

# Chapter 1. Getting started

The Nevada Medicaid and Nevada Check Up Health Care Portal allows providers, or their delegates, the ability to perform various functions in a secure environment. Access requires log in to the Electronic Verification System (EVS) from the Provider Web Portal website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).

The Nevada Medicaid HIPAA-compliant Provider Web Portal's EVS provides Internet access to:

- Recipient eligibility
- Direct Data Entry (DDE) claims
- Status of submitted claims
- Claim Appeals
- Prior authorization
- Provider payment amounts
- Remittance Advice access
- Secure Correspondence
- Pharmacy Prior Authorization access
- Electronic Health Records (EHR) Incentive Program
- Early Periodic Screening, Diagnostic and Treatment (EPSDT) forms
- Search Fee Schedule
- Treatment History
- Upload Files
- Reports Download

## **EVS availability**

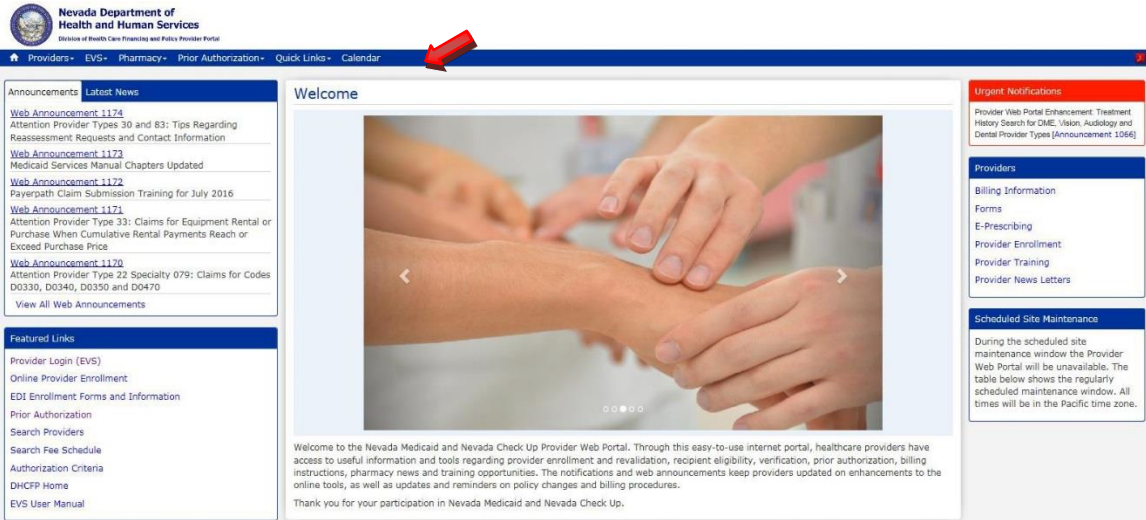
EVS is available 24 hours, 7 days a week except during the scheduled weekly maintenance period, Monday through Saturday from 12 midnight to 12:30 a.m. Pacific Time (PT) and Sunday 8 p.m. to 12:30 a.m. PT.

## **System requirements**

To access EVS, you must have internet access and a computer with a web browser (Microsoft Internet Explorer 9.0 or higher or Mozilla Firefox, or Google Chrome is recommended).

# 1.1. Gaining access to EVS

Gaining access to EVS first requires login to the Provider Web Portal. The top frame of the Provider Web Portal contains a menu of tabs for main website content.



## Menu Bar



The Menu Bar across the top of the website has drop-down menu selections for Providers, EVS, Pharmacy, Prior Authorization and Quick Links. Hover over each selection to see the list of options available under each item.





## Calendar

To access the Event Calendar, click **Calendar** on the Menu Bar. The Event Calendar will show information up to 30 days into the past and up to 120 days into the future.

1. Navigate back and forth between the months of the year by clicking the arrow buttons.
2. The **today** button will immediately return you to the current day when clicked.
3. The **month**, **week** and **day** buttons allow you view the calendar using these different views.

Event Calendar

July 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

## Announcements

The five most recent web announcements will appear in the Announcements area on the left side navigation area.

1. Click the web announcement link to view the entire web announcement.
2. Click on the **View All Web Announcements** link to go to the Announcements & Newsletters webpage.

Announcements Latest News

1 [Web Announcement 1174](#)  
Attention Provider Types 30 and 83: Tips Regarding Reassessment Requests and Contact Information

[Web Announcement 1173](#)  
Medicaid Services Manual Chapters Updated

[Web Announcement 1172](#)  
Payerpath Claim Submission Training for July 2016

[Web Announcement 1171](#)  
Attention Provider Type 33: Claims for Equipment Rental or Purchase When Cumulative Rental Payments Reach or Exceed Purchase Price

[Web Announcement 1170](#)  
Attention Provider Type 22 Specialty 079: Claims for Codes D0330, D0340, D0350 and D0470

2 [View All Web Announcements](#)

## Latest News

The Latest News section consists of the latest informational documents with clickable hyperlinks that will open the item in a new browser window.

Announcements Latest News

**Attention Nursing Facility and ICF/IID Provider Types 19 and 68: Tracking Process Is Changing on July 1, 2016** [[Web Announcement 1141](#)]

**Attention Hospice Provider Types 64 and 65: Notice of Public Workshop** [[Web Announcement 1137](#)]

Attention All Providers: Requirements on When to Use the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) Provider on Claims [[Announcement 850](#)]

Nevada Medicaid and Nevada Check Up News (First Quarter 2016 Provider Newsletter) [[Read](#)]

## Featured Links

The Featured Links section includes hyperlinks to some of the most commonly used webpages.

**Featured Links**

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)
- [EVS User Manual](#)
- [Modernization Project](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

## Urgent Notifications

The Urgent Notifications section will list any urgent notifications.

**Urgent Notifications**

Provider Web Portal Enhancement: Treatment History Search for DME, Vision, Audiology and Dental Provider Types [[Announcement 1066](#)]

## Providers

The Providers section will contain links to provider-related areas of interest that are available on the website.

**Provider Links**

- [Billing Information](#)
- [E-Prescribing](#)
- [Forms](#)
- [Provider Enrollment](#)
- [Provider Newsletters](#)
- [Provider Training](#)

## Scheduled Site Maintenance

The Scheduled Site Maintenance section will list notifications regarding when the site will be under maintenance and unavailable.

### Scheduled Site Maintenance

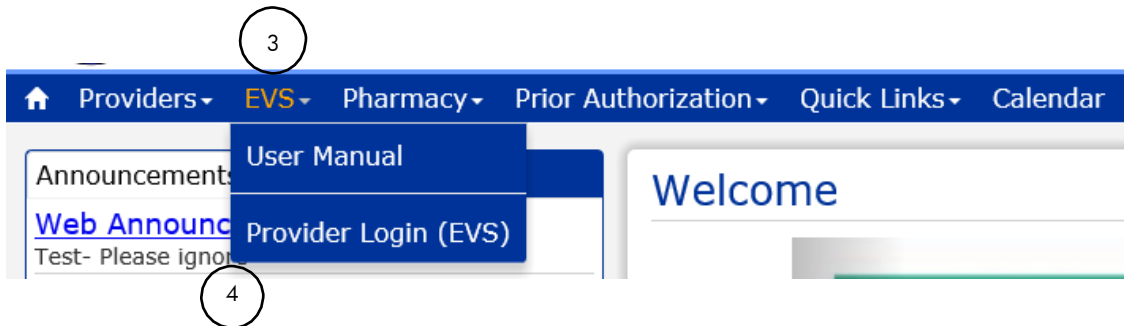
During the scheduled site maintenance window the Provider Web Portal will be unavailable. The table below shows the regularly scheduled maintenance window. All times will be in the Pacific time zone.

The **Contact Us** hyperlink, at the top right corner of the page, will open the Contact Us page of the Provider Web Portal and displays a list of contact information.

## 1.2. Accessing EVS

To access EVS:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter [www.medicaid.nv.gov](http://www.medicaid.nv.gov) in the address bar.  
The Provider Web Portal Home page opens as shown below.
3. Click **EVS**. The submenu displays User Manual or Provider Login (EVS).
4. Click **Provider Login (EVS)**. The EVS Home page opens.



Home

Home

**Provider Login** ?

\*User ID

[Log In](#)

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1123](#)  
 Online Provider Enrollment Summary Page Updated

[Web Announcement 1122](#)  
 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016

[Web Announcement 1121](#)  
 Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



[Website Requirements](#)

### 1.3. Registering in EVS

Registering for EVS access is required to use secured features, and is a separate registration process from enrolling as a Medicaid provider. The Nevada Medicaid and Nevada Check Up Health Care Portal uses an independent website registration process that will enable you to create and customize your profile and assign delegates to work on your behalf. The portal relies on the Nevada Medicaid Management Information System (MMIS) to validate whether you, as the provider, are permitted access. Only one provider office registration is required with the ability to assign multiple delegates to perform clinical administration.

**Providers, please note:** If you choose to have an office administrator register on your behalf, the administrator must use your name or facility's name when registering in EVS. The administrator must then add their information as a delegate and then register as a delegate in order to utilize the secure features in EVS.

The website uses data from your profile to determine the level of access available based on your role. There are four roles that define levels for access:

- Provider
- Delegate
- Trading Partner
- Managed Care Organization

Some user role examples:

Providers	Delegates	Trading Partners	Managed Care Organization
<ul style="list-style-type: none"><li>• Physician</li><li>• Registered Nurse</li><li>• Hospital</li><li>• Community Clinic</li><li>• Pharmacy</li></ul>	<ul style="list-style-type: none"><li>• Office Administrator</li><li>• Office Manager</li><li>• Registered Nurse</li><li>• Medical Assistant</li><li>• Biller</li></ul>	<ul style="list-style-type: none"><li>• Clearing House</li><li>• Vendor</li><li>• Billing Agent</li></ul>	<ul style="list-style-type: none"><li>• Health Maintenance Organization (HMO)</li></ul>

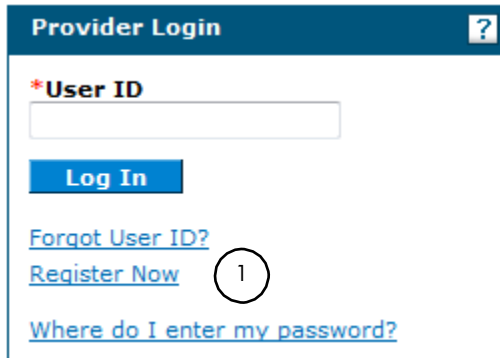
### 1.3.1. Registering as a provider

Registration is required when entering the EVS Home page for the first time.

**NOTE:** To register as a Delegate, refer to the **Registering as a delegate** section of this user manual.

Follow these steps to register for EVS as a **provider**:

1. Click **Register Now** on the EVS Home page. The Registration Selector opens.




2. Select the option that best describes your role, such as Provider or Delegate. For this example, click **Provider**.



**Registration**


Select one of the following options that best describes your role.

