

Chapter 1. Getting started

The Nevada Medicaid and Nevada Check Up Provider Web Portal (formerly EVS) allows providers, or their delegates, the ability to perform various functions in a secure environment. Access requires logging in to the Provider Web Portal (PWP) from the Nevada Medicaid Provider website at www.medicaid.nv.gov.

The Nevada Medicaid HIPAA-compliant PWP 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
- Affiliated Providers
- Search Fee Schedule
- Treatment History
- Upload Files
- Reports Download

PWP availability

PWP is available 24 hours, 7 days a week except during the scheduled weekly maintenance periods, which are Monday through Friday from 12 midnight to 12:30 a.m. Pacific Time (PT) and Monday 8 p.m. to 12 midnight PT.

System requirements

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

1.1. Gaining access to PWP

Gaining access to PWP first requires accessing the Nevada Medicaid Provider website. The top frame of the website contains a menu of tabs for main website content.

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department's name and a navigation menu with tabs for Providers, PWP (Formerly EVS), Pharmacy, Prior Authorization, Claims, Quick Links, Calendar, and Medicaid Members. The main content area features a 'Welcome' message, a large banner for 'Don't risk losing Medicaid/Check Up' with a 'Click here!' button, and several sidebars. The left sidebar contains 'Announcements' and 'Featured Links'. The right sidebar contains 'Notifications', 'Provider Links', and 'Scheduled Site Maintenance'.

Menu Bar

The screenshot shows the Nevada Department of Health and Human Services website. The menu bar is located at the top of the page and contains tabs for Providers, PWP (Formerly EVS), Pharmacy, Prior Authorization, Claims, Quick Links, Calendar, and Medicaid Members.

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

Providers ▾

- Announcements/Newsletters
- Billing Information
- Electronic Claims/EDI
- Forms
- NDC
- Provider Enrollment
- Provider Flex
- Provider Training

PWP (Formerly EVS) ▾

- User Manual
- Provider Login (PWP)

Pharmacy ▾

- Pharmacy Archive
- Magellan Medicaid Administration (MMA)

