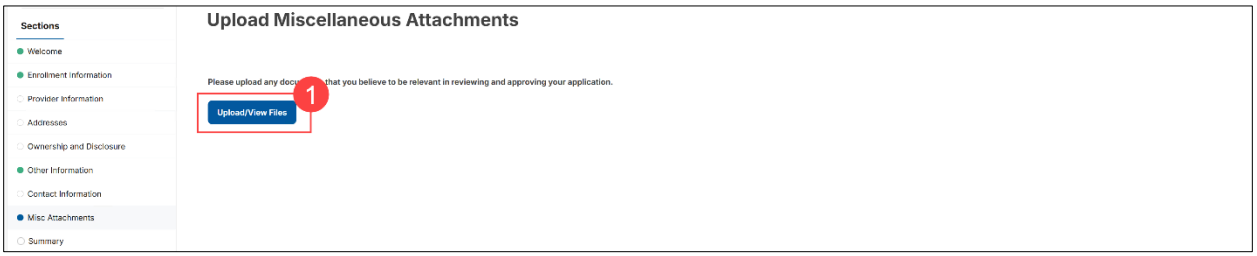
If questions arise during application processing, Nevada Medicaid may attempt to contact the person listed on the Contact Information page regarding this application.



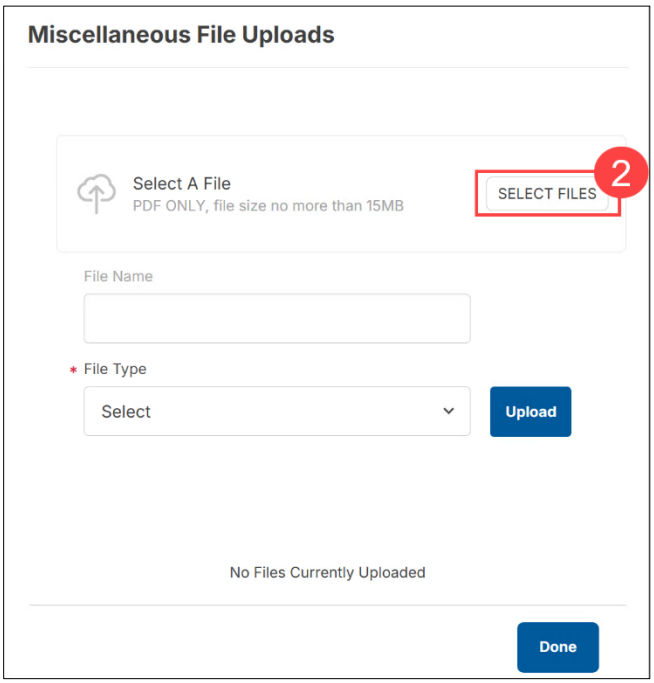
1.7. Misc Attachments

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.

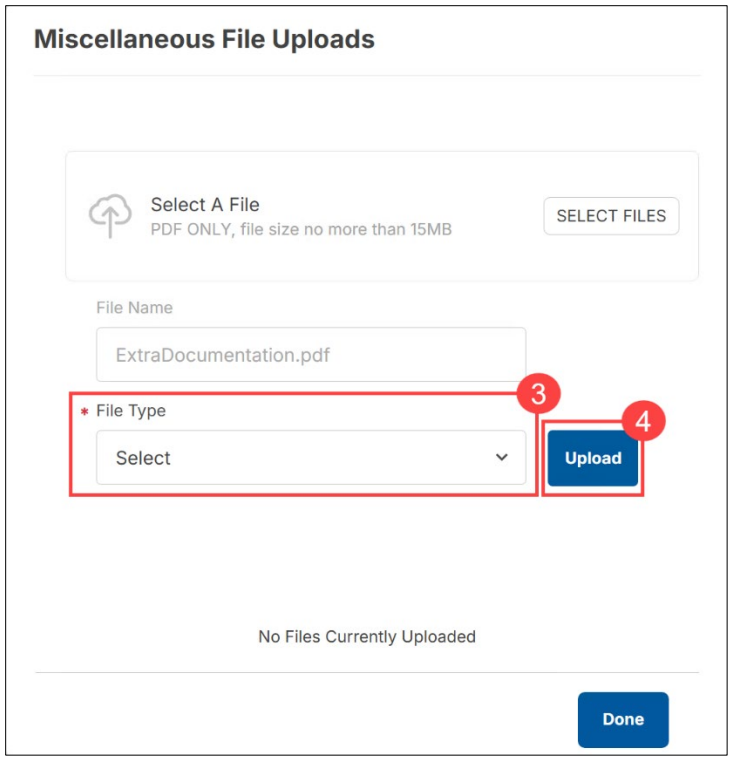
1. Select “Upload/View Files” button.