2




**Provider**

An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.




**Delegate**

An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.  
Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.



**Trading Partner**

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.



**Managed Care Org**

An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

3. Step one of the Registration page opens.

**Registration Step 1 of 2 - Personal Information**

\* Indicates a required field.

Please provide the following information to get started!

**Important:** If you are registering as a provider, enter the provider's first and last name, or split the facility or organization name across the first and last names. If you have chosen to register as a delegate, you must have already provided your birth date and driver's license number (DLN) to a registered provider, who will add you as a delegate and obtain the delegate code for you.

4

Provider First Name

Provider Last Name

\*NPI/API

\*Tax ID (FEIN or SSN)

\*Zip Code

5

4. Enter provider information in the fields flagged with a red asterisk (\*).

**Note:** Incorrect NPI, Tax ID or Zip Code entered will result in an **"Error - 1001: Personal identity information not recognized or provider is inactive or OPR provider."** You will not be allowed to go to the next step to register. If you are the administrative user registering for the provider, you will be responsible for gathering the correct NPI, Tax ID and Zip Code required to register; and for gathering delegate information in order to add delegates prior to delegates registering in EVS.

Providers who are enrolled in Nevada Medicaid as an Ordering, Prescribing or Referring (OPR) provider will not be able to register for access to the Provider Web Portal. The following error message will be displayed if an OPR provider tries to register for access to the Provider Web Portal.

**"Error -1001: Personal identity information not recognized or provider is inactive or OPR provider."**

**Important:** When registering a provider, the name used must be the name tied to the NPI. (Example: NPI shows Dr. John Smith. First name entered in step one of Registration page should be John and last name should be Smith, MD. For clinics or hospitals, use

the name of the facility. Example: First Name is County Hospital. Last name may be Outpatient Services. These are just examples.)

5. Click **Continue**. Step two of the Registration page opens.
6. Enter a **User ID** and **Password**.

Registration Step 2 of 2 - Security Information

\* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

6 \*User ID

\*Password

\*Confirm Password

Please provide your contact information below.

8 \*Display Name

Phone Number

\*Email

\*Confirm Email

*The password must be 8 to 20 characters in length, not be the same as your User ID or contain the user's first or last name, and must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter and non-alphanumeric characters: : ~!@#\$\$%^&\* \_+=`|\(){}[];'"<>.,?/.*

The following error message will display if the password does not meet the complexity or minimum length requirements:

Registration Step 2 of 2 - Security Information

\* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. The password cannot contain the user's first or last name

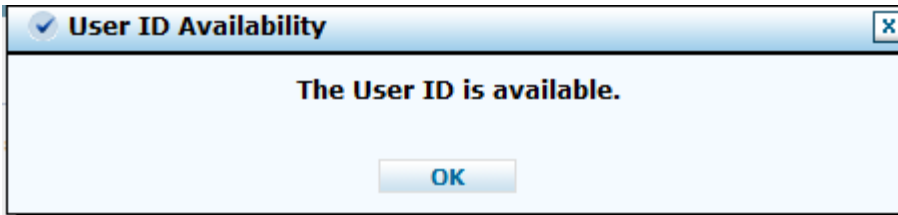
\*User ID

\*Password

Your password must be 8 to 20 characters in length and cannot contain your name or last name. It should not be the same as your user id and it must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter, and non-alphanumeric characters.

\*Confirm Password

7. Check user ID availability. If available, you will see a window appear stating the user ID is available as shown below. Then click **OK**.



8. Enter contact information including a phone number and email address. This one-time entry is saved and used in response to correspondences or inquiries sent through the secured portal.

9. Choose a personalized **site key**.

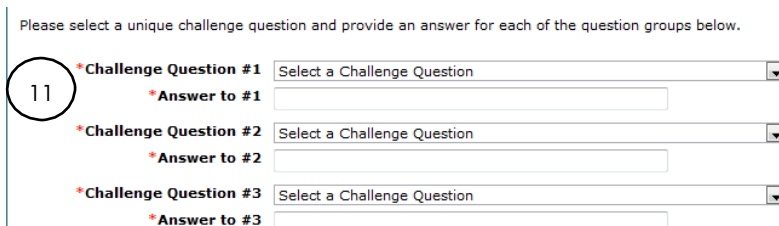


**Note:** The site key confirms authorized access. The key protects privacy online by pairing the key with the official Provider Web Portal, and not an unauthorized website.

10. Type a **Passphrase** security identifier.



11. Select **Challenge Questions** and provide answers.



The challenge questions are verified only when using a public computer.

12. Read the User Agreement and select the **User Agreement** box to acknowledge agreement with the terms and conditions as described.

### 13. Click **Submit**.

**User Agreement**

Access Policy

This application and computer system are the property of HP Enterprise Services. The use of this system is for authorized users only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Users consent via utilization of this application or system to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of HP Enterprise Services and the Nevada Division of Health Care Financing and Policy (DHCFP).

The information transmitted, received and access through this website may include confidential information whose disclosure is governed by federal and or state law.

5 Unauthorized use is prohibited.

By checking this box, you acknowledge that you have read and understood the User Agreement, and agree to the terms and conditions as described about the role which you will perform.

**Submit** **Cancel**

The **User Successfully Registered** message displays. A confirmation email containing login information is sent to the email address you provided. Email notification is delivered within 15 to 30 minutes.

**User Successfully Registered**

**You have successfully registered for the provider portal!**

**A confirmation email containing your login information has been sent to the email address provided. Email notifications can take 15 to 30 minutes to be delivered.**

**OK**

### 14. Click **OK**.

## 1.4. Logging in as a provider

After the registration process has been completed, you can log in for secured access. To log in to EVS:

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

[Contact Us](#) | [Login](#)

**Home**

Home

**Provider Login**

**User ID**

**Log In**

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1123: Online Provider Enrollment Summary Page Updated](#)

[Web Announcement 1122: Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016](#)

[Web Announcement 1121: Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be](#)

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

[Website Requirements](#)

1. Type your User ID.
2. Click Log In.

3. Answer the **challenge question** to verify your identity the first time when logging in from a personal computer, or every time when using a public computer.
4. Select **personal computer** or a **public computer**.
5. Click **Continue**.

**Computer and Challenge Question**

**Site Key**  
 The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

**Answer the challenge question to verify your identity.**

**Challenge Question** In what city were you born?

**3** \*Your Answer

[Forgot answer to challenge question?](#)

**4** **Select**  This is a personal computer. Register it now.  
 This is a public computer. Do not register it.

**5** **Continue**

The next page displays your site key token. Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.

6. Enter your **Password**.

**Confirm Site Key Token and Passphrase**

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

**Make sure your site key token and passphrase are correct.**

If the site key token and passphrase are correct, type your password and click **Sign In**.  
 If this is not your site key token or passphrase, do not type your password. Call the [customer help desk](#) to report the incident.

**Site Key:** 

**6** **Passphrase** apple

\***Password**

**7** **Sign In**  
[Forgot Password?](#)

7. Click **Sign In**. My Home page will appear.

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top, there is a navigation bar with tabs: My Home (8), Eligibility (9), Claims (10), Care Management (11), File Exchange (12), and Resources (13). The main content area includes a 'Welcome Health Care Professional!' message, a photo of healthcare workers, and a 'Provider' sidebar with fields for Name, Provider ID, and Location ID. There are also links for 'Contact Us', 'Secure Correspondence', and 'Provider Services'.

You have successfully logged into EVS! You will see the following features displayed on the Home page.

8. **My Home** will show your provider information and provider services.
9. **Eligibility** tab allows you to verify member eligibility and benefits.
10. **Claims** tab allows you to submit DDE claims, check claim status and the ability to search payment history and access Remittance Advice for printing or downloading to your computer.
11. **File Exchange** tab provides access to upload files. For Trading Partners it provides access to upload and download EDI files.
12. **Care Management** tab provides access to authorization status.
13. **Resources** tab provides downloads for you to gain additional information such as training tutorials.

## 1.5. Updating provider profile

The **My Profile** hyperlink lists the Provider Web Portal preferences and security information that can be updated. Updating any changes to your contact information will only change in the portal. It will not change or update any information that was submitted



on your Medicaid application to Provider Enrollment. To change your provider information with Provider Enrollment, you must complete an Update Application using the Online Provider Enrollment (OPE) Portal.

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

[Contact Us](#) | [Logout](#)

**My Home** | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

My Home

**Provider**

**Name** County Hospital Outpatient Services  
**Provider ID**  
**Location ID**

**My Profile** (circled in red)  
[Manage Accounts](#)

**Provider Services**

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [PASRR](#)
- [EHR Incentive Program](#)
- [EPSDT](#)
- [Presumptive Eligibility](#)

**Welcome Health Care Professional!**

[Contact Us](#)

[Secure Correspondence](#)


All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration  
P.O.Box 30042  
Reno, NV 89520-3042


We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

Click on **My Profile** link and the **Profile Maintenance** screen will appear. You can update your contact information, preferences, challenge questions, site key token and password.

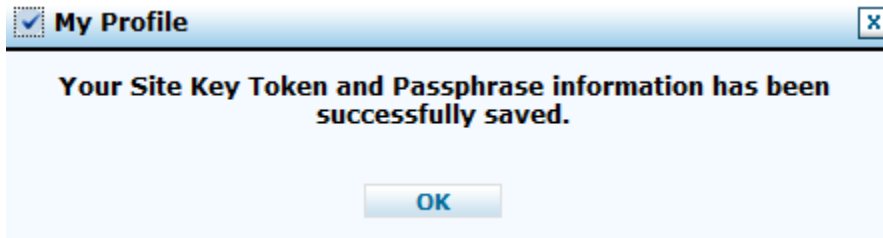
My Profile <span style="float: right;">?</span>	
<b>Name</b>	County Hospital Outpatient Services
<b>Roles</b>	
<b>Current Roles</b>	Provider - In Network
<b>Contact Information</b>	
<b>Display Name</b>	County Hospital Outpatient Services
<b>Phone Number</b>	
<b>Current Email</b>	
<a href="#">Edit</a>	
<b>Preferences</b>	
<b>Primary Language</b>	All
<b>Challenge Questions</b>	
<b>Challenge Question #1</b>	
<b>Answer to #1</b>	
<b>Challenge Question #2</b>	
<b>Answer to #2</b>	
<b>Challenge Question #3</b>	
<b>Answer to #3</b>	
<a href="#">Edit</a>	
<b>Site Key Token</b>	
<b>Site Key:</b>	
<b>Passphrase</b>	
<a href="#">Edit</a>	
<b>Password</b>	
<a href="#">Change Password</a>	

When editing your user profile, the changes will be marked with a "🟡" icon. You will then see which changes were made to your profile and can either edit again, confirm the changes or cancel the changes.