Prior Authorization ▾ **Quick Links** ▾ **Calendar** ▾

- Procedure and Diagnosis Reference Lists
- Training Materials
- PA Login

Claims ▾

- Claims Login
- Billing Information
- Electronic Claims/EDI

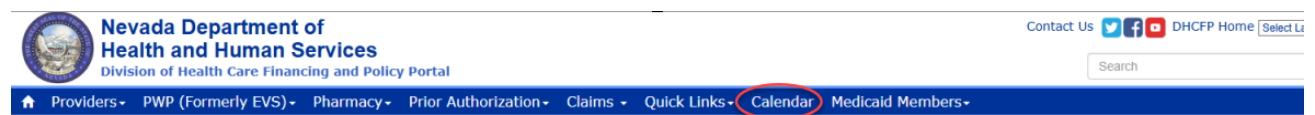
Quick Links ▾

- PASRR
- Medicaid Services Manual
- Rates Unit
- Get Adobe Reader




Medicaid Members ▾

- MCO Assignment Information
- Medicaid Members
- NV Medicaid App Information

Calendar



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

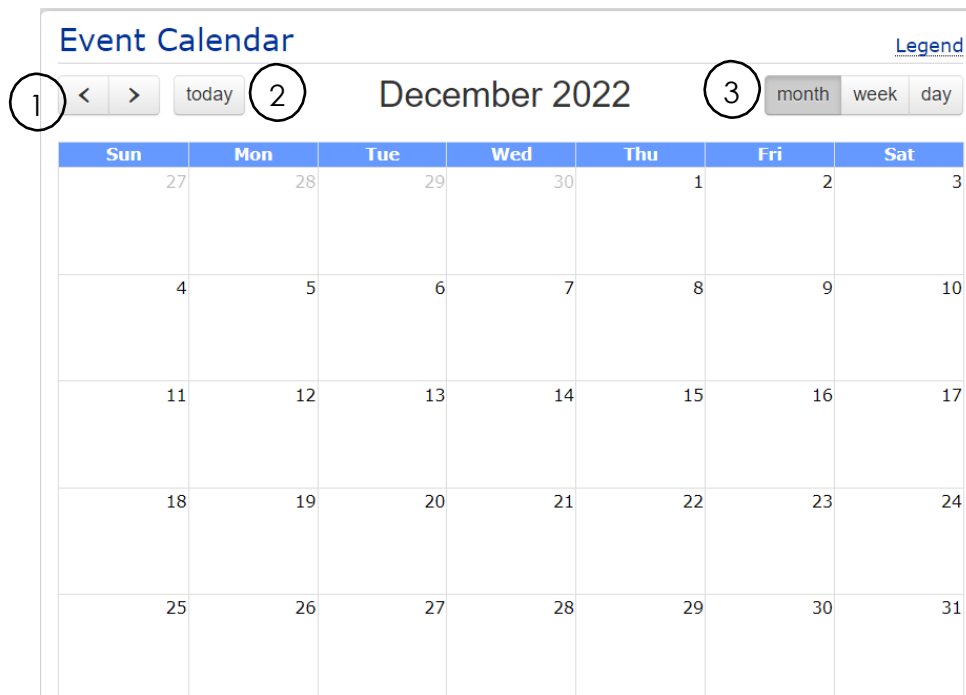
Contact Us    DHCFP Home [Select Language](#)

Search

Providers ▾ PWP (Formerly EVS) ▾ Pharmacy ▾ Prior Authorization ▾ Claims ▾ Quick Links ▾ **Calendar** ▾ Medicaid Members ▾

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.

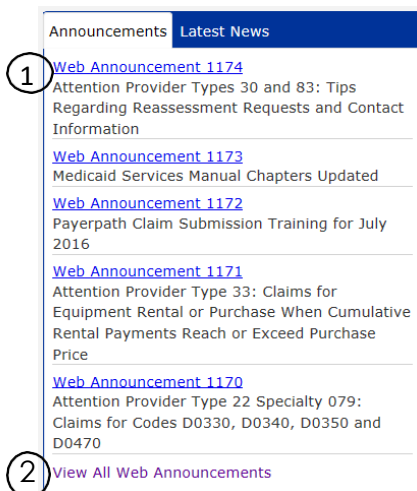
1. Navigate back and forth between the months of the year by clicking the arrow buttons.
2. The **today** button will immediately return you to the current day when clicked.
3. The **month**, **week** and **day** buttons allow you view the calendar using these different views.



Announcements

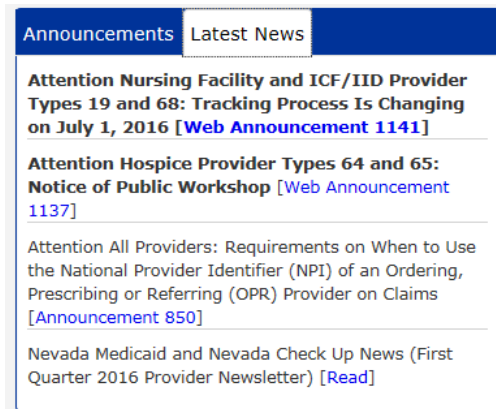
The five most recent web announcements will appear in the Announcements area on the left side navigation area.

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.



Latest News

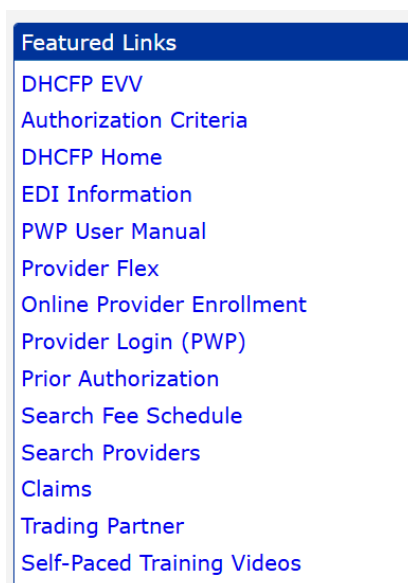
The Latest News section consists of the latest informational documents with clickable hyperlinks that will open the item in a new browser window.



