



# Nevada Medicaid Provider Flex and Centralized Credentialing

Division of Health Care Purchasing and Compliance  
Office of the Medicaid Inspector General

Charmaine Yeates, Social Services Program Specialist



---

December 17, 2025



# Who's Who

## Nevada Medicaid

The state agency, operating under the Nevada Health Authority (NVHA), including the divisions of Consumer Health Services, Nevada Medicaid, and Health Care Purchasing and Compliance. The mission of NVHA is to ensure Nevadans have access to affordable, reliable care by leveraging the state's buying power, streamlining programs and services, and driving better quality and more innovation in the and health care system, while staying true to the values of public service, fiscal discipline, and accountable leadership.

## Fiscal Agent - **Nevada Medicaid Provider Enrollment**

Gainwell Technologies (GWT) is contracted to provide services to support the Medicaid program and is responsible for the Medicaid Management Information System (MMIS) supporting Fee For Service Enrollment activities, claims processing, prior authorization etc.

## Credentialing Verification Organization (CVO) - **Credentialing for all MCEs**

Verisys (previously known as Aperture) is sub-contracted to provide credentialing services to Nevada Medicaid.

[https://www.medicaid.nv.gov/Downloads/provider/web\\_announcement\\_3324\\_20240402.pdf](https://www.medicaid.nv.gov/Downloads/provider/web_announcement_3324_20240402.pdf)

## Managed Care Entities (MCEs): **MCE Contracts**

Anthem BCBS, Liberty Dental Plan, Health Plan of Nevada (UHC), Molina Healthcare of Nevada, and Silver Summit Healthplan (Centene), CareSource (Effective 1/01/2026)



# 3 Separate Processes

Enrollment with  
Nevada Medicaid

Credentialing

MCE Contracting



# To enroll with Nevada Medicaid:



## Welcome to Nevada Medicaid

### Medicaid Member?

Update your address, renew coverage, or contact your health plan.

[Click Here](#)

### Need to Apply for Medicaid?

Find out how to enroll and see other benefits available.

[Click Here](#)

### Medicaid Provider?

Access billing info, enrollment, and policies. Powered by Gainwell Technologies.

[Click Here](#)

### Looking for Program Info?

Learn about Medicaid policies, public workshops, and more.

[Click Here](#)

### Explore the Nevada Health Authority

Visit the main site for more information.

[Click Here](#)

### Don't qualify for Medicaid?

Shop for low-cost insurance now at Nevada Health Link.

[Click Here](#)

# Continued enrollment view:



Browser address bar: <https://www.medicaid.nv.gov/providers/enroll>

Page Title: Nevada Department of Health and Human Services, Division of Health Care Financing and Policy Portal

Navigation: Home, **Providers**, PWP (Formerly EVS), Pharmacy, Prior Authorization, Claims, Quick Links, Calendar, Medicaid Members

Search: Search

Announcements | Latest News

- [Web Announcement 3781](#)  
Medicaid Services Manual Chapters Updated
- [Web Announcement 3780](#)  
1099-Misc. Forms for 2025 Tax Year to be Mailed to Providers by January 31, 2026
- [Web Announcement 3779](#)  
Attention All Nursing Facilities: Ventilator Dependent Level of Care (LOC) Authorizations Will Be Limited to 180 Days from the Date the LOC was Approved
- [Web Announcement 3778](#)  
Updates to Prior Authorization Requirements for Various Procedure Codes
- [Web Announcement 3777](#)  
Attention All Providers: New Expedited Prior Authorization Process Effective January 1, 2026

[View All Web Announcements](#)

Featured Links

- DHCFP EVV
- Authorization Criteria
- DHCFP Home
- EDI Information
- PWP User Manual
- Provider Enrollment**

## Provider Enrollment

Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. This page contains all of the information and forms you will need to become a Nevada Medicaid provider. If you have any questions, please contact the Gainwell Technologies Contact Center at (877) 638-3472 from 8 a.m. to 5 p.m. Pacific Time Monday through Friday.

**All providers** are required to submit their provider enrollment or re-enrollment applications electronically. Paper applications are not accepted.