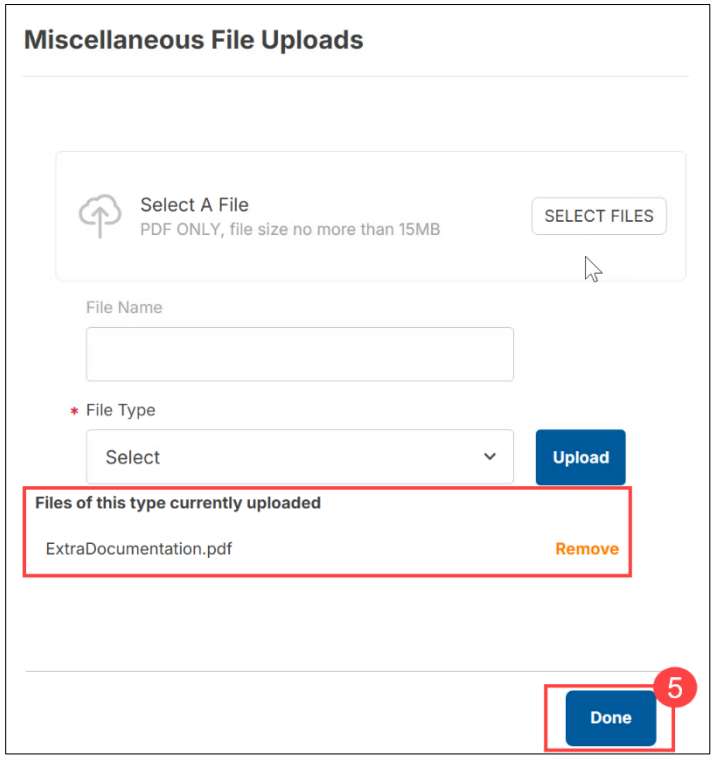
2. Click the “Select Files” button and choose a PDF to attach.
    - Attachments must be in PDF format and have a file size maximum of 15MB.



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



5. The file is successfully uploaded. Select “Done**”** to return to application.



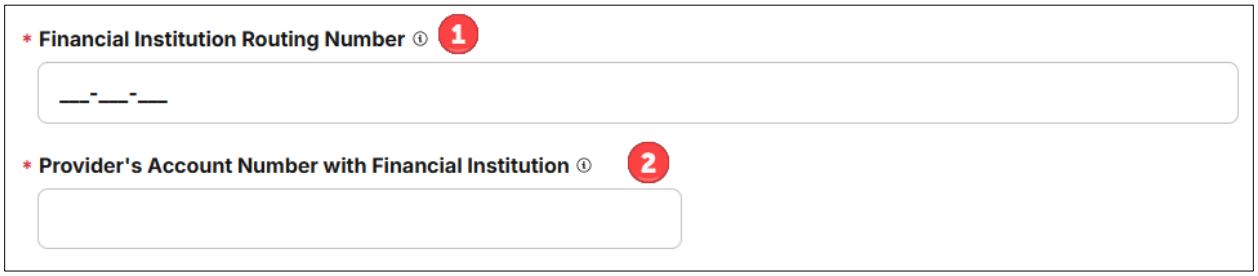
1.8. Electronic Funds Transfer (EFT) Enrollment

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.