The screenshot shows a web interface with two tabs: "Announcements" and "Latest News". The "Latest News" tab is selected. Below the tabs, there are three news items, each with a title and a link in brackets:

- 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



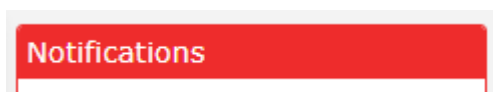
The screenshot shows a web interface with a tab labeled "Featured Links". Below the tab is a list of hyperlinks:

- [DHCFP EVV](#)
- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [PWP User Manual](#)
- [Provider Flex](#)
- [Online Provider Enrollment](#)
- [Provider Login \(PWP\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)
- [Claims](#)
- [Trading Partner](#)
- [Self-Paced Training Videos](#)

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

Notifications

The Notifications section will list any urgent notifications.



The screenshot shows a web interface with a red header bar containing the word "Notifications". Below the bar, there are several small, faint icons or placeholders.

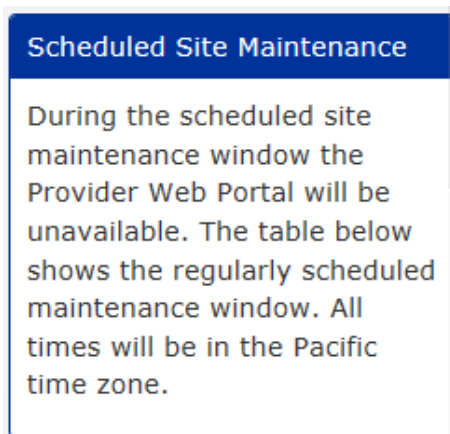
Providers

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



Scheduled Site Maintenance

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



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

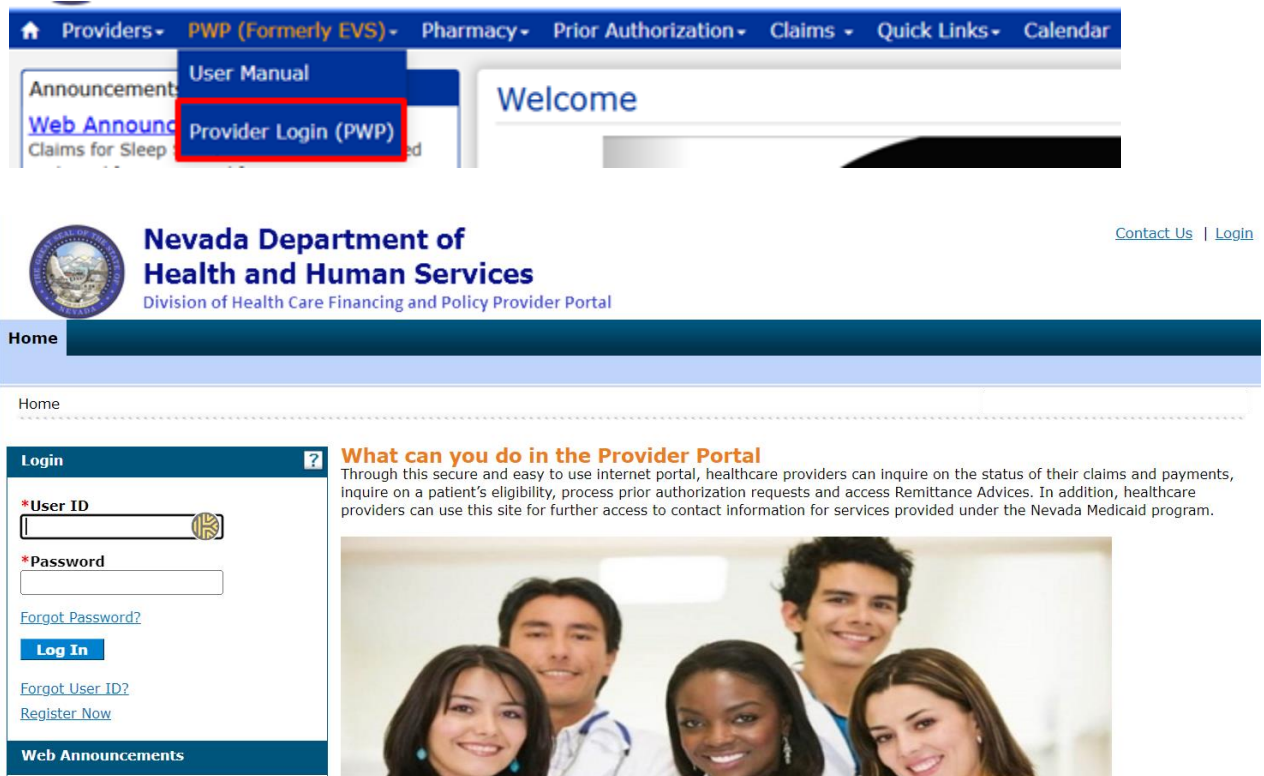
1.2. Accessing PWP

To access PWP:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.

The Nevada Medicaid Provider website home page opens as shown below.

3. Click **PWP**. The submenu displays User Manual or Provider Login (PWP).
4. Click **Provider Login (PWP)**. The PWP Home page opens.



1.3. Registering in PWP

Registering for PWP 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 Provider Web 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 PWP. The administrator must then add their information as a delegate and then register as a delegate in order to utilize the secure features in PWP.

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

1.3.1. Registering as a provider

Registration is required when entering the PWP 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 PWP as a **provider**:

1. Click **Register Now** on the PWP Home page to open the Registration Selector.

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.




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.

*Provider First Name

*Provider Last Name

*NPI/API

*Tax ID (FEIN or SSN)

*Zip Code

Continue **Cancel**