**All enrollment documents require an *electronic* signature from the provider or owner.** As part of the DocuSign signature process, the signer will be required to upload an image of their state issued license (front and back) and include a liveness video for validation (excluding associated providers). Please refer to [Web Announcement 3632](#) for details.

To begin an initial enrollment, re-enrollment, or Change of Ownership through Provider Flex  
**CLICK HERE**

If you need to initiate a Revalidation or a Change/Update through the Provider Web Portal (PWP)  
**CLICK HERE**

Changes to any information presented on your enrollment documents must be reported to Nevada Medicaid within 30 business days

### Notifications

**NOTIFICATION:** The following Nevada Medicaid Provider Web Portal services will be unavailable from 8 p.m. to midnight Pacific Time on Sunday, December 7, 2025, for scheduled maintenance:

- Secure Provider Web Portal (PWP), which includes:
  - Recipient Eligibility
  - Provider Claim Appeals
  - Prior Authorization (PA) system
  - Claims Submission
- Provider Flex
- Gabby®, which includes:
  - Gainwell Technologies Contact Center (877) 638-3472
  - Automated Response System (ARS) (800) 942-6511
- Real time CAQH/CORE EDI eligibility and claim verification
- Provider Pre-Admission Screening Resident Review (PASRR)
- Trading Partner File Transfer (EDI/SFTP)
- Business Partner File Transfer (EDI/SFTP)

Provider Flex is now LIVE for all provider types!  
For information and training opportunities on this exciting new enrollment tool, please visit our [Provider Flex](#) page

Multi-Factor Authentication



# Flex tool view:

 **Nevada Department of Health and Human Services**  
Division of Healthcare Financing and Policy

[Enrollment Booklet](#) [Enrollment Checklist](#) [FAQ](#) [Contact Us](#)

**Provider Flex Enrollment Portal**  
*Powered by Gainwell*

## Welcome to the Provider Flex Enrollment Portal

**Sign in below**

User ID ⓘ

[Forgot User ID](#)

Password ⓘ

[Forgot Password](#)

**Sign In**

[Create an Account](#)



## Nevada Medicaid Enrollment

- All MCE providers must be enrolled with Nevada Medicaid.
- Prior to credentialing providers must be enrolled with Nevada Medicaid

Flex enrollment tool  
[Medicaid.nv.gov/home](https://www.Medicaid.nv.gov/home)

*For questions on Nevada Medicaid enrollment, contact Gainwell Technologies call center at (877) 638-3472*

Enrolled?

NO

YES

**Initial** MCE enrollment – provider submits request for participation to MCE. MCE submits to Verisys.

**Existing** MCE contract – MCE submits roster to Verisys.

**(Dates aligned per next due date within all MCO rosters)**

Practitioner

Provider completes CAQH application

Facility

Facility receives application

**Nevada must be selected within CAQH application**



# Centralized Credentialing Goals



Achieve a robust screening and validation process to ensure enrollment of qualified/quality providers.



Streamline the process by transitioning credentialing responsibility from each Managed Care Entity to a Credentialing Verification Organization (CVO) allowing primary source verification to be completed by a single entity and aligning outcomes