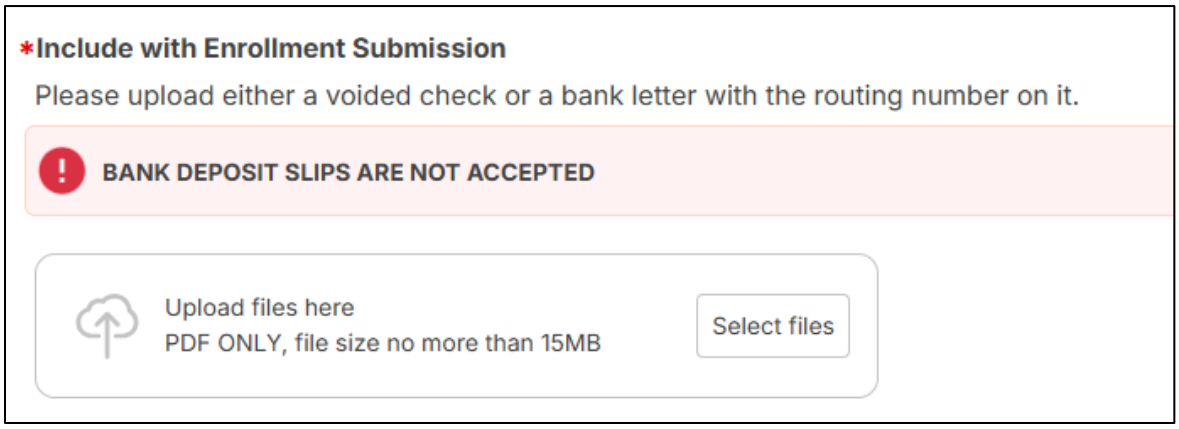
EFT information entered must belong to the enrolling provider.

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.

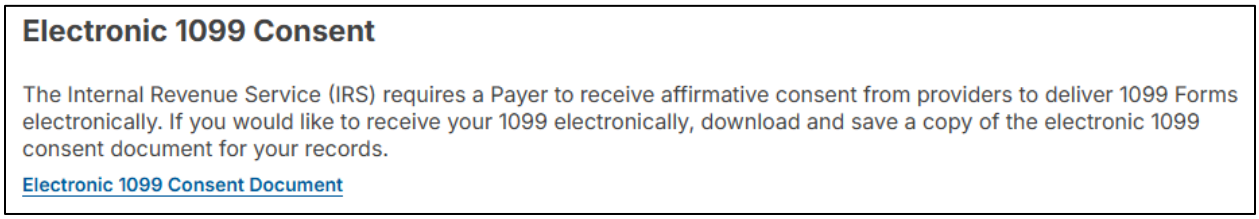
1. Enter Financial Institution Routing Number.
2. Provider's Account Number with Financial Institution.



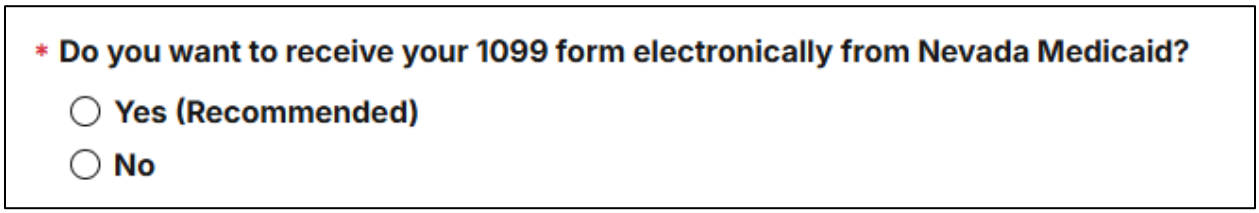
3. Upload Bank Letter or Voided check.
   - Voided checks must be pre-printed. Checks cannot be handwritten or temporary.
   - The printed name on the voided check or bank letter must match the legal name or the Doing Business As (DBA) name entered on the application.
   - The routing number on the voided 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.