Site Key Token	
Update field labels are marked with a "🟡" icon.	
Review your changes and click the <b>Confirm</b> button to save your information.	
<b>🟡 Site Key:</b>	
<b>🟡 Passphrase</b>	Balloon
<a href="#">Edit</a> <a href="#">Confirm</a> <a href="#">Cancel</a>	



Click **Confirm** to see a confirmation screen box stating the change was successfully made. An email message will be sent to your email account verifying the changes made.



Click **OK**.

Continue to make any changes or click on the **My Home** tab to go back to the Home page. If you did not request any changes to your profile, the email sent to your email account will state to contact Customer Service immediately.

## 1.6. Granting access to a delegate

Once you have registered as a provider in EVS and have logged in, you can assign a delegate or Trading Partner access to EVS on your behalf.

To grant access:

1. Click on the **Manage Account** hyperlink on the EVS **My Home** page. The Manage Accounts page will appear.

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the Nevada state seal and the department name. A navigation bar contains links for My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. The main content area is titled "My Home" and features a "Welcome Health Care Professional!" message with a photo of five healthcare workers. To the left, a "Provider" profile is shown for "County Hospital Outpatient Services" with fields for Name, Provider ID, and Location ID, and links for "My Profile" and "Manage Accounts". Below that is a "Provider Services" section with a list of services. On the right, there are "Contact Us" and "Secure Correspondence" links, and contact information for Nevada Medicaid Administration.

## Provider

**Name** County Hospital  
Outpatient Services

**Provider ID**

**Location ID** 995

[My Profile](#)

1 [Manage Account](#)

The Delegate Assignment page contains three tabs.

2. Add New Delegate, and
3. Add Registered Delegate
4. Add Registered Trading Partner

A new delegate is someone that has never registered in EVS. A registered delegate is a delegate that is already registered in EVS, and exists as a delegate for another provider. A registered Trading Partner is Trading Partner that has already enrolled with Nevada Medicaid and has a Trading Partner ID.

Each tab contains a Functions list. The Functions list contains a list of functions a delegate can be granted access to by the provider.

2 **Manage Accounts** 3 [Back to My Home](#) ?

4 Add New Delegate Add Registered Delegate Add Registered Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

\*First Name

\*Last Name

\*Birth Date

\*Last 4 of DLN

Select the functions that the delegate is authorized to access

\*Functions  Base Delegate Access

- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

## 1.6.1. Adding a new delegate

Adding delegates will allow you, as a provider to “delegate” administrative duties to your office staff and act on your behalf. Prior to adding a delegate, the staff member must provide you with:

- Full name
- Date of birth
- Last four digits of their Driver’s License Number

(DLN) To add a new delegate:

1. Click on **Manage Account**. The Delegate Assignment screen appears.



2. Click **Add New Delegate** tab.
3. Enter in all information, including last four digits of Driver’s License Number (DLN).
4. Select the functions that the delegate is authorized to access.  
(At least one function must be selected)
5. Click **Submit**. Next screen will ask for a confirmation of information submitted.

**Manage Accounts** [Back to My Home](#) ?

2 Add New Delegate Add Registered Delegate Add Registered Trading Partner

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

3

\* **First Name** John

\* **Last Name** Tester

\* **Birth Date** 01/01/1980

\* **Last 4 of DLN** 1234

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Select the functions that the delegate is authorized to access

4

\* **Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

5

**Submit** **Cancel**

6. Click **Edit**, **Confirm** or **Cancel**.

**Manage Accounts** [Back to My Home](#) ?

Add New Delegate

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

**First Name** John

**Last Name** Tester

**Birth Date** 01/01/1980

**Last 4 of DLN** 1234

**Decision** Active

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**Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

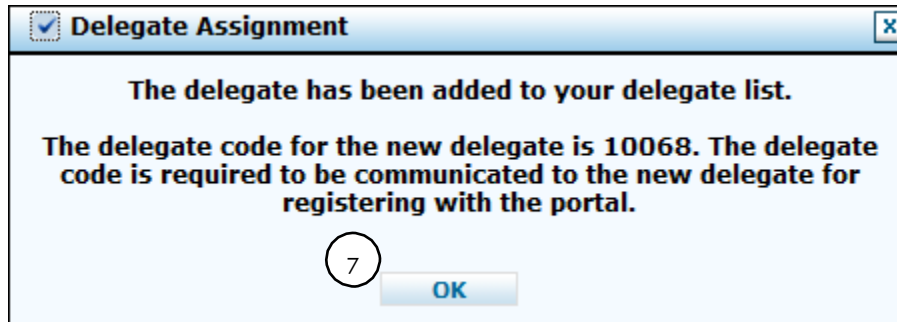
6

**Edit** **Confirm** **Cancel**

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

7. Click **Confirm** to confirm the delegate.

The **Delegate Assignment** screen displays with the **Delegate Code** for the new delegate. The delegate must enter this code to register. The delegate should maintain this code in case another provider would like to add him/her as a delegate.



8. Click **Ok** to return to the Delegate Assignment screen to add another delegate or add a delegate that is already registered.

## 1.6.2. Adding an existing registered delegate

A provider's office may have more than one provider of services but utilize the same staff to perform administrative duties. Each provider will register in EVS and may want to delegate administrative duties to the same staff as the other provider. Although each provider registers separately, the delegate only needs to register once. The provider can add a registered delegate to perform administrative duties on their behalf.

To add an existing registered delegate:

1. From My Home page, click the **Manage Account** hyperlink. The Manage Accounts screen appears.



2. Click the **Add Registered Delegate** tab.

Manage Accounts Back to My Home ?

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

\* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

\*Last Name

\*Delegate Code

---

Select the functions that the delegate is authorized to access

\*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

**Submit**   **Cancel**

3. Enter the last name and the delegate code of a delegate that is currently registered under another provider. The delegate will provide you with this code.
4. Select the functions that the delegate is authorized to access.  
(At least one function must be selected)
5. Click **Submit**. Next screen will ask for a confirmation of information submitted.

Manage Accounts Back to My Home ?

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

\* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

3 \*Last Name

Delegate Code

---

Select the functions that the delegate is authorized to access

\*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

5 **Submit**   **Cancel**

6. Click **Edit**, **Confirm** or **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**.*

Manage Accounts Back to My Home ?

Add Registered Delegate

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

**First Name** Charlie  
**Last Name** Brown  
**Birth Date** 12/02/1972  
**Last 4 of DLN** 1234  
**Delegate Code** 100

**Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

**Edit** **Confirm** **Cancel**

7. To confirm the delegate information, click **Confirm**.

A **Delegate Assignment** confirmation box displays stating the delegate was added to the provider's delegate list.

**Delegate Assignment** X

**The delegate has been added to your delegate list.**

7 **OK**

8. Click **Ok**. The delegate will be added to the Delegate Assignment page.

### 1.6.3. Adding a Trading Partner

Adding Trading Partners will allow you, as a provider, to authorize a Trading Partner to submit your transactions on your behalf. Prior to adding a Trading Partner, the Trading Partner must provide you with:

- Trading Partner Name

and/or

- Trading Partner ID

1. Click on Manage Account. The Delegate Assignment screen appears.

**Provider**

**Name** County Hospital  
Outpatient Services

**Provider ID**

**Location ID** 995

[My Profile](#)

**1** [Manage Account](#)

2. Click Add Registered Trading Partner tab.
3. Enter Trading Partner Name and/or Trading Partner ID.
4. Click Validate. Next screen will allow you to select the transactions for this Trading Partner.

**Manage Accounts** [Back to My Home](#) ?

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**

**4** **Validate**

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

**Manage Accounts** [Back to My Home](#) ?

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
- 5**  835 Health Care Claim Payment/Advice
- 837D Health Care Claim: Dental
- 837I Health Care Claim: Institutional
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

**6** **Submit** **Cancel**



7. Click **Edit**, **Confirm** or **Cancel**.

Manage Accounts Back to My Home ?

Add Registered Trading Partner

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

**Trading Partner Name** EDI  
**Trading Partner ID** 9999

---

**Transactions**

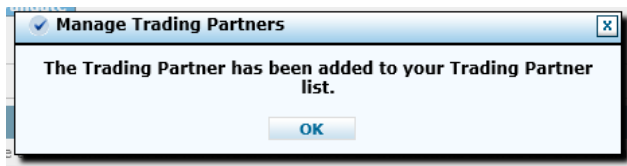
- 270/271 Health Care Eligibility Request/Response Batch
- 276/277 Health Care Claim Status Request/Response Batch
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837D Health Care Claim: Dental
- 837I Health Care Claim: Institutional
- 837P Health Care Claim: Professional
- D.0 - NCPDP - Batch Standard 1.2

7

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**.

8. 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.



## 1.6.4. Inactivating a delegate

Staffing changes do occur in provider's offices and there may be a time when you may need to remove a delegate from your Delegate Assignment list.

To inactivate a delegate:

1. From My Home page, click **Manage Account**. The Manage Accounts page displays all active delegates registered under the logged in provider.



- Click the delegate's name to change the status of the delegate. The delegate's information will display under the **Edit Delegate** tab.

**Manage Accounts** [Back to My Home](#) ?

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

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

\***First Name**

\***Last Name**

\***Birth Date**

\***Last 4 of DLN**

---

Select the functions that the delegate is authorized to access

\***Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

---

**Delegates**

Click the Delegate's **name** to change the status of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Delegate Code	Decision
1	<a href="#">brown, charlie</a>	Charlie Brown	01/01/1980	1234	10112	Active
2	<a href="#">apple, johnny</a>	Johnny Apple	01/01/1980	1234	10113	Active

- Select **Inactive** and click **Submit**.

**Manage Accounts** [Back to My Home](#) ?

[Edit Delegate](#)

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

**First Name** charlie  
**Last Name** brown  
**Birth Date** 01/01/1980  
**Last 4 of DLN** 1234  
**Delegate Code** 10112

\***Decision**  Active  Inactive

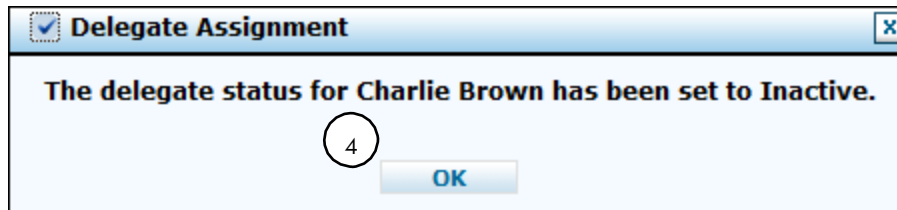
---

Select the functions that the delegate is authorized to access

\***Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claim - Submit and Resubmit
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

A message screen box displays stating the delegate status has been set to Inactive.