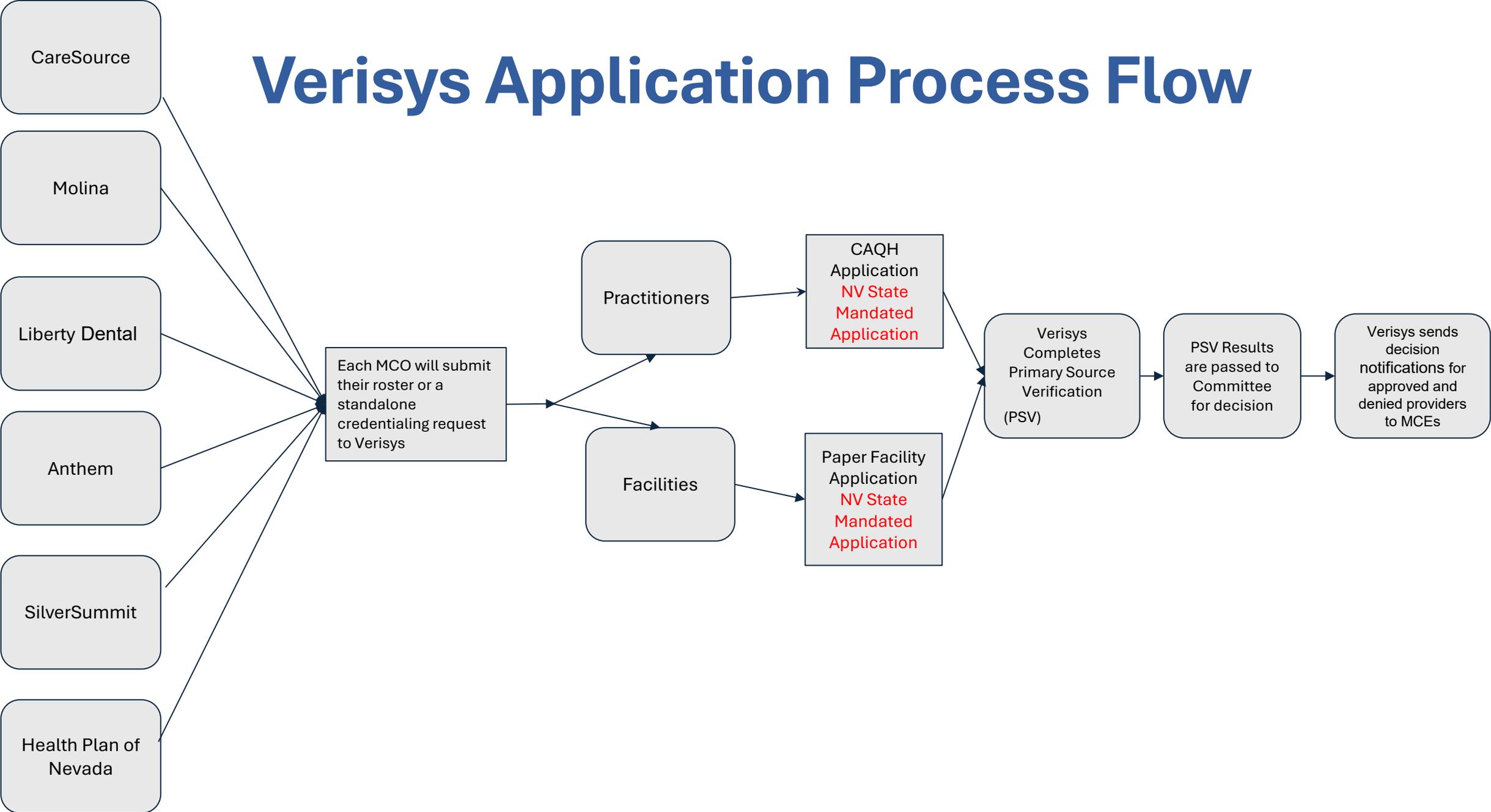


A singular decision-making credentialing committee to streamline processes and align outcomes



Adhere to National Committee for Quality Assurance (NCQA) guidelines and compliance with federal regulations

# Verisys Application Process Flow





# Practitioner Application Gather Letter

- Letter is mailed at the time the work order is started with Verisys
- Directions are provided regarding CAQH ProView
- Participating MCOs will be reflected in the upper right-hand section of the letter



Credentials Request For:

[Provider Name, Title]  
[Address Line 1]  
[Address Line 2]  
[City, State ZIP]

Client(s) Requesting Information:

[Managed Care Entity 1]  
[Managed Care Entity 2]  
[Managed Care Entity 3]  
[Managed Care Entity 4]  
[Managed Care Entity 5]

CAQH Provider ID: XXXXXXXX  
<https://proview.caqh.org/>

[Day, Month, Date, Year]  
Dear: [Provider Name, Title]

Nevada Medicaid Alliance has partnered with Verisys, formerly Aperture Health, a national credentials verification organization, to manage credentialing for our network providers. This letter serves as notification that Nevada Medicaid Alliance is requesting your response for credentialing. Failure to respond to this request may jeopardize your participation in the Nevada Medicaid Alliance provider network.

Nevada Medicaid Alliance participates with the Council for Affordable Quality Healthcare (CAQH) ProView™. This is a Web-based solution that enables health care providers to complete their credentialing application online. Providers can control their data, easily update it, and make it electronically available to participating plans.

