Health Plan of Nevada Medicaid Overview

- Contracted with the Division of Health Care Financing & Policy (DHCFP) since the inception of Medicaid Managed Care in April 1997
- Service areas: Clark & Washoe Counties
- Current membership is approximately 260,000
- Plans:
  - Southern Nevada – SmartChoice and Nevada Check Up
  - Northern Nevada – NorthernChoice and Nevada Check Up
Steps To Becoming a Provider

1. Provider Questionnaire Form
2. Successfully Complete the Credentialing Process
3. Execute Provider Contract
Provider Questionnaire Form

• Complete the Provider Questionnaire Form and provide a copy of your current W-9 Form.

• Return Provider Questionnaire Form and W-9 Form to:

  Health Plan of Nevada
  Network Management/Provider Relations, Mail Stop 2720-4
  P.O. Box 15645
  Las Vegas, NV 89114-5645

  Or by Fax to 702-266-8809
Credentia lizing

• Complete the required credentialing application along with the requested documentation.

• Return credentialing application and supporting documentation to:

  Health Plan of Nevada
  Network Management/Provider Relations, Mail Stop 2720-4
  P.O. Box 15645
  Las Vegas, NV 89114-5645

  Or by Fax to 702-266-8809

• The credentialing process will take a minimum of 60 days once the completed application and all necessary documents are returned to the Credentialing department.
Provider Contract

• Upon successful completion of the credentialing process, a contract will be forwarded for review and execution.

• Signed contracts should be returned to:

  Health Plan of Nevada  
  Network Management/Provider Relations, Mail Stop 2720-4  
  P.O. Box 15645  
  Las Vegas, NV 89114-5645

• A fully executed copy of the Agreement will be returned to you for your files along with a listing of your network participation and a corresponding effective date. Please note, the effective date will be determined by HPN.
Welcome!

• Once the contract is fully executed, Providers are assigned a Provider Advocate for assistance in the onboarding process.

• Provider Advocates will assist providers with the following:
  – Referral Requirements
  – @YourService account access
  – General Questions regarding your contract and Health Plan policies.
Resources

Visit [www.myhpnmedicaid.com](http://www.myhpnmedicaid.com) and select the “I’m a Provider” option, to locate Provider Memos, Letters and Forms under the “I Need Help With” tab.
How To Reach Us

Provider Relations Department

Telephone #: 702-242-7088 or 1-800-745-7065

Hours of Operation:
Monday through Friday 8:00 a.m. to 5:00 p.m. PST.
Questions?

Thank you for your interest!