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

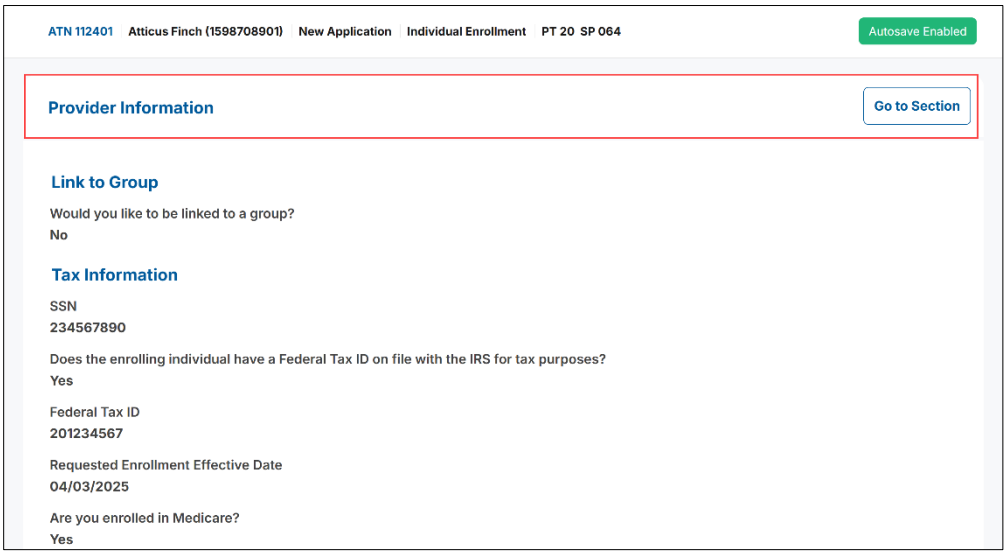


5. Answer the question that appears: “Do you consent to electronic delivery?”
   - Select “Yes” to receive electronic 1099.
   - Select “No” to receive paper 1099.



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.

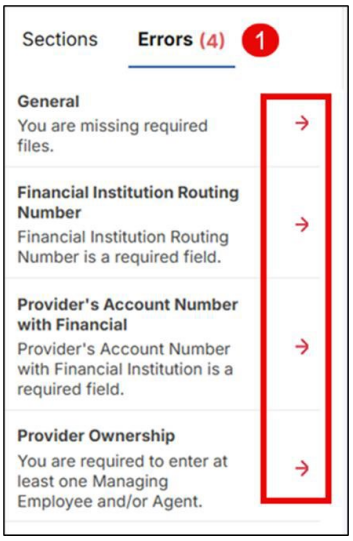


1.9.1. Error Identification

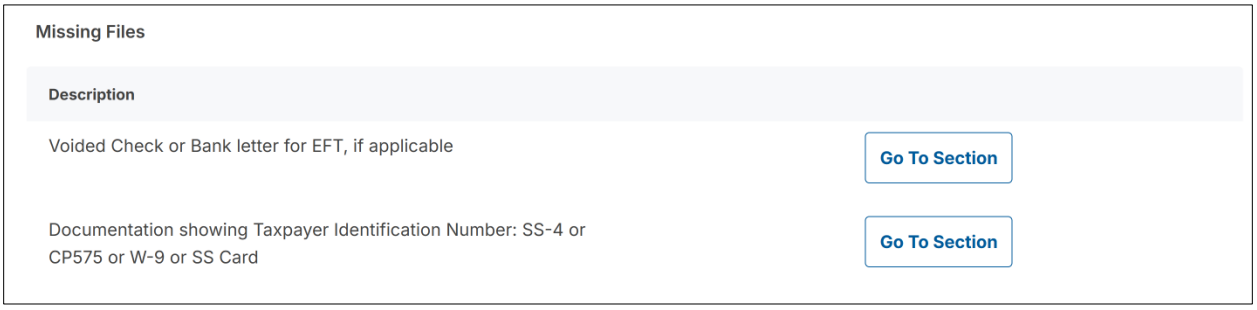
Once on the Summary page, a tab will appear with any validation errors in the application. This will check the application information to ensure all required fields are completed for the provider type

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.