Please log in to CAQH to verify the following steps are complete:

1. Ensure your information is current on CAQH.
2. Confirm your provider status is at Re-Attestation.
3. Authorize SilverSummit Healthplan to receive your provider data from CAQH.

If you are a first-time user or would like to learn more about CAQH and the ProView™ program, visit the CAQH website at <https://proview.caqh.org/> to view an online demonstration for the application process. Alternatively, you may call the CAQH Help Desk at 1-888-599-1771.

You may receive a request from Verisys for missing information or expired documents. For questions regarding the primary source verification process or how to upload documents, contact Verisys Customer Service at 1-855-743-6161, Monday-Friday, 8:00 a.m. to 5:00 p.m. PT. Thank you for your cooperation in completing this important requirement for participation in the Nevada Medicaid Alliance network.

Confidentiality Notice:

The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.

Verisys.com 9960 Corporate Campus Dr. Suite 3000 Louisville, KY 40223 USA



# Initial Facility Application Gather Letter

- Letter is mailed at the time the work order is started with Verisys
- Directions are provided on the letter
- Participating MCEs will be reflected in the upper right- hand section of the letter



**Credentials Request For:**

<FACILITY\_NAME >  
<CC\_ATTN >  
<CC\_ADDR2>  
<CC\_ADDR1>  
<CC\_CITY> <CC\_STATE> <CC\_ZIP>

**Client(s) Requesting Information:**

[Client Name]

[Date]

Dear Provider,

Nevada Medicaid Alliance has partnered with Verisys, formerly Aperture Health, a national credentials verification organization, to manage credentialing of our network providers. This letter serves as notification that Nevada Medicaid Alliance is requesting your response for credentialing.

Enclosed is an application that is required to begin the credentialing process. Please fill out the application, sign, and date the enclosed consent and attestation. Please return the packet directly to Verisys by Date.

Please mail, fax, email or upload your completed application with this barcoded cover page.

<b>Mail:</b> Verisys PO Box 221049 Louisville, KY 40252-1049	<b>Fax:</b> 866-293-0421 <b>Email:</b> outreachsupport@verisys.com	<b>Upload:</b> <a href="https://outreach.aperturecvo.com">https://outreach.aperturecvo.com</a> Use Access Code: aperture
---	---	--

**Failure to respond to this request may jeopardize your participation in the Nevada Medicaid Alliance provider network.**

For questions regarding the primary source verification process or how to upload documents, contact Verisys Customer Service at 1-855-743-6161, Monday-Friday, 8:00 a.m. to 5:00 p.m. PT.

Thank you for your cooperation in completing this important requirement for participation in the Nevada Medicaid Alliance network.

Confidentiality Notice: The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.



# Recred Facility Application Gather Letter

- Letter is mailed at the time the work order is started with Verisys
- Directions are provided on the letter
- Participating MCEs will be reflected in the upper right- hand section of the letter










**Credentials Request For:** \_\_\_\_\_ **Client(s) Requesting Information:** \_\_\_\_\_  
 <FACILITY\_NAME > \_\_\_\_\_ **[Client Name]**  
 <CC\_ATTEN > \_\_\_\_\_  
 <CC\_ADDR2> \_\_\_\_\_  
 <CC\_ADDR1> \_\_\_\_\_  
 <CC\_CITY> <CC\_STATE> <CC\_ZIP> \_\_\_\_\_

---

**[Date]**

Dear Provider,

Nevada Medicaid Alliance has partnered with Verisys, formerly Aperture Health, a national credentials verification organization, to manage credentialing for our network providers. This letter serves as notification that Nevada Medicaid Alliance is requesting your response for re-credentialing.

To renew your participation in the Nevada Medicaid Alliance provider network and meet compliance obligations, we ask that you complete the re-credentialing process. **Failure to respond to this request may jeopardize your participation in the Nevada Medicaid Alliance provider network.**

Enclosed is an application that is required to begin the re-credentialing process. Please complete the application, sign and date the enclosed consent and attestation and return the packet directly to Verisys by **Day**.

If any of your locations have a unique NPI, a unique Tax ID number, or a unique license a separate credentialing event and application are required. Please note, failure to submit the additional applications that meet the criteria could result in additional locations not completing credentialing with Nevada Medicaid Alliance.