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 - Personal identity information not recognized or provider is inactive or OPR provider. Please Complete A New Initial Provider Enrollment Application to Become an Active Provider or to make changes to an OPR record."** 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 PWP. Providers are allowed to register for access as long as they have at least one active provider type, or the provider's inactive date is less than 365 days from the date of registration.

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 PWP. The following error message will be displayed if an OPR provider tries to register for access to the PWP.

"Error -Personal identity information not recognized or provider is inactive or OPR provider. Please Complete A New Initial Provider Enrollment Application to Become an Active Provider or to make changes to an OPR record."

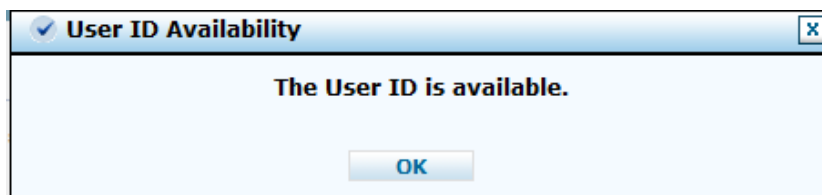
Important: When registering a provider, the name used must be the name tied to the NPI. (Example: NPI shows Dr. John Smith. First name entered in step one of Registration page should be John and last name should be Smith, MD. For clinics or hospitals, use the name of the facility. Example: First Name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

- 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:


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. Click **Submit**.

10. Enroll in Multi-Factor Authentication (MFA).



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

Contact Us | Login

Home

Home > Registration Selector > Registration > MFA Enrollment

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor Select a factor ▼

11. Select a Factor method and set up MFA.

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor Select a factor ▼

Select a factor
Google Authenticator
Okta Verify
SMS Text Message
Voice Phone Call

SMS Text Message

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor SMS Text Message ▼

☐ By checking this box and providing your mobile phone number, you acknowledge and accept receiving text messages from Nevada Medicaid for the purpose of Multi-Factor Authentication (MFA). By agreeing to receive text messages, you acknowledge that standard text messaging rates from your wireless carrier may apply. Any costs related with receiving a text message are the responsibility of the individual receiving the messages.