This will change the delegate status from Active to Inactive and will not allow that delegate to access your provider's information.

4. Click **OK**.

## 1.6.5. Removing a Trading Partner

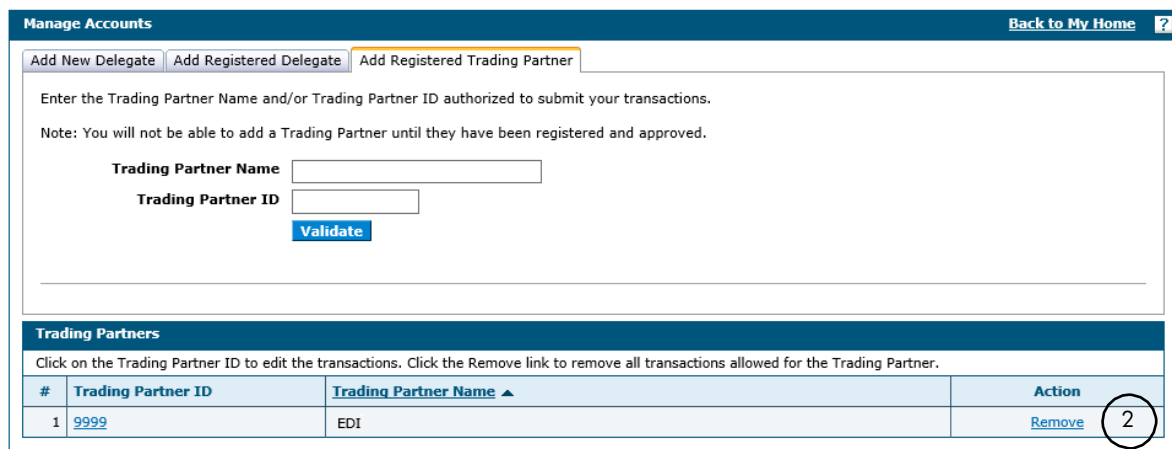
Changes do occur and there may be a time when you may need to remove a Trading Partner from your Trading Partner list.

To remove a Trading Partner:

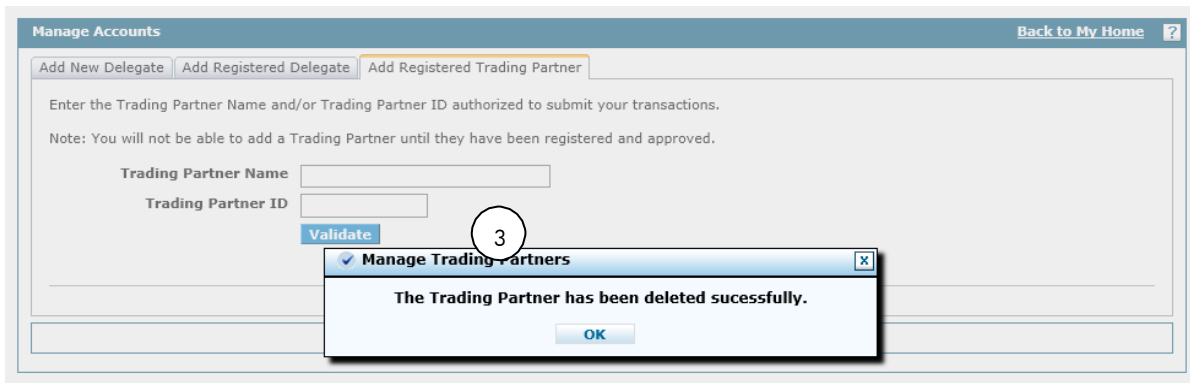
1. From My Home page, click **Manage Account**.



2. Click on the Add Registered Trading Partner tab to display the Trading Partner list. Click the Remove link next to the Trading Partner.



3. A message will display to confirm the Trading Partner was deleted successfully.



4. Click **OK**.

## 1.6.6. Registering as a delegate

A user registers only once when entering the EVS Home page for the first time. To register as a delegate, you will need an **access code**. An access code is obtained only after you have given your provider or office administrator the following information:

- Full name
- Date of birth
- Last four digits of your Driver's License Number (DLN)

Once this information is entered into EVS, your provider or office administrator will add you as a delegate and receives the access code. You need this access code to register as a delegate.

To register for EVS as a delegate:

1. From the EVS Home page, click **Register Now**.



Home

---

Home

**Provider Login** ?

\*User ID

[Log In](#)

[Forgot User ID?](#)  
[Register Now](#)

[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1123](#)  
 Online Provider Enrollment Summary Page Updated

[Web Announcement 1122](#)  
 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016

[Web Announcement 1121](#)  
 Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.




[Website Requirements](#)

- From the **Registration Selector** page, select the option that best describes your role, i.e., Provider or Delegate.
- Click **Delegate**.


**Registration**

Select one of the following options that best describes your role.




**Provider**

An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.




**Delegate**

An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.  
 Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.



**Trading Partner**

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.



**Managed Care Org**

An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

- On the first Registration page, enter delegate information in the fields flagged with a red asterisk (\*).
- Click **Continue**.

**Registration Step 1 of 2 - Personal Information** ?


\* Indicates a required field.

Please provide the following information to get started!

**Important:** If you are registering as the administrative user then you will be responsible for gathering required delegate information and creating all delegates for your NPI, Tax ID and zip code.

4 \*First Name

\*Last Name

\*Birth Date  

\*Last 4 of DLN

5 \*Delegate Code

**NOTE:** If you entered any information that does not match what the provider or office administrator had previously entered into EVS, you will get the following error message, **“Error - Unable to identify your user account based on the information provided. Review the information and try again. If the problem persists, contact customer service for assistance.”**

6. On the second Registration page, enter a **User ID** and **Password**.

*Your password must be 8 to 20 characters in length, not be the same as your user ID or contain the user’s first or last name, and must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter and non alphanumeric characters: : ~!@#%\$%^&\* \_-+=`|\(){}[];:”'<>.,?/.*

The following error message will display if the password does not meet the complexity or minimum length requirements:

**Registration Step 2 of 2 - Security Information** ?

\* Indicates a required field.

---

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. The password cannot contain the user’s first or last name

\*User ID

\*Password

**Your password must be 8 to 20 characters in length and cannot contain your name or last name. It should not be the same as your user id and it must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter, and non-alphanumeric characters.**

\*Confirm Password

7. Check for **User ID** availability.
8. When confirmed available, click **Ok**.
9. Enter contact information.

**Registration Step 2 of 2 - Security Information** ?

\* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

6 \*User ID  7

\*Password

\*Confirm Password

---

Please provide your contact information below.

9 \*Display Name

\*Phone Number

\*Email

\*Confirm Email

Your contact information will include a phone number and an email address. This one-time entry will be saved and will be used to contact you to respond to any correspondences or inquiries you send through the secured portal.

10. Choose a personalized **site key**.

The site key provides a visual confirmation that the correct user has accessed the correct website area. The key protects your privacy online by pairing the key with the official Provider Web Portal, and not an unauthorized website.

11. Type a **Passphrase** of your choosing. The passphrase is yet another security identifier for the user and the official website.

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

10 Site Key:

  
 Apple

  
 Balloon

  
 Balloons

  
 Baseball

  
 Billiards

11 \*Passphrase

12. Select **Challenge Questions** and provide your answers. The challenge questions will only be verified when using a public computer.

Select a unique challenge question and provide an answer for each of the question groups below.

12

Challenge Question #1

\*Answer to #1

Challenge Question #2

\*Answer to #2

Challenge Question #3

\*Answer to #3

13. Read the user agreement and select the **User Agreement** box.

By selecting the User Agreement box, you acknowledge that you have read the user agreement and agree with the terms and conditions as described about the role in which you will perform.

#### 14. Click **Submit**.

The screenshot shows a 'User Agreement' form. At the top, there is a header 'User Agreement'. Below it, the text of the agreement is displayed in a scrollable area. A callout '13' points to a checkbox with the text: '\*  By checking this box, you acknowledge that you have read and understood the User Agreement, and agree to the terms and conditions as described about the role which you will perform.' Below the checkbox, there are two buttons: 'Submit' and 'Cancel'. A callout '14' points to the 'Submit' button.

A pop-up box displays stating "User Successfully Registered." A confirmation email containing login information will be sent to the email address provided. Email notification can take 15 to 30 minutes to be delivered.

#### 15. Click **OK**.



### 1.6.7. Registering as a Trading Partner

A user registers only once when entering the EVS Home page for the first time. To register as a Trading Partner, you will need a **Trading Partner ID**. A Trading Partner ID is obtained only after you have enrolled as a Trading Partner with Nevada Medicaid. Once a Trading Partner has been approved to register for a PWP account, they will receive an email indicating that the application process is complete.

To register for EVS as a Trading Partner:

1. From the EVS Home page, click Register Now.





Home

Home

### Provider Login

\*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

### What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



[Website Requirements](#)

### Web Announcements

[Web Announcement 1123](#)  
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[Web Announcement 1121](#)  
Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be

1

2. From the Registration Selector page, select Trading Partner.


Registration

Select one of the following options that best describes your role.



**Provider**


An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.



**Delegate**


An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.  
Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.

2



**Trading Partner**

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.



**Managed Care Org**

An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

3. On the first Registration page, enter the Trading Partner ID. The field is flagged with a red asterisk (\*).

**Registration Step 1 of 2 - Personal Information** ?

\* Indicates a required field.

Please provide the following information to get started!  
**Important:** If you are registering as a provider, enter the provider's first and last name, or split the facility or organization name across the first and last names. If you have chosen to register as a delegate, you must have already provided your birth date and driver's license number (DLN) to a registered provider, who will add you as a delegate and obtain the delegate code for you.  
 If you have chosen to register as a Trading Partner, enter the Trading Partner ID.  
 If you have chosen to register as a Managed Care Org, enter the NPI/Provider ID and Zip Code.

\*Trading Partner ID

4. Click **Continue**.

5. On the second Registration page, enter a **User ID** and **Password**.

Your password must be 8 to 20 characters in length, not be the same as your user ID or contain the user's first or last name, and must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter and non alphanumeric characters: :  
 ~!@#\$\$%^&\* \_-+= ` | \(){}[];:"'<>.,?/.

The following error message will display if the password does not meet the complexity or minimum length requirements:

**Registration Step 2 of 2 - Security Information** ?

\* Indicates a required field.

---

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. The password cannot contain the user's first or last name

5 \*User ID

\*Password

**Your password must be 8 to 20 characters in length and cannot contain your name or last name. It should not be the same as your user id and it must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter, and non-alphanumeric characters.**

\*Confirm Password

6. Check for **User ID** availability.

7. When confirmed available, click **Ok**.

8. Enter contact information.

**Registration Step 2 of 2 - Security Information**

\* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

6

\*User ID

\*Password

\*Confirm Password

---

Please provide your contact information below.