The application will support the re-credentialing event for the following location:

**NPI:** [insert NPI]  
**TIN:** [insert PP\_TIN]  
**FACILITY TYPE:** [insert facility type]  
**CC\_Name**  
**CC\_Addr1**  
**CC\_Addr2**

Confidentiality Notice:  
 The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.

verisys.com 9960 Corporate Campus Dr. Suite 3000 Louisville, KY 40223 USA










CC\_City, State, Zip

After your application is complete, please mail, fax, email or upload your completed application with this barcoded cover page.

Once received, Verisys will begin to perform primary source verification (PSV) of your credentials.

<b>Mail:</b> Verisys PO Box 221049 Louisville, KY 40252-1049	<b>Fax:</b> 866-293-0421	<b>Upload:</b> <a href="https://outreach.aperturecv.com">https://outreach.aperturecv.com</a> Use Access Code: aperture
	<b>Email:</b> outreachsupport@verisys.com	

For questions regarding the primary source verification process or how to upload documents, contact **Verisys Customer Service at 1-855-743-6161, Monday-Friday, 8:00 a.m. to 5:00 p.m. PT.**

Thank you for your cooperation in completing this important requirement for participation in the Nevada Medicaid Alliance network.

Confidentiality Notice:  
 The documents accompanying this communication contain confidential information. This information is intended only for use by the individual or entity named on this communication. The recipient of this information is prohibited from disclosing this information to any other unauthorized party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, please notify the sender immediately to arrange for return of these documents.

verisys.com 9960 Corporate Campus Dr. Suite 3000 Louisville, KY 40223 USA



# Verification Coordinator Email Outreach

- Verisys will send the practitioner an email for any missing or clarifying information that is needed to complete the primary source verification request
- The email will contain the name of the client(s) that the credentialing request will support
- Purpose of the request is detailed in the body of the email

donotreplyemail@aperturecvo.com  
to me

5:09 PM (25 minutes ago) ☆ ↶ ⋮



Verisys, a national credentials verification organization, has been contracted to handle primary source verification of your credentials. Documentation needed to complete your credentialing application is missing, incomplete, or expired. In order to continue the credentialing process with the Health Plan(s) requesting information, you will need to provide the requested information within three (3) business days from the date of this notice so that the processing of your application can be completed.

**Health Plan(s) Requesting Information:**  
API Test

**Credentials Request for:**  
Burton-Test, Christy

**Attention:**  
Post Deployment Testing

**Information Requested:**

- A third-party source is requiring the Consent and Release (Authorization page) document Aperture received via CAQH to be updated in order to obtain a verification. Please sign and date the attached Consent and Release form.
- List end date for test.
- CAQH lists an affiliation with test which is outside the provider's practicing state. Please provide end date if not active or confirm the provider still admits to that facility.

**Supporting Documents Requested:**

- CAQH C&R/Attestation
- CAQH Questionnaire page 1
- CAQH Questionnaire page 2
- CAQH Questionnaire page 3
- CAQH Questionnaire page 4

**How to Respond:**

- To fax or directly upload the requested information, use the custom Verisys Supporting Documentation website link [HERE](#). On the Verisys Supporting Documentation website, you can download the custom fax cover sheet, specific forms, attach documentation, or provide a quick response for the requested information.

**NOTE:**

- This email was sent from a notification-only email address that cannot accept incoming email. Please do not reply to this message.
- The website link is custom to the provider and health plan specific to the Credentialing Information Request contained in this email. Please do not submit other providers not listed in this email using this link.
- Please disregard this notice if you have already submitted your application or information requested.
- If you are using CAQH to upload supporting documentation, please allow up to two (2) business days for CAQH processing. Once the documents are processed by CAQH, Aperture will be able to download that information.

If you have questions regarding this request, you may contact us at 855-743-6161 Monday through Friday, 8 a.m. to 8 p.m. ET. Otherwise, email us at [outreachsupport@verisys.com](mailto:outreachsupport@verisys.com).

Please do not send any documents directly to this email address, documents should be sent using the How to Respond options listed above. This email address is for questions only. Thank you.