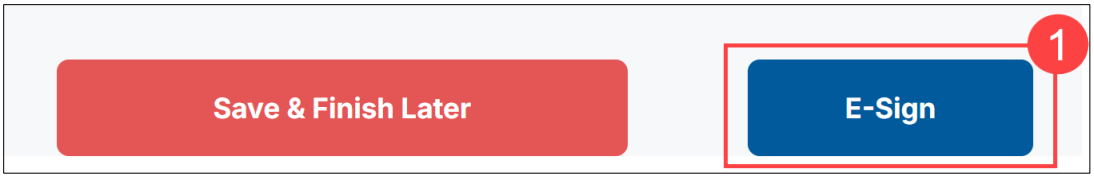
- If any required attachments are missing, navigate to the Summary page for a list of “Missing Files”.



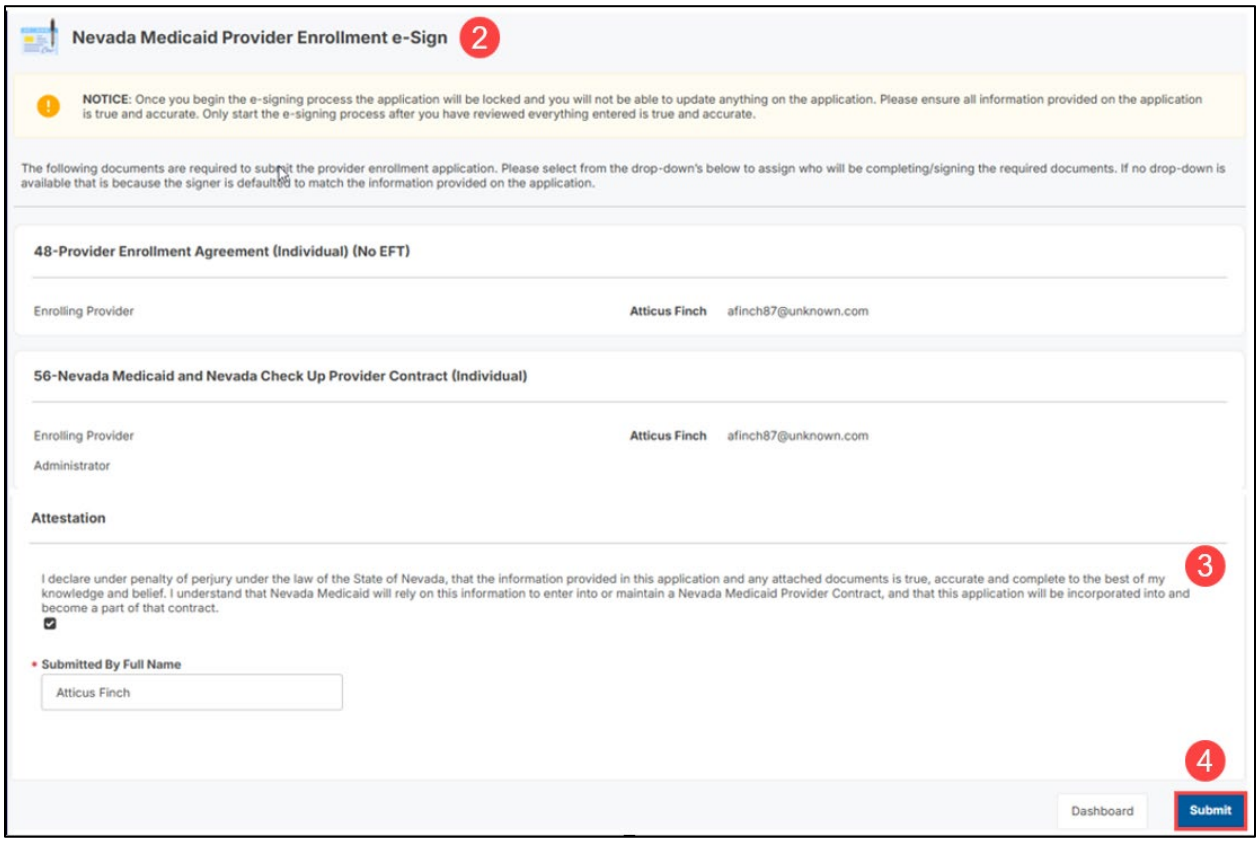
- Once corrections are made to the field, the error count will update automatically. When all errors are resolved, the application may be submitted.