8

\*Display Name

\*Phone Number

\*Email

\*Confirm Email

Your contact information will include a phone number and an email address. This one-time entry will be saved and will be used to contact you to respond to any correspondences or inquiries you send through the secured portal.

9. Choose a personalized **site key**.

The site key provides a visual confirmation that the correct user has accessed the correct website area. The key protects your privacy online by pairing the key with the official Provider Web Portal, and not an unauthorized website.

10. Type a **Passphrase** of your choosing. The passphrase is yet another security identifier for the user and the official website.

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

9

Site Key:

10

\*Passphrase

11. Select **Challenge Questions** and provide your answers. The challenge questions will only be verified when using a public computer.

Select a unique challenge question and provide an answer for each of the question groups below.

11

\*Challenge Question #1

\*Answer to #1

\*Challenge Question #2

\*Answer to #2

\*Challenge Question #3

\*Answer to #3

12. Read the user agreement and select the **User Agreement** box. By selecting the User Agreement box, you acknowledge that you have read the user agreement and agree with the terms and conditions as described about the role in which you will perform.

13. Click **Submit**.

The screenshot shows a 'User Agreement' form. At the top, there is a header 'User Agreement'. Below it, the text reads: 'Access Policy' followed by a paragraph: 'This application and computer system are the property of Nevada Medicaid. The use of this system is for authorized users only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Users consent via utilization of this application or system to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of Nevada Medicaid and the Nevada Division of Health Care Financing and Policy (DHCFF).' Below this is another paragraph: 'The information transmitted, received and access through this website may include confidential information whose disclosure is governed by federal and or state law.' This is followed by a list of terms: '- Unauthorized use is prohibited;', '- Usage may be subject to security testing and monitoring;', '- Misuse is subject to criminal prosecution;', '- No expectation of privacy except as otherwise provided by applicable privacy laws.', '- Improper use of this application or system may result in disciplinary action, termination of employment and/or civil and criminal penalties, and may be disclosed to law enforcement authorities.', and '- Unauthorized attempts to defeat or circumvent security features, to use the system for other than intended purposes, to deny service to authorized users, to...'. At the bottom of the form, there is a checkbox with a red asterisk and the text: '\*  By checking this box, you acknowledge that you have read and understood the User Agreement, and agree to the terms and conditions as described about the role which you will perform.' Below the checkbox are two buttons: 'Submit' and 'Cancel'. A red circle with the number '12' is around the checkbox, and another red circle with the number '13' is around the 'Submit' button.

A pop-up box displays stating "User Successfully Registered." A confirmation email containing login information will be sent to the email address provided. Email notification can take 15 to 30 minutes to be delivered.

14. Click **OK**.

The screenshot shows a pop-up window titled 'User Successfully Registered'. The text inside the window reads: 'You have successfully registered for the provider portal!' followed by 'A confirmation email containing your login information has been sent to the email address provided. Email notifications can take 15 to 30 minutes to be delivered.' At the bottom of the window is an 'OK' button. A red circle with the number '14' is around the 'OK' button.

## 1.6.8. Registering as a Managed Care Organization (MCO)

A user registers only once when entering the EVS Home page for the first time. To register as an MCO, you will need an **NPI/Provider ID**.

To register for EVS as an MCO:

1. From the EVS Home page, click Register Now.



Home

Home

**Provider Login** ?

\*User ID

[Log In](#)

[Forgot User ID?](#)  
[Register Now](#)

[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1123](#)  
 Online Provider Enrollment Summary Page Updated

[Web Announcement 1122](#)  
 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016

[Web Announcement 1121](#)  
 Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.




[Website Requirements](#)

2. From the Registration Selector page, select Managed Care Org.


**Registration**

Select one of the following options that best describes your role.




**Provider**

An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a provider of services.



**Delegate**


An individual Designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.  
 Note that although there can only be one provider administrator (who registered as a provider), the administrator can register many delegates to utilize the website from different physical locations. These delegates must be identified and registered by the provider administrator.



**Trading Partner**

An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.

2



**Managed Care Org**

An entity, authorized by the state, to operate a prepaid healthcare delivery plan (as a health maintenance organization - HMO). This entity arranges, administers, and pays for the delivery of healthcare services to members, as designated by the state.

3. On the first Registration page, enter the NPI/Provider ID, and Zip Code. These fields are flagged with a red asterisk (\*).

**Registration Step 1 of 2 - Personal Information** ?

\* Indicates a required field.

Please provide the following information to get started!  
**Important:** If you are registering as a provider, enter the provider's first and last name, or split the facility or organization name across the first and last names. If you have chosen to register as a delegate, you must have already provided your birth date and driver's license number (DLN) to a registered provider, who will add you as a delegate and obtain the delegate code for you.  
 If you have chosen to register as a Trading Partner, enter the Trading Partner ID.  
 If you have chosen to register as a Managed Care Org, enter the NPI/Provider ID and Zip Code.

\*NPI/Provider ID

\*Zip Code

4. Click **Continue**.

5. On the second Registration page, enter a **User ID** and **Password**.

*Your password must be 8 to 20 characters in length, not be the same as your user ID or contain the user's first or last name, and must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter and non alphanumeric characters: :  
 ~!@#\$\$%^&\* \_-+= ` | \(){}[]:;'"<>.,?/.*

The following error message will display if the password does not meet the complexity or minimum length requirements:

**Registration Step 2 of 2 - Security Information** ?

\* Indicates a required field.

---

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. The password cannot contain the user's first or last name

5 \*User ID

\*Password

**Your password must be 8 to 20 characters in length and cannot contain your name or last name. It should not be the same as your user id and it must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter, and non-alphanumeric characters.**

\*Confirm Password

6. Check for **User ID** availability.

7. When confirmed available, click **Ok**.

8. Enter contact information.



**Registration Step 2 of 2 - Security Information** ?

\* Indicates a required field.

The User ID and Password cannot be the same and the password must be 8-20 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter.

6

\*User ID

\*Password

\*Confirm Password

---

Please provide your contact information below.

8

\*Display Name

\*Phone Number

\*Email

\*Confirm Email

Your contact information will include a phone number and an email address. This one-time entry will be saved and will be used to contact you to respond to any correspondences or inquiries you send through the secured portal.

9. Choose a personalized **site key**.

The site key provides a visual confirmation that the correct user has accessed the correct website area. The key protects your privacy online by pairing the key with the official Provider Web Portal, and not an unauthorized website.

10. Type a **Passphrase** of your choosing. The passphrase is yet another security identifier for the user and the official website.

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

9

Site Key:

  
 Apple

  
 Balloon

  
 Balloons

  
 Baseball

  
 Billiards

10

\*Passphrase

11. Select **Challenge Questions** and provide your answers. The challenge questions will only be verified when using a public computer.

Select a unique challenge question and provide an answer for each of the question groups below.

11

\*Challenge Question #1

\*Answer to #1

\*Challenge Question #2

\*Answer to #2

\*Challenge Question #3

\*Answer to #3

12. Read the user agreement and select the **User Agreement** box.

By selecting the User Agreement box, you acknowledge that you have read the user agreement and agree with the terms and conditions as described about the role in which you will perform.

13. Click **Submit**.

**User Agreement**

Access Policy

This application and computer system are the property of Nevada Medicaid. The use of this system is for authorized users only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Users consent via utilization of this application or system to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of Nevada Medicaid and the Nevada Division of Health Care Financing and Policy (DHCFP).

The information transmitted, received and access through this website may include confidential information whose disclosure is governed by federal and or state law.

- Unauthorized use is prohibited;
- Usage may be subject to security testing and monitoring;
- Misuse is subject to criminal prosecution;
- No expectation of privacy except as otherwise provided by applicable privacy laws.
- Improper use of this application or system may result in disciplinary action, termination of employment and/or civil and criminal penalties, and may be disclosed to law enforcement authorities.
- Unauthorized attempts to defeat or circumvent security features, to use the system for other than intended purposes, to deny service to authorized users, to

12 \*  By checking this box, you acknowledge that you have read and understood the User Agreement, and agree to the terms and conditions as described about the role which you will perform.

13 **Submit** **Cancel**

A pop-up box displays stating “User Successfully Registered.” A confirmation email containing login information will be sent to the email address provided. Email notification can take 15 to 30 minutes to be delivered.

14. Click **OK**.

**User Successfully Registered**

**You have successfully registered for the provider portal!**

**A confirmation email containing your login information has been sent to the email address provided. Email notifications can take 15 to 30 minutes to be delivered.**

14 **OK**

## 1.7. Logging in as a delegate or Trading Partner

After the registration process has been completed, you can login for secured access to various features.

To log in to EVS:





Home

Home

### Provider Login

**\*User ID**

[Log In](#)

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

#### What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

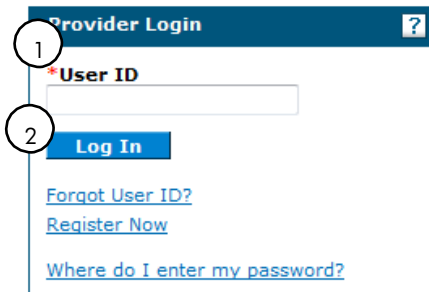


[Web Announcements](#)

- [Web Announcement 1123](#)  
Online Provider Enrollment Summary Page Updated
- [Web Announcement 1122](#)  
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016
- [Web Announcement 1121](#)  
Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be

[Website Requirements](#)

1. Type your **User ID**.
2. Click **Login**.



Provider Login

**\*User ID**

[Log In](#)

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

3. Answer the challenge question to verify your identity. You must respond to the challenge question the first time you use a personal computer, or every time you use a public computer.
4. Select whether you are using a personal computer or a public use computer.
5. Click **Continue**.

**Computer and Challenge Question**

**Site Key**  
 The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

**Answer the challenge question to verify your identity.**

3 **Challenge Question** In what city were you born?  
 \*Your Answer   
[Forgot answer to challenge question?](#)

4 **Select**  This is a personal computer. Register it now.  
 This is a public computer. Do not register it.

5

The next page displays your **site key** token. Confirm that your site key token and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.

6. Enter your password.
7. Click **Sign In**.

**Confirm Site Key Token and Passphrase**

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

**Make sure your site key token and passphrase are correct.**

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password. Call the [customer help desk](#) to report the incident.

**Site Key:**

**Passphrase** apple

6 **Password**

7  [Forgot Password?](#)

You have successfully logged into EVS! Displayed on the Home page under My Home, you will see user name along with the name of the provider that assigned you as a delegate; the provider's NPI and location.

In addition to providing the ability to verify member eligibility benefits and check claim status, this secure website provides access to authorization status and access Remittance Advice for printing or downloading to your computer.