* **Mobile Phone Number** Send Code

* **Enter code** Verify

Google Authenticator

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

Step 1: Authenticator application download

Download Google Authenticator app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

[KMSNZ7FFXCPWAXLB](#)

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code

Okta Verify

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

Step 1: Authenticator application download

Download Okta Verify app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

[27R6662RFYUBB32F](#)

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code

Voice Phone Call

MFA Enrollment

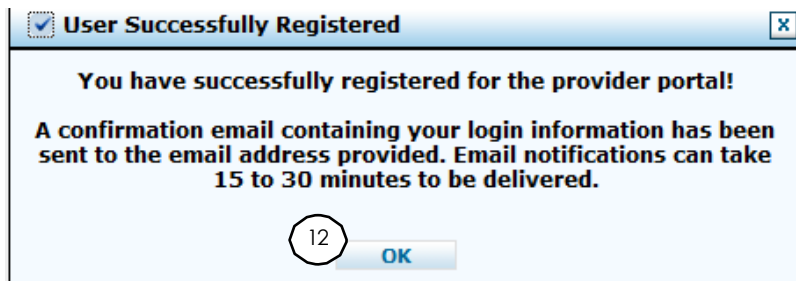
Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

* Phone Number Ext

* Enter code

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.

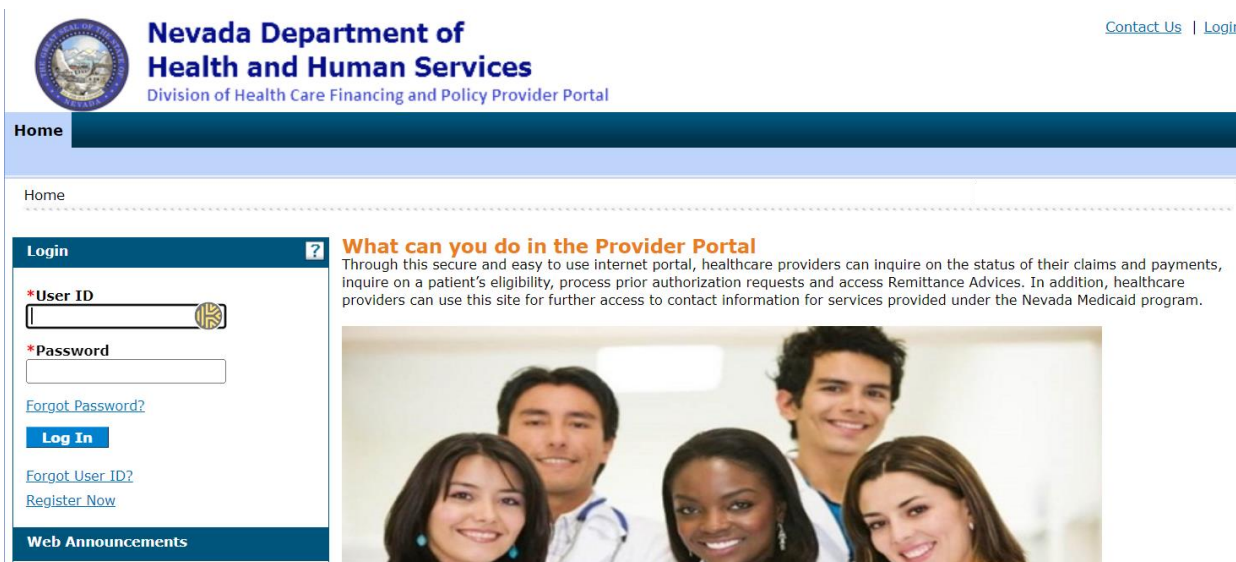


12. Click **OK**.

Note: After successful registration and MFA set up, home page will display, and user will need to log in.

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 PWP:



1. Type your User ID and Password.
2. Click **Log In**.

Login?

*User ID



*Password


[Forgot Password?](#)

Log In

[Forgot User ID?](#)

[Register Now](#)

- Complete MFA Verification based on the method you selected during the registration process.