1.10. Application Submission

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



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. Complete the Attestation section.
4. Select “Submit” to submit the enrollment application.



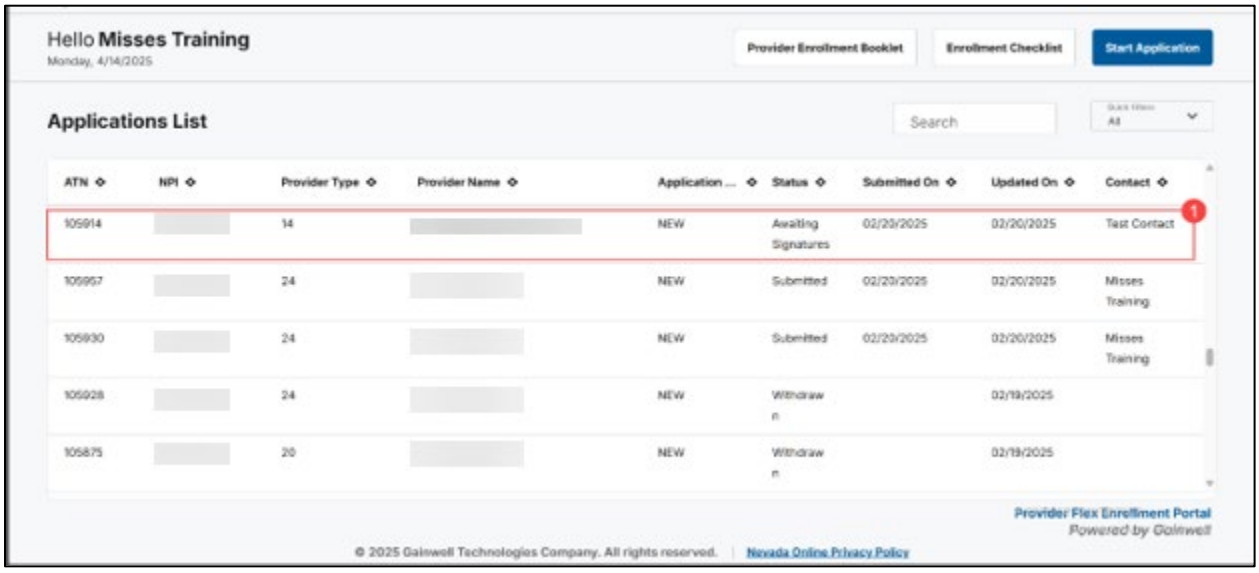
1.11. After Submission

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.



2. Select the "Signing Status" button.

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.

