

Instructions for Completing Nevada Medicaid Enrollment

- All providers/facilities must enroll online via the following payer URL. If you have not done so already, you must first register to create a login and password to complete enrollment.

Trading Partner enrollment URL: <https://www.medicaid.nv.gov/hcp/provider>

- Click on Manage Account. The Delegate Assignment screen appears



- Click Add Registered Trading Partner tab
- Enter Trading Partner Name and/or Trading Partner ID
 - **Trading Partner Name:** Experian Health, Inc
 - **Trading Partner ID:** 37562979
- Click Validate. Next screen will allow you to select the transactions for this Trading Partner.

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Add New Delegate | Add Registered Delegate | Add Registered Trading Partner **2**

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.
Note: You will not be able to add a Trading Partner until they have been registered and approved.

3 Trading Partner Name
Trading Partner ID

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- Select the transactions you authorize this Trading Partner to perform on your behalf
- Click Submit or Cancel. Click Submit. Next screen will ask for a confirmation of information submitted



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Add New Delegate | Add Registered Delegate | Add Registered Trading Partner

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.
Note: You will not be able to add a Trading Partner until they have been registered and approved.

Trading Partner Name EDI
Trading Partner ID 9999

Select the transaction type that you are authorizing the Trading Partner to submit on your behalf. The list of transaction types shown are the transactions this Trading Partner is approved for.

Transactions

- 270/271 Health Care Eligibility Request/Response Batch
- 276/277 Health Care Claim Status Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837D Health Care Claim: Dental
- 837I Health Care Claim: Institutional
- 837P Health Care Claim: Professional
- D.O - NCPDP - Batch Standard 1.2

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Submit Cancel

- Click Edit, Confirm or Cancel

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Add Registered Trading Partner

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

Trading Partner Name EDI
Trading Partner ID 9999

Transactions

- 270/271 Health Care Eligibility Request/Response Batch
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- 837D Health Care Claim: Dental
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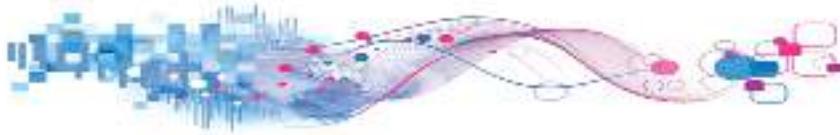
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Edit Confirm Cancel

Clicking on Cancel will take you back to the Delegate Assignment page. Clicking on Edit will allow you to make any changes in the Delegate Assignment page. After making changes, click Submit

- Click Confirm to confirm the Trading Partner
- The Manage Trading Partners message box will appear indicating that the Trading Partner has been added to your Trading Partner list.





- If you have any questions concerning enrollment, please contact the Provider Enrollment Unit at (877) 638-3472
- Upon completion of enrollment, please send one of the two screenshots (below) to Experian's Enrollment Team at CSenrollment@experianhealth.com along with the completed coversheet.

 **Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal [Contact Us](#) | [Logout](#)

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[My Home](#) > Manage Accounts Tuesday 04/20/2021 08:41 AM PST

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[Add New Delegate](#) | [Add Registered Delegate](#) | [Add Enrolled Trading Partner](#)

Enter the Trading Partner Name and/or Trading Partner ID authorized to submit your transactions.
Note: You will not be able to add a Trading Partner until they have enrolled and been approved.

Trading Partner Name

Trading Partner ID

Trading Partners

Click on the Trading Partner ID to edit the transactions. Click the Remove link to remove all transactions allowed for the Trading Partner.

#	Trading Partner ID	Trading Partner Name ▲	Action
1	[REDACTED]	[REDACTED]	Remove
2	37562979	Experian Health, Inc.	Remove

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[Edit Trading Partner](#)

Modify the Transactions below and click **Submit** to update the information or click **Cancel** to cancel the request.

Trading Partner Name Experian Health, Inc.
Trading Partner ID 37562979

Select the transaction type that you are authorizing the Trading Partner to submit on your behalf. The list of transaction types shown are the transactions this Trading Partner is approved for.

Transactions 270/271 Health Care Eligibility Request/Response Interactive

Third Party Agencies: Please have your client(s) follow the steps outlined above and return the completed forms to you to return to Experian.

Thank you for your interest in Experian Health!

Payer Enrollment Cover Sheet

To process your payer enrollment correctly, please complete the below before sending in the form.

- Client ID:

- Partner Name (if applicable):

- Facility Name:

- Contact Name:

- Contact Email:

- Contact Phone #:

If you have any questions please email CSenrollment@experianhealth.com