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

Home

[Home](#) > MFA Verification

Monday 09/23/2024 01:22 PM PST

MFA Verification

Press the send code button to get the code in your registered mobile.

+1 XXX-XXX-3560

Send Code

MFA Verification

Press the send code button to get the code in your registered mobile.

+1 XXX-XXX-3560

Send Code

Verification code sent to your registered mobile number. The code is valid for next 5 minutes.

* Enter code

Verify

PWP User Manual, Chapter 1
Updated 04/10/2025 (pv12/13/2024)

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After MFA has been verified, My Home page will appear.



You have successfully logged into PWP! 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. **Care Management** tab provides access to authorization status.
12. **File Exchange** tab provides access to upload files. For Trading Partners, it provides access to upload and download EDI files.
13. **Resources** tab provides downloads for you to gain additional information such as training tutorials.

1.5. Provider information

The Provider section provides information about the logged in provider.

For provider users it will display the following:

1. Name: The name of the provider.
2. Provider ID: The NPI for the provider.
3. Location ID: The location ID for the provider that the delegate is signed in under.

4. **Revalidation Date:** The revalidation due date for the provider that the delegate is signed in under.

Note: If the provider has multiple service locations, only one revalidation date will display on the My Home page. The revalidation due date displayed will be for the service location with the soonest revalidation due date. Click the Revalidation-Update Provider link to display the Locations page. This page will display the revalidation due dates for each service location.

5. **License:** The license number and effective dates for the provider that the delegate is signed in under.



Note: If the provider has multiple service locations, only one license will display on the My Home page. Click the Revalidation-Update Provider link to display the Locations page. This page will display the license information for each service location.

For delegate users it will display the following:

6. **Welcome:** The delegate name.
7. **Name:** The name of the provider the delegate is signed in under.
8. **Provider ID:** The NPI for the provider that the delegate is signed in under.
9. **Location ID:** The location ID for the provider that the delegate is signed in under.
10. **Revalidation Date:** The revalidation due date for the provider that the delegate is signed in under.


Note: If the provider has multiple service locations only one revalidation date will display on the My Home page. The revalidation due date displayed will be for the service location with the soonest revalidation due date. Click the Revalidation-Update Provider link to display the Locations page. This page will display the revalidation due dates for each service location.


11. License: The license number and effective dates for the provider that the delegate is signed in under.

Note: If the provider has multiple service locations only one license will display on the My Home page. Click the Revalidation-Update Provider link to display the Locations page. This page will display the license information for each service location.


The Revalidation Date will display a color-coded alert when the Revalidation Date is within 180 days.


- Yellow Alert – Revalidation Date is within 180 – 91 days

 **Provider**

Name ABC MEDICAL GROUP
Provider ID 195246304 (NPI)
Location ID 10054
Revalidation Date 12/01/2020 
License 19120
03/21/2016-12/30/2020

- Red Alert – Revalidation Date is with 90 – 1 days

 **Provider**

Name DESERT
HOSPITAL
Provider ID 1159642847 (NPI)
Location ID 100
Revalidation Date 08/06/2020 
License UE-67
01/01/1974-12/31/2028

1.6. Updating provider profile

The **My Profile** hyperlink lists the PWP 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.

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

My Home

Provider

Name: ABC MEDICAL
Provider ID: 1073518007 (NPI)
Location ID: 250000259
Revalidation Date: 05/17/2028
License: County Hospital Outpatient

[My Profile](#)
[Manage Accounts](#)

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [Pharmacy PA](#)
- [PASRR](#)
- [Presumptive Eligibility](#)
- [Affiliated Providers](#)

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 [\[Review\]](#)

[Contact Us](#)

[Secure Correspondence](#)

Use Secure Correspondence to communicate with Nevada Medicaid representatives regarding Nevada Medicaid questions and to submit claim appeals.