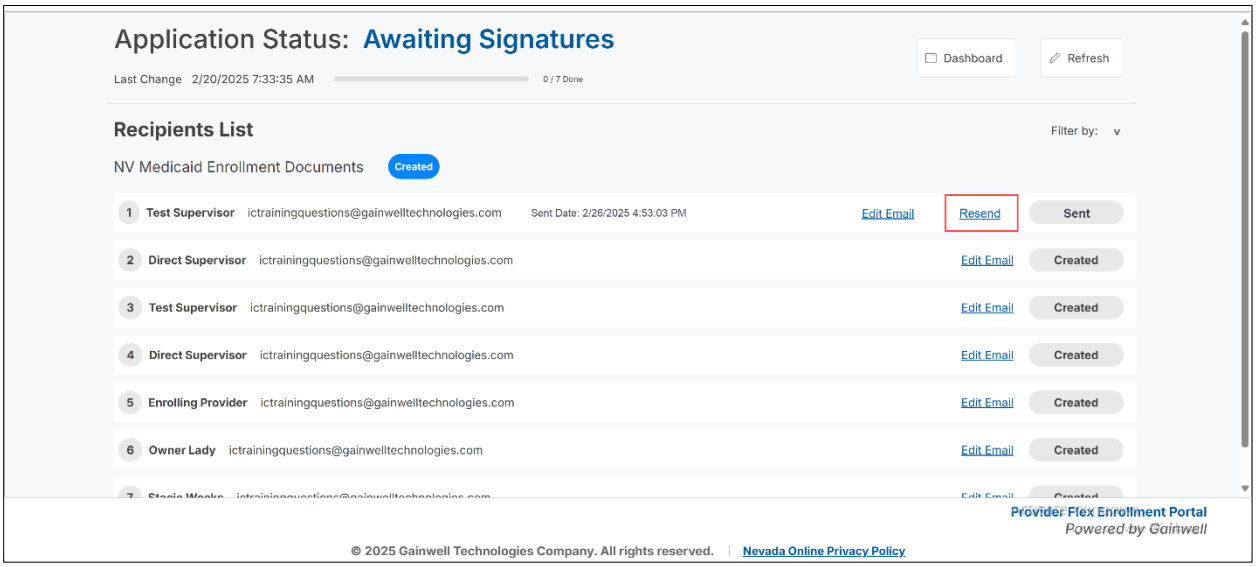
NOTE: This will not update the email address on file with the enrollment.

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

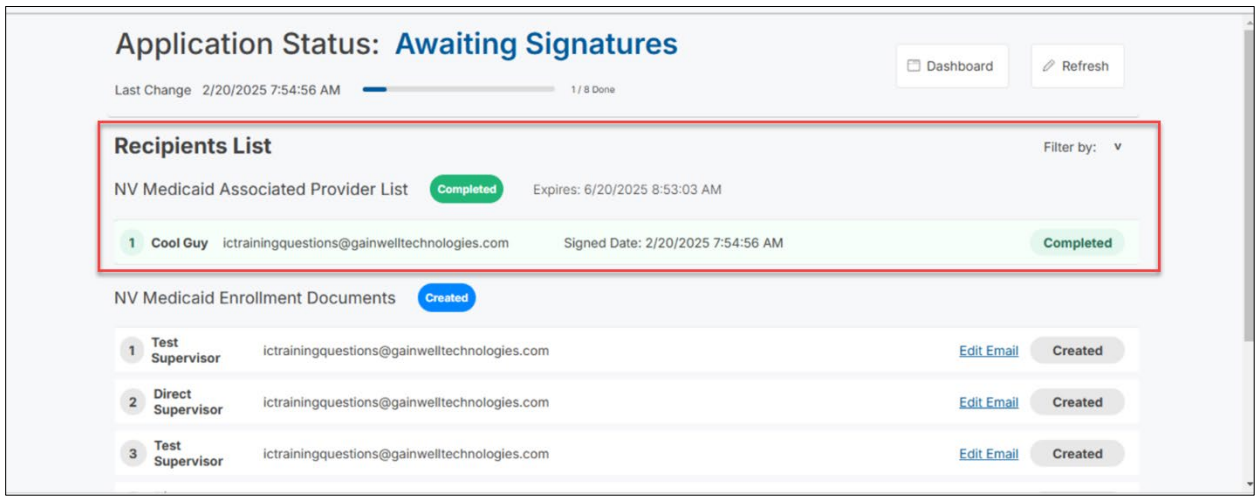
Once an envelope is sent, an expiration date will appear next to the status icon.

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 re-sent.



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



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.