### 1.7.1. Switching providers as a delegate

After logging into EVS, you will be directed to the **My Home** page. You have the option to remain under the current provider or switch to another provider. To switch providers:

1. From the My Home page, click **Switch Provider**.



My Home

Delegate for Healthcare

Role IDs Provider - In Network - 9005(NPI)

Location 031 - SPARKS, NV, 894317579

**Provider**

Welcome Charlie Brown  
 Name HEALTH CARE SERVICES LLC  
 Provider ID 9005(NPI)  
 Location ID 031

Welcome Health Care Professional!



Contact Us

Secure Correspondence

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration  
P.O.Box 30042  
Reno, NV 89520-3042

- 1 My Profile
- 2 Switch Provider

Provider Services

We are committed to make it easier for physicians and other providers to perform

The Switch Provider screen displays.

- The **Selected Provider** tab displays with the information of the last selected provider. You can select the Switch Provider tab to search or select a different provider. You can only switch between providers that have authorized access for you, the delegate.

**Switch Provider** ?

Currently you are logged in as a delegate for County Hospital Outpatient Services.

Selected Provider **Switch Provider**

To search for or switch to another Provider, click the **Switch Provider** tab.

**Selected Provider Information**

<b>Provider</b>	County Hospital Outpatient Services	<b>Email</b>
<i>Roles</i>		
■ <b>Provider - In Network:</b> Validated		
<i>Identifiers</i>		
■		
<i>Location</i>		
■ 003 -		

**Close**

### 3. Switch Provider tab

When you click on the Switch Provider tab, a list of available providers will display at the bottom of the screen. You also have the ability to search for specific providers by filling in the information in the appropriate fields.

### 4. Available Providers

Delegates inherit the rights of the provider. When you select a provider in the results list, you switch operating on that provider's behalf. You can also search to find the correct provider in

the delegate's list of authorized providers. When you are authorized by a new provider, the provider information displays in the results list.

**Switch Provider** ?

Currently you are logged in as a delegate for **County Hospital Outpatient Services**.

Selected Provider:

5 Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

First Name  Last Name

Email

4

**Available Providers**

Select a Provider that you wish to switch to, then click **Submit** button. Total Records: 1

#	Display Name ▲	First Name	Last Name	Email Address
1	<input type="radio"/> David Green	David	Green	

**Switch Provider** ?

Currently you are logged in as a delegate for **Healthcare**.

Selected Provider:

5 Enter at least one selection criteria below and click **Search** to retrieve information.

Display Name

Email

4 **Available Providers**

Select a Provider that you wish to switch to, then click **Submit** button. Total Records: 3

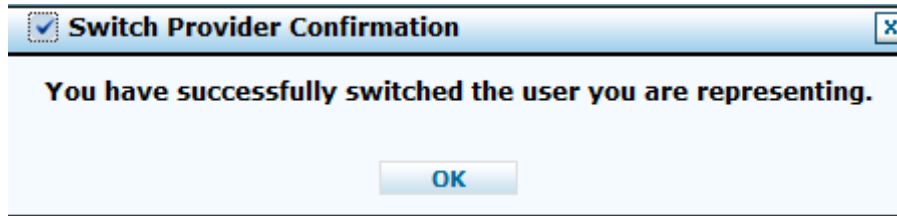
#	Display Name ▲	Email Address
1	<input type="radio"/> County Hospital Outpatient Services	
2	<input type="radio"/> David Green	
3	<input type="radio"/> Joe Cool	

### 5. Search Providers

To search for a specific provider, enter the provider's name, first name, last name or email address and click **Search**. To limit the amount of searches, you should enter as much known information as possible before clicking on search.

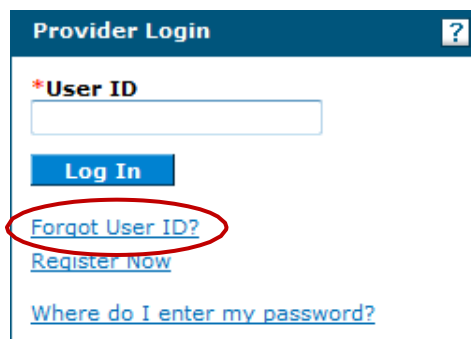
**NOTE:** In the example above, the delegate has logged in under Healthcare but has the ability to switch to an available provider, Dr. David Green. By checking on David Green, the delegate will no longer be logged in to view services under Healthcare.

After switching providers, you will receive the **Switch Provider Confirmation** screen. Click **OK**.



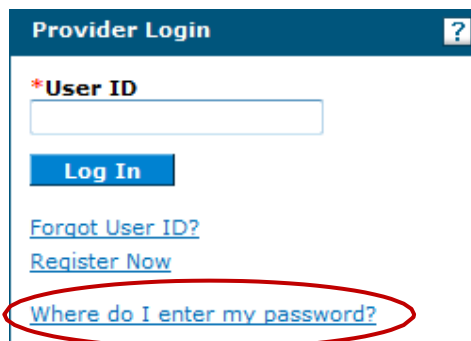
## 1.8 Forgot user ID?

This hyperlink provides assistance when you have forgotten your registered **User ID**. Upon verification of key identifiers on the portal security directory, an email is sent to the email address associated with your profile containing a temporary password that must be reset upon successful login.



### 1.8.1 Where do I enter my password?

This hyperlink displays a page that explains the login process.



### 1.8.2 Log in failure

If you enter an incorrect User ID, you are allowed to go to the next screen and enter the answer to the challenge question. Although the answer to the challenge question may be correct, you will receive an error message, "Error. Your answer was incorrect. Please try

again.” This error will also occur if the incorrect User ID was entered. Go back to the **Home** page and enter in the correct User ID.

**Error**  
Your answer was incorrect. Please try again.

**Answer the challenge question to verify your identity.**

**Challenge Question** What is your mother's maiden name?

**\*Your Answer**

[Forgot answer to challenge question?](#)

**Select**

This is a personal computer. Register it now.

This is a public computer. Do not register it.

**Continue**

If you enter the incorrect answer to the **challenge question**, you will get “**Error – Your answer was incorrect. Please try again.**” Enter the correct answer to the challenge question and click **Continue**.

If you forget the answer to the challenge question, click **Forgot answer to challenge question?** This link will take you to the **Contact Us** page for further assistance.

### 1.8.3 Incorrect password

If you enter an incorrect password, you will receive an error message stating “**Error. Your password was incorrect. Please try again.**” Enter the correct password and click **Sign In**. If you forget your password, click **Forgot Password?**

**Error**

Your password was incorrect. Please try again.

**Make sure your site key token and passphrase are correct.**

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password.  
Call the [customer help desk](#) to report the incident.

**Site Key:** 

**Passphrase** apple

**\*Password**

**Sign In**

[Forgot Password?](#)

Clicking **Forgot Password?** will take you to the **Forgot Password** page. Answer the Challenge Question correctly and click on the **Submit** button.

**Forgot Password** ?

\* Indicates a required field.

Answer the following challenge question. We will use the answer to help authenticate your identity. If we find a match, an email will be sent to your email address on record.

**Challenge Question** In what city were you born?

**\*Your Answer**

**Submit** **Cancel**

Answering the challenge question correctly will give you the validated password box. An email notification will be sent to your email account with a temporary password to enter into the password screen to complete your portal access.

**Forgot Password** x

**You have successfully validated your Password.**

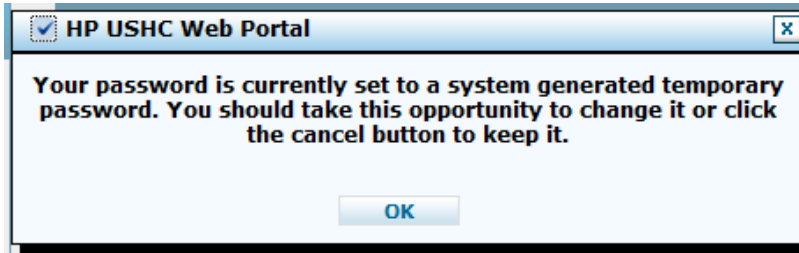
**We have sent an email with your account information to the email address on record. Email notifications can take 15 to 30 minutes to be delivered.**

**OK**

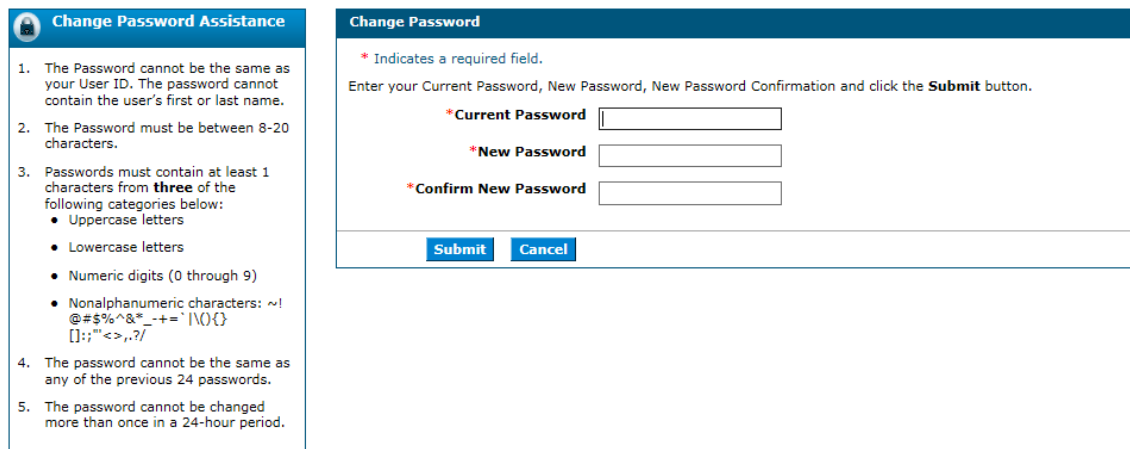
Clicking **OK** takes you back to the password page. In order to get the temporary password to enter in this screen, you need to access your email account to receive the temporary password. The email was sent to your email account that was given at the time you registered.

## 1.8.4 Updating password

After accessing your email account to get the temporary password, enter the temporary password in the password page of the portal. When completed successfully, you will receive the **Change Password** screen box below. Click **Ok** to gain entry into the Change Password Screen.



Enter in the temporary password given to you in the **Current Password** field. Choose a new password and click on **Submit**. The new password cannot be the same as any of the previous 24 passwords, and can only be changed once in a 24-hour period.

The image shows two side-by-side screenshots from a web portal. The left screenshot is titled "Change Password Assistance" and lists five rules for password creation: 1. Password cannot be the same as User ID or contain first/last name. 2. Password must be 8-20 characters. 3. Password must contain at least 1 character from three categories: uppercase letters, lowercase letters, and numeric digits (0-9). 4. Password cannot be the same as any of the previous 24 passwords. 5. Password cannot be changed more than once in a 24-hour period. The right screenshot is titled "Change Password" and contains a message: "\* Indicates a required field. Enter your Current Password, New Password, New Password Confirmation and click the Submit button." Below the message are three input fields: "\*Current Password", "\*New Password", and "\*Confirm New Password". At the bottom are "Submit" and "Cancel" buttons.