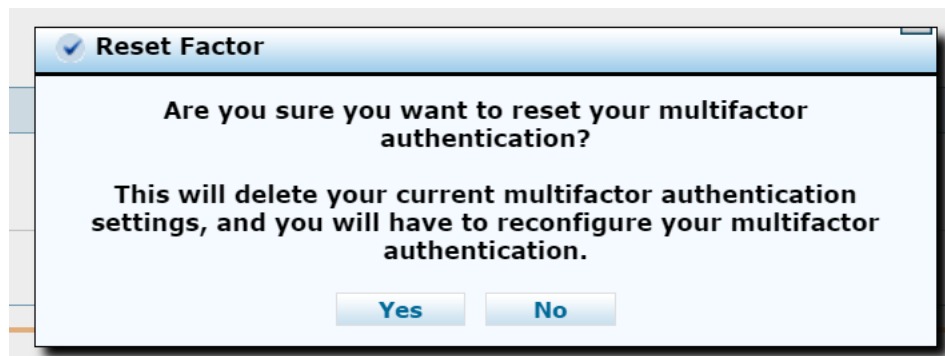
A Contact Tracking Number (CTN) will be generated once the request is submitted. You will receive an email to notify you when there is a response to your inquiry.

Click on the **My Profile** link and the **Profile Maintenance** screen will appear. You can update your contact information, password and reset your MFA factor method.

My Profile ?	
Contact Information	
Display Name	John Smith
Phone Number	1-121-212-1212
Current Email	John.Smith@gmail.com
Edit	
Roles	
Current Roles	Providers
Preferences	
Primary Language	English (US)
Password	
Change Password	
Multifactor Authentication	
Factor	SMS Text Message
Reset Factor	

Multi-Factor Authentication Reset

1. Select the **Reset Factor** button.
2. Select **Yes**.



3. After selecting Yes, you will return to the login page. Enter your User ID and Password.

Login

*User ID

*Password

[Forgot Password?](#)

Log In

[Forgot User ID?](#)


[Register Now](#)

Broadcast Messages

Important Update: Multi-Factor Authentication coming soon! To enhance the security of our systems and protect your information, Nevada Medicaid is excited to announce the upcoming implementation of Multi-Factor Authentication (MFA) for all users. What is MFA? Multi-Factor Authentication is an additional layer of security used to verify your identity when accessing our systems.

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.



- Reset your MFA method on the MFA Enrollment page.

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

Select a factor

- Select a factor method from the drop-down menu.

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

Select a factor

Select a factor

Google Authenticator
Okta Verify
SMS Text Message
Voice Phone Call

- After selecting a factor, click **Send Code** to receive a code.
- Enter the code you receive in the Enter code box. Click **Verify**.

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

SMS Text Message

☒ By checking this box and providing your mobile phone number, you acknowledge and accept receiving text messages from Nevada Medicaid for the purpose of Multi-Factor Authentication (MFA). By agreeing to receive text messages, you acknowledge that standard text messaging rates from your wireless carrier may apply. Any costs related with receiving a text message are the responsibility of the individual receiving the messages.

* Mobile Phone Number

1122121222

Send Code

We have sent the verification code your given mobile number

* Enter code

970778

Verify

- You will return to the login page. Log in using MFA .

Login

*User ID

*Password

[Forgot Password?](#)

Log In

[Forgot User ID?](#)


[Register Now](#)

Broadcast Messages

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1.7. Granting access to a delegate

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

To grant access:

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



The screenshot displays the 'My Home' dashboard of the PWP system. At the top, a navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The main content area is titled 'Welcome Health Care Professional!' and features a group photo of healthcare professionals. On the left, a 'Provider' profile for 'ABC MEDICAL' is shown, including details like 'Provider ID 1073518007 (NPI)', 'Location ID 250000259', and 'Revalidation Date 05/17/2028'. Below this, a 'My Profile' section contains a red-bordered link to 'Manage Accounts', which is circled with a '1' in the original image. To the right of the photo, there are links for 'Contact Us' and 'Secure Correspondence', along with explanatory text about CTN (Contact Tracking Number) and Secure Correspondence. At the bottom, there are links to 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide', both marked with '[Review]'.