© Verisys Corporation



# Verification Coordinator Outreach-Continued

- The email will provide instructions to upload the requested documentation directly back to the open work order

## Supporting Documentation



**Credentials Request for:**  
Burton-Test, Christy

**Ways to Respond:**

**FAX OPTION:** Click the **Download** button to receive your custom fax coversheet to attach as the first page of the Information Requested or Supporting Documents Requested faxed to Verisys.

**Fax #:** 866-293-0421

[Download](#) [Help](#)

- OR -

**UPLOAD OPTION:** Upload documents or provide a response for the Information Requested or Supporting Documents Requested on this page. Acceptable document formats to upload include: tif, jpg, pdf, gif, bmp, png, doc, docx.

[Help](#)

Information Requested	
A third-party source is requiring the Consent and Release (Authorization page) document Aperture received via CAQH to be updated in order to obtain a verification. Please sign and date the attached Consent and Release form.	<a href="#">Complete</a>
List end date for test.	<a href="#">Upload</a> <a href="#">Response</a>
CAQH lists an affiliation with test which is outside the provider's practicing state. Please provide end date if not active or confirm the provider still admits to that facility.	<a href="#">Upload</a> <a href="#">Response</a>

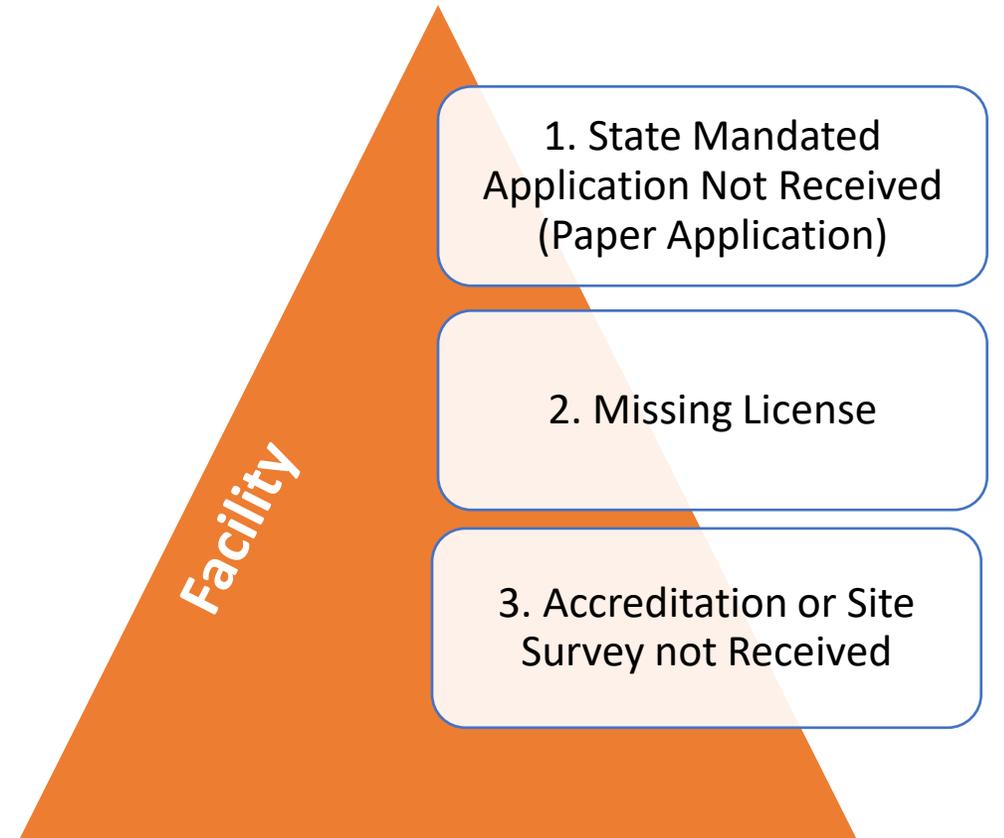
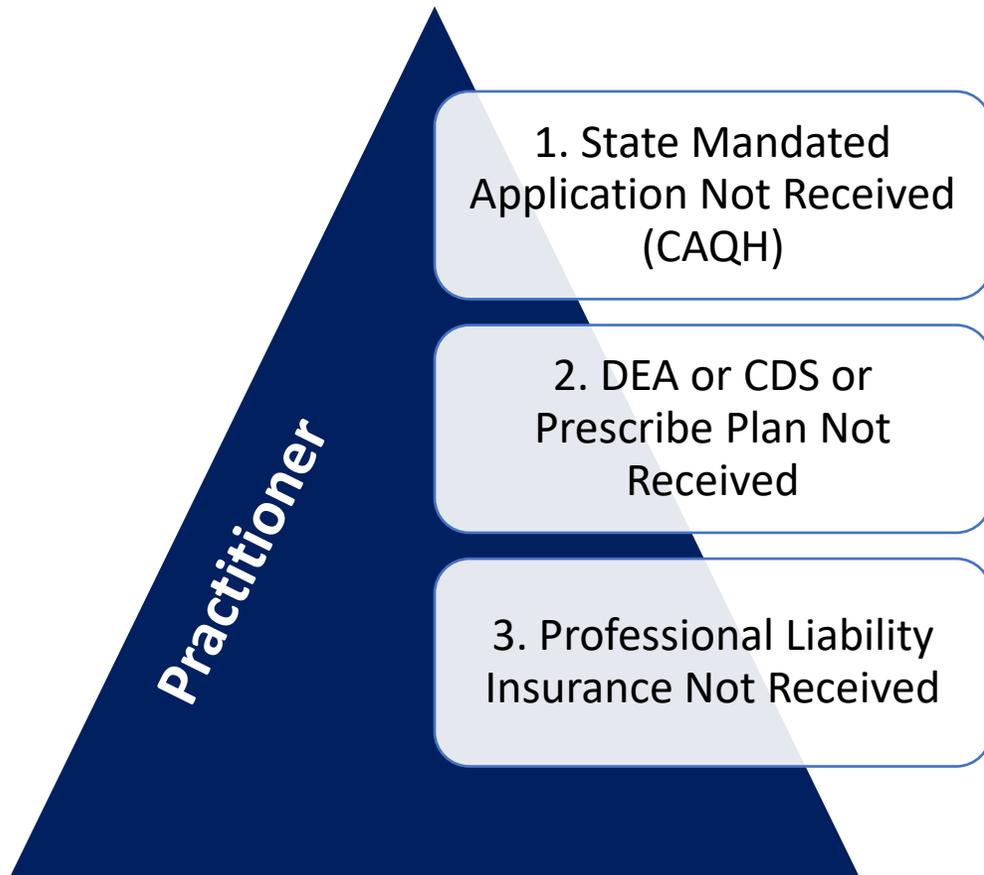
Supporting Documents Requested	
CAQH C&R/Attestation	<a href="#">Download</a> <a href="#">Upload</a> <a href="#">Response</a>