The following error message will display if the password does not meet the complexity or minimum length requirements:

**Change Password Assistance**

- The Password cannot be the same as your User ID. The password cannot contain the user's first or last name.
- The Password must be between 8-20 characters.
- Passwords must contain at least 1 character from **three** of the following categories below:
  - Uppercase letters
  - Lowercase letters
  - Numeric digits (0 through 9)
  - Nonalphanumeric characters: ~!@#%&^&\*-+=`|\(){}[]:;'"<>.,/?
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot be changed more than once in a 24-hour period.

**Change Password**

\* Indicates a required field.

Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

\*Current Password

\*New Password

Your password must be 8 to 20 characters in length and cannot contain your name or last name. It should not be the same as your user id and it must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter, and non-alphanumeric characters.

\*Confirm New Password

The following error message will display if the password is the same as one of the previous 24 passwords or you are trying to change it more than once in 24 hours:

**Change Password Assistance**

- The Password cannot be the same as your User ID. The password cannot contain the user's first or last name.
- The Password must be between 8-20 characters.
- Passwords must contain at least 1 character from **three** of the following categories below:
  - Uppercase letters
  - Lowercase letters
  - Numeric digits (0 through 9)
  - Nonalphanumeric characters: ~!@#%&^&\*-+=`|\(){}[]:;'"<>.,/?
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot be changed more than once in a 24-hour period.

**Error**

The new password is the same as one of the previous 24 passwords or you are trying to change it more than once in 24 hours. Enter a new password and try again.

**Change Password**

\* Indicates a required field.

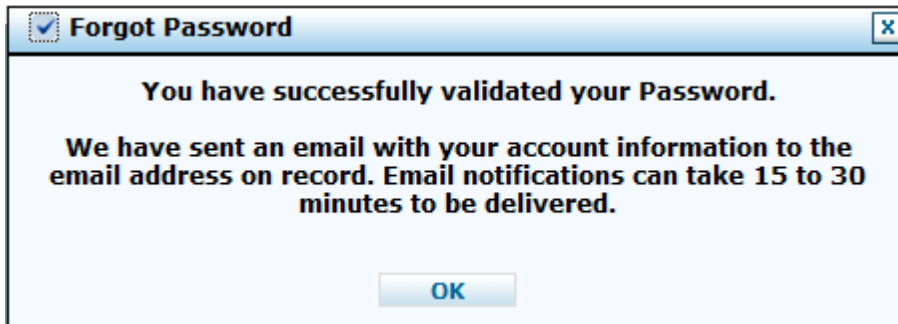
Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

\*Current Password

\*New Password

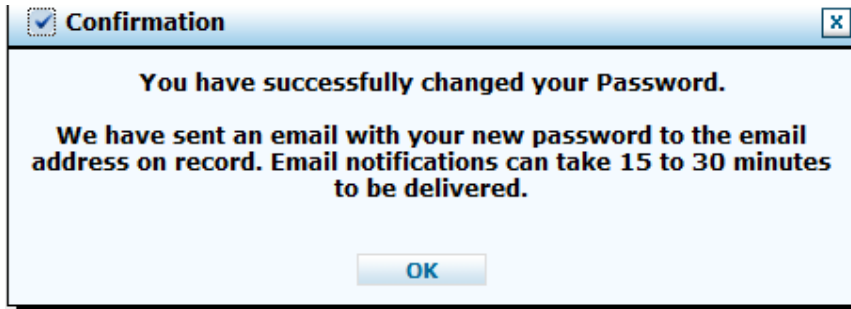
\*Confirm New Password

You will see the Forgot Password validation box. Click **OK**. An email will be sent to your email account provided at the time of registration. See email example below.



*“This email was sent to confirm that you have successfully changed your password in the Nevada Medicaid Provider Portal. Your new password is listed below. Please keep a copy of this email in a safe place for future reference.  
 Password: XXXXXXXXXXXX  
 If you have any questions or concerns regarding this email, feel free call us at (877) 638-3472. Do not attempt to reply to this automated email.  
 Sincerely,  
 Division of Health Care Financing and Policy Provider Portal User management”*

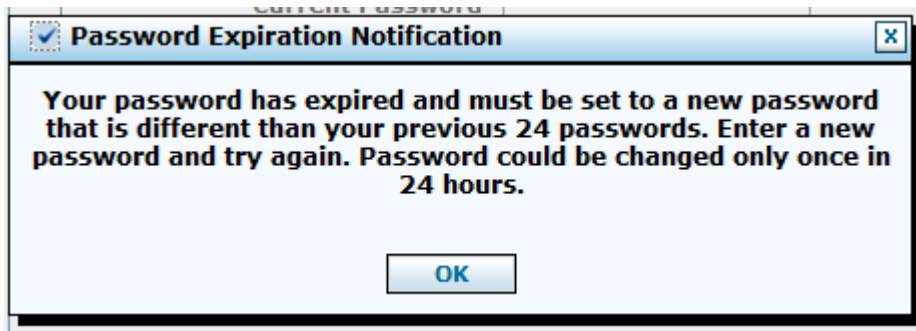
You can also change your password by going to the **My Profile** link from the **My Home** page. After updating your password, you will see a **Confirmation** screen box that states your password was successfully changed. Updating the password will generate another email sent to your email account alerting you that your password has been changed.



Click **OK**.

## 1.8.5 Password expired

After you have registered and logged in to the portal, your password will expire after 60 days. When you log on and enter your password, you will get a **Password Expiration Notification**.



Click **OK** to be taken to the Change Password screen.

**Change Password Assistance**

- The Password cannot be the same as your User ID. The password cannot contain the user's first or last name.
- The Password must be between 8-20 characters.
- Passwords must contain at least 1 characters from **three** of the following categories below:
  - Uppercase letters
  - Lowercase letters
  - Numeric digits (0 through 9)
  - Nonalphanumeric characters: ~!@#\$\$%^&\*~\_+={\|}{}[];:"<>.,?/
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot be changed more than once in a 24-hour period.

**Change Password**

\* Indicates a required field.

Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

\*Current Password

\*New Password

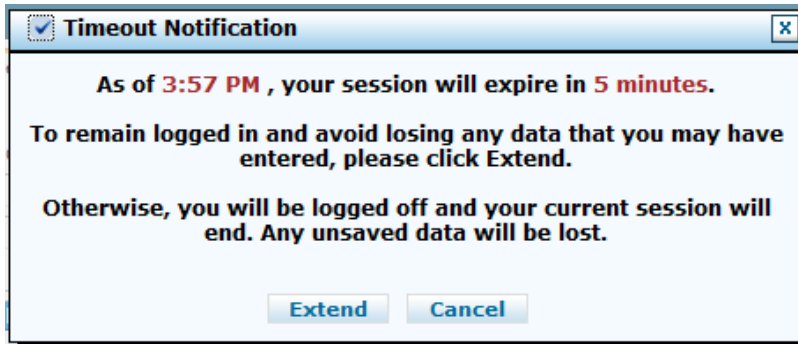
\*Confirm New Password

**Submit** **Cancel**

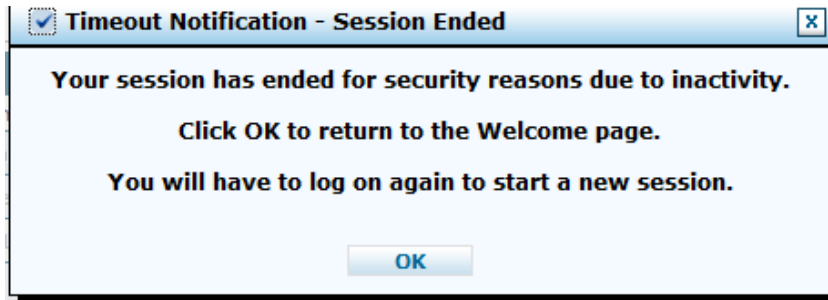
Once you create your new password and click **Submit**, you will be directed back to the Login screen to log in to the portal with your new password. An email notification will be sent to your email account stating your password has been changed.

## 1.9 Timeout limit

When you are logged into EVS, and you leave your computer unattended or idle for 20 minutes, you will receive a **Timeout Notification**. You will have the option to extend your session or cancel and you will be logged off. By clicking **Extend**, you will remain on the last page you were working in before the timeout.



If you click **Cancel** or have timed out, the session has ended and the Timeout Notification will state that you have to return to the Welcome page to log on again to start a new session.



Click **OK**.

## 1.10 Logging out of EVS

When utilizing EVS, it is strongly recommended that you log off after each session. This will ensure Protected Health Information (PHI) is secure and makes the login readily available for the next user.

To log out of EVS:

1. Click **Logout** located at the top right-hand corner of the page. This hyperlink is located in the same area on all screens within EVS.

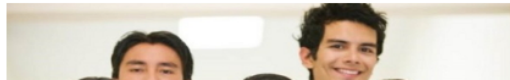


My Home

**Provider**

Welcome Charlie Brown  
Name HEALTH GROUP

Welcome Health Care Professional!

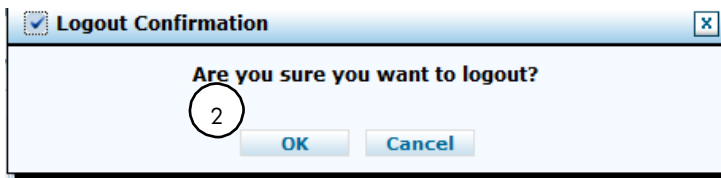


Contact Us

Secure Correspondence

After clicking on **Logout**, you will see a Logout Confirmation screen.

2. Click **OK**, or click **Cancel** to go back to previous screen.



After clicking **OK**, you will go back to the Provider Login Home page.

### 1.11 EVS features

Once you register and log into EVS, you gain access to various functions of EVS through the My Home page screen. The My Home page screen displays tabs at the top of the screen that allow you to view:

EVS Tab	What is This?	What Does it Do?
Eligibility	Eligibility Benefit Verification	Verifies member eligibility for a specific date or time frame.
Claims	Claim Transactions	Allows you to submit claims through DDE, and check the status of claims submitted to the Fiscal Intermediary, DXC Technology, which is referred to as Nevada Medicaid.
Care Management	Prior Authorization	Allows you to check the status of prior or concurrent authorization requests the user has submitted.

File Exchange	Upload Files	Allows users to upload Nevada forms that have been completed and saved on your computer. Allows Trading Partners to upload and download EDI files.
Resources	Downloads	Allows you access to various resources including tutorials Search Providers and, Search Fee Schedule.