The Delegate Assignment page contains three tabs.

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

A new delegate is someone who has never registered in PWP. A registered delegate is a delegate who is already registered in PWP, and exists as a delegate for another provider. A registered Trading Partner is a 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.

Manage Accounts Back to My Home

2 Add New Delegate **3** Add Registered Delegate **4** 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

Submit **Cancel**

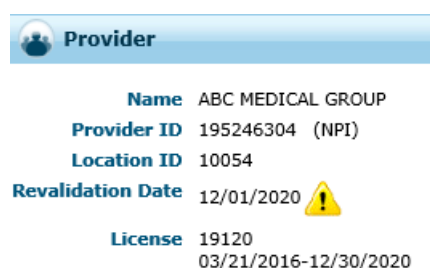
1.7.1. Adding a new delegate

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.



Name	ABC MEDICAL GROUP
Provider ID	195246304 (NPI)
Location ID	10054
Revalidation Date	12/01/2020 ⚠
License	19120 03/21/2016-12/30/2020

1. [My Profile](#)
[Manage Accounts](#)

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

*Last Name

*Birth Date

*Last 4 of DLN

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

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

Functions

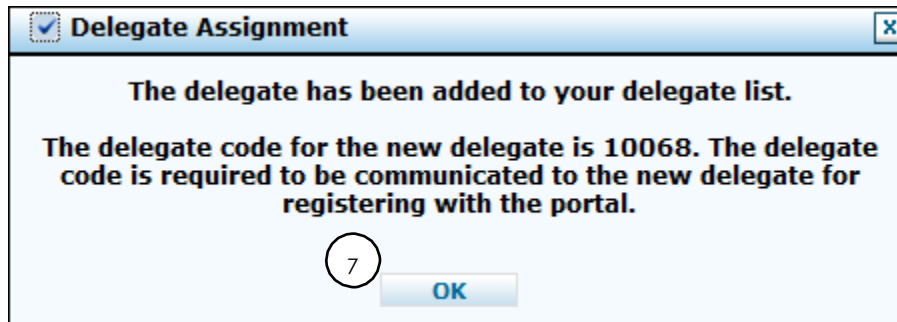
- ☒ Base Delegate Access
- ☐ Care Management - Create Prior Authorization
- ☐ Care Management - View Prior Authorization
- ☐ Claim - Submit and Resubmit
- ☐ Claims - Treatment History
- ☐ Claims - View Claims
- ☒ Eligibility - Eligibility Verification
- ☐ File Exchange - Download
- ☐ File Exchange -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

6

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.



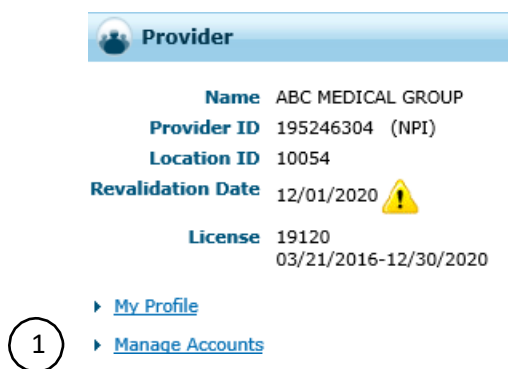
8. Click **Ok** to return to the Delegate Assignment screen to add another delegate or add a delegate that is already registered.

1.7.2. 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 PWP 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 Accounts** 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**. The 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.

*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**

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

The delegate has been added to your delegate list.

OK

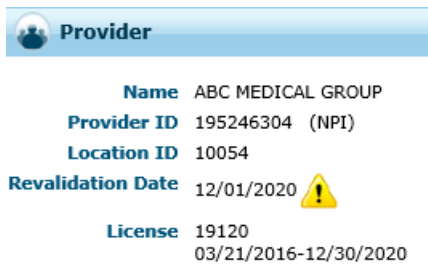
8. Click **Ok**. The delegate will be added to the Delegate Assignment page.

1.7.3. 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 Accounts. The Delegate Assignment screen appears.