CAQH Questionnaire page 1	<a href="#">Download</a> <a href="#">Upload</a> <a href="#">Response</a>
CAQH Questionnaire page 2	<a href="#">Download</a> <a href="#">Upload</a> <a href="#">Response</a>
CAQH Questionnaire page 3	<a href="#">Download</a> <a href="#">Upload</a> <a href="#">Response</a>
CAQH Questionnaire page 4	<a href="#">Download</a> <a href="#">Complete</a>

© Verisys Corporation



# Top Committee Denial Reasons

October 2025





# Practitioner CAQH Application Reminders

1. Application must be in good status on CAQH
2. Nevada State mandated application must be populated
3. Practitioner needs to authorize Nevada MCEs on CAQH for Verisys to access their application



# Practitioner CAQH – Nevada Application

- 1. Log in to CAQH:** Go to the CAQH login page and sign in to your ProView account
- 2. Navigate to Personal Information:** Find and click on the “Personal Information” section of your profile
- 3. Select “Additional Practice State(s)”:** Look for the subsection or question related to additional practice states and select it to open the management area



# Practitioner CAQH – Nevada Application

- **Example 1**
- Nevada is the Primary Practice State

## PERSONAL INFORMATION

Import

\* Required fields are indicated with a red asterisk. All other fields are optional.

### Profile Setup

Please confirm your NUCC Grouping, Provider Type, Practice Setting, and Practice State so that your CAQH profile can be customized for your situation. The answers you provide will determine which fields display and are required.