The EVS **My Home** page is divided into three sections:

1. The left section contains provider hyperlinks.
2. The middle section includes client information such as broadcast messages.
3. The right section lists hyperlinks for correspondence and contact information.

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

[Contact Us](#) | [Logout](#)

**My Home** | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources** | **Switch Provider**

My Home

**1** **Provider**

**Welcome** Charlie Brown  
**Name** HEALTH GROUP  
**Provider ID** 1902 (NPI)  
**Location ID** 003

▶ [My Profile](#)  
▶ [Switch Provider](#)

**2** **Provider Services**

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [Revalidate-Update Provider](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)
- ▶ [Presumptive Eligibility](#)

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

**3** [Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration  
P.O.Box 30042  
Reno, NV 89520-3042

The content of the My Home page, as well as the menu bar tabs, depend on the type of user role logged into EVS (a provider or a delegate). This secure page is only available to registered users.

## 1.12 Provider services

### Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [Revalidate-Update Provider](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)
- ▶ [Presumptive Eligibility](#)

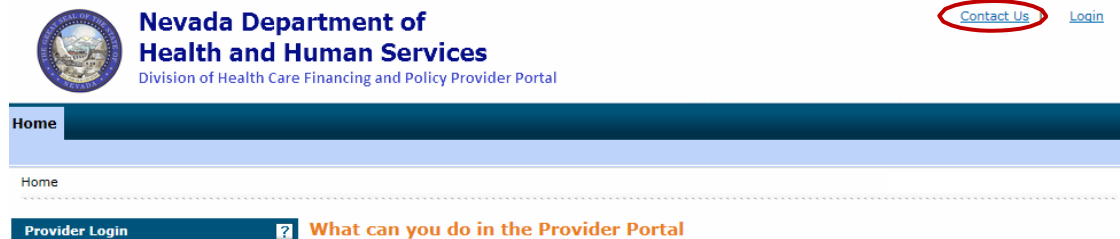
The Provider Services area provide you access to additional areas of functionality. Those features include:

Provider Service	What is This?	What Does it Do?
Member Focused Viewing	When you navigate to other functions in EVS, the Member Focused Viewing page remains available so you do not have to repeat searches.	Allows you to view a summary of details for a member including demographics, eligibility (coverage), claims and authorizations.
Search Payment History	You will be able to access payment history and payment detail.	Allows you to view provider's Nevada Medicaid and Nevada Check Up payments and access RAs.
Revalidate-Update Provider	You will be able to access the Online Provider Enrollment Portal.	Allows you to revalidate or update provider enrollment.
PASRR	You will be able to access the Pre-Admission Screening and Resident Review (PASRR) link.	Allows you to perform Pre-Admission Screening and Resident Reviews.
Pharmacy Prior Authorization	Prescribing providers will be able to access a link for Pharmacy Prior Authorization.	Allows prescribers to enter prior authorizations for patient medications.
EHR Incentive Program	You will be directed to CGI website to enroll for EHR incentives.	Allows providers to enroll for EHR incentives.
EPSDT Program	You will be directed to EPSDT website.	Allows providers to complete EPSDT enrollment forms.



## 1.13 Contact us

The **Contact Us** link can be accessed from the Welcome page (before login,) or from the My Home page (after login). This page directs you to information for contacting provider support units. Before logging in to EVS:



The screenshot shows the top of the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal, the department name, and the text "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains "Home" and "Provider Login" with a question mark icon. A "Contact Us" link is circled in red in the top right corner, next to a "Login" link.

After logging in to EVS:



The screenshot shows the user's profile page after logging in. The header includes the department name and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", "Resources", and "Switch Provider". The main content area is titled "Welcome Health Care Professional!" and features a photo of healthcare professionals. A "Contact Us" link is circled in red. Below the photo, there is a "Secure Correspondence" link and contact information for Nevada Medicaid Administration. On the left, there is a "Provider" profile for Charlie Brown and a "Provider Services" section with various links.

By clicking the **Contact Us** link, you will have access to a directory that lists addresses and phone numbers for direct contact. For general comments, questions or technical assistance, you can contact either by phone, fax or email by clicking the **Submit Online Questions, Comments or Technical Assistance** found at the bottom of the Contact Us link page.

For email contact:

1. Click "Submit Online Questions, Comments or Technical Assistance."



**Contact Us**

Use this directory to contact us by phone or mail.  
 General questions, comments or technical assistance may be [submitted online](#) by clicking the Online link at the bottom of the page:

[Electronic Billing](#)  
[Electronic Health Records \(EHR\) Incentive Program](#)  
[General Information](#)  
[Mailing Address](#)  
[Managed Care](#)  
[PASRR/LOC](#)  
[Pharmacy](#)  
[Prior Authorization](#)  
[Provider Enrollment](#)  
[Provider Training](#)  
[Public Hearings](#)  
[TPL Identification and Recovery](#)  
[Web Sites](#)

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**General Information**

**Customer Service Center**  
 Claim inquiries and general information

Mailing Address:  
 Customer Service  
 P.O. Box 30042  
 Reno, NV 89520-3042

Phone: (877) 638-3472

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**Online questions, comments or for technical assistance**

For technical assistance contact:  
 Phone: 1-877-638-3472  
 Fax: 1-775-335-8593

1 [Submit Online Questions, Comments or Technical Assistance](#)

2. Enter information in fields; all fields marked with a red asterisk (\*) are required. First and last name and email address are pre-populated with your provider's information.
  3. Enter in comments, questions or request technical assistance with a maximum of 2,000 characters.
- Reminder:** If you did not log in before clicking on the **Contact Us** link, this will be an unsecured contact. Do not enter any PHI in your comments.
4. Click **Submit**.

**Contact Us**

Contact us by entering the Contact information below.  
 Some fields have been populated with the information we have on file. Please update this information if is not correct.

\* Indicates a required field.

2

\*First Name County Hospital

\*Last Name Outpatient Services

\*Street Address

\*City

\*State -

\*Zip Code

\*Phone

\*Email

3

\*Email

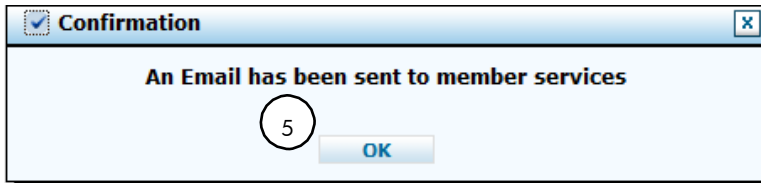
\*Comments

4

Submit Cancel

After clicking **Submit**, you will receive a Confirmation screen box stating the email was sent to member services.

5. Click **OK**.



You will be directed back to **My Home** page.

An email response will be sent to your email address that was entered on the Contact Us page unless you requested to be contacted by another means, such as by phone.

## 1.14. Secure correspondence

Secure Correspondence is for authenticated (logged in) users to submit claim appeals, questions, comments or request technical assistance related to EVS functions in a secure environment and receive answers through the website. For more information on submitting claim appeals using Secure Correspondence, refer to EVS User Manual Chapter 3.

1. From the My Home page, click **Secure Correspondence**.

A screenshot of the Nevada Department of Health and Human Services Provider Portal. The page features a blue header with the department's name and logo, and a navigation menu with options like "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", "Resources", and "Switch Provider". The main content area is titled "Welcome Health Care Professional!" and includes a "Provider" section with details for Charlie Brown, a "Provider Services" section with various links, and a "Contact Us" section with a circled number "1" and a "Secure Correspondence" link. The "Contact Us" section also includes the address for Nevada Medicaid Administration.

2. From the Secure Correspondence Message Box screen, click **Create New Message**.

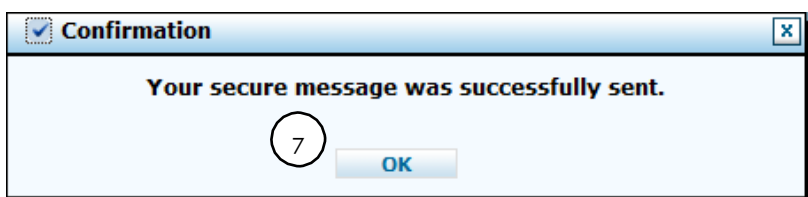


- ✎ *Technical Support will accept Provider Web Portal usage issues submitted through this page **except for those relating to prior authorization**. Users cannot submit questions regarding prior authorizations through the Secure Correspondence. They must submit their inquiries through the Contact Us link and locate the Prior Authorization contact information from the Provider Web Portal Contact Us page.*
- ✎ *For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800- 525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.*

3. From the Create Message screen, enter in information. All fields with a red asterisk (\*) are required.
4. Select the **Message Category** from drop down box.
5. Enter comments limited to 1,000 characters.
6. Click **Send**.

The Confirmation screen box displays stating the secure message was successfully sent.

7. Click OK.



An email response will be sent to your email address that was entered during registration unless you requested to be contacted by another means, such as by phone or alternate email address.

## 1.14.1. Viewing status of secure messages sent

To view status of secure messages sent:

1. From the My Home page, click **Secure Correspondence**.

A screenshot of the Nevada Department of Health and Human Services Provider Portal. The header includes the department logo, name, and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains links: My Home, Eligibility, Claims, Care Management, File Exchange, Resources, and Switch Provider. The main content area is titled "Welcome Health Care Professional!". On the left, there is a "Provider" section with details for Charlie Brown, HEALTH GROUP, and links for My Profile and Switch Provider. Below that is a "Provider Services" section with various links. On the right, there is a "Contact Us" section with a circled number "1" above the "Secure Correspondence" link. Below this, contact information for Nevada Medicaid Administration is provided. A central text block states the department's commitment to making it easier for providers to perform their business and provides links for Prior Authorization and Provider Web Portal Quick Reference Guides.

All messages that were sent from the logged in user displays. You can view the:

- Message status – open or closed
- Subject hyperlink
- Message category
- Date opened
- Date closed

2. From the Secure Correspondence Message Box screen, click a **Subject**.

By clicking on a **Subject** link, a message box displays allowing the user to view the original message sent.

**My Home** | **Eligibility** | **Claims** | **Care Management** | **Resources** | **Switch Provider**

[My Home](#) > Secure Correspondence Tuesday 09/27/2011 12:06 PM PST

**Secure Correspondence - Message Box** ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Status	Subject	Message Category	Date Opened	Date Closed
Open	<a href="#">Unable to locate claim</a>	Claim Search	09/15/2011	
Open	<a href="#">Eligibility Unknown</a>	Eligibility	09/15/2011	
Open	<a href="#">Lost Payment</a>	Payment History	09/15/2011	
Open	<a href="#">Unable to access</a>	Payment History	09/15/2011	
Open	<a href="#">Delegate unable to gain access</a>	User Login	09/15/2011	
Open	<a href="#">Entered wrong recipient info</a>	Other	09/15/2011	