\* NUCC Grouping ⓘ

Allopathic & Osteopathic Physicians

\* Provider Type

Medical Doctor (MD)

\* Practice Setting ⓘ

Inpatient/Outpatient or Outpatient Only

\* Primary Practice State ⓘ

NV

Additional Practice State(s)

Select One or More



# Practitioner CAQH – Nevada Application

- **Example 2**
- Provider has another primary practice and needs to also add NV as an additional state

PERSONAL INFORMATION Import

\* Required fields are indicated with a red asterisk. All other fields are optional.

**Profile Setup**  
Please confirm your NUCC Grouping, Provider Type, Practice Setting, and Practice State so that your CAQH profile can be customized for your situation. The answers you provide will determine which fields display and are required.

\* NUCC Grouping ⓘ  
Allopathic & Osteopathic Physicians

\* Provider Type  
Medical Doctor (MD)

\* Practice Setting ⓘ  
Inpatient/Outpatient or Outpatient Only

\* Primary Practice State ⓘ  
CA

Additional Practice State(s)  
NV ✕



# Who to Contact



## Contact appropriate MCE:

1. Network Status questions
2. Administrative denials that require a restart
3. Contracting questions
4. Questions regarding letters received from MCO



## Verisys Provider Engagement Team (855) 743-6161 or [Outreachsupport@verisys.com](mailto:Outreachsupport@verisys.com):

1. Provider questions or inquiries regarding specific Verisys outreach



## Gainwell Technologies Contact Center (877) 638-3472:

1. Provider questions regarding enrollment with NV Medicaid



# Who to Contact Cont. MCE Plans

## **Anthem Blue Cross and Blue Shield:**

- Provider Services: 844-396-2330
- [Join Network](#)
- [Manuals, Directories and Training](#)

## **Molina Healthcare of Nevada:**

- Provider Relations: (833) 685-2103 (TTY/TDD: 711)
- [Join Network](#)
- [Provider Resources](#)
- [Provider Manual](#)

## **LIBERTY (Dental):**

- Provider Relations: 888-700-0643
- [Join Network](#)
- [Provider Resource Library](#)

## **SilverSummit Health plan:**

- Provider Relations: 844-366-2880
- [Join Network](#)
- [Provider Resources](#)
- [Provider Manual](#)

## **Health Plan of Nevada Medicaid (HPN):**

- Provider Services: 800-745-7065
- [Join Network](#)
- [Provider Summary Guide \(including a list of frequently called numbers\)](#)
- **E-mail: NVSierraCred@uhc.com**
- **Phone: 702-242-7758**
- **Fax: 702-242-7853**

## **Caresource**

- Provider Services: 1-833-230-2112
- [Provider Resources](#)



# Nevada Medicaid Provider Enrollment Resources

- ✓ Nevada Health Authority: <https://nvha.nv.gov/>
- ✓ Nevada Medicaid enrollment: <https://www.medicaid.nv.gov/>
- ✓ Nevada Medicaid enrollment training registration website: [mmislearningcenter](https://mmislearningcenter.com)
- ✓ Nevada Medicaid enrollment YouTube training channel: [Nevada Medicaid – YouTube](https://www.youtube.com/channel/UC...)
- ✓ Nevada Medicaid provider training email: [NevadaProviderTraining@gainweltechnologies.com](mailto:NevadaProviderTraining@gainweltechnologies.com)



# Office of the Medicaid Inspector General – Provider Enrollment Unit

- Provider Enrollment Unit for escalation of unresolved FFS enrollment concerns:  
[providerenrollment@nvha.nv.gov](mailto:providerenrollment@nvha.nv.gov)
- Charmaine Yeates  
Social Services Program Supervisor  
Nevada Health Authority (NVHA)  
Div. of Health Care Purchasing & Compliance  
Office of Medicaid Inspector General (OMIG)  
[cyeates@nvha.nv.gov](mailto:cyeates@nvha.nv.gov)  
(775) 684-3746
- Blanca Iris Lanzas  
Chief, Provider Enrollment  
Nevada Health Authority (NVHA)  
Div. of Health Care Purchasing & Compliance  
Office of Medicaid Inspector General (OMIG)  
[blanzas@NVHA.nv.gov](mailto:blanzas@NVHA.nv.gov)  
775-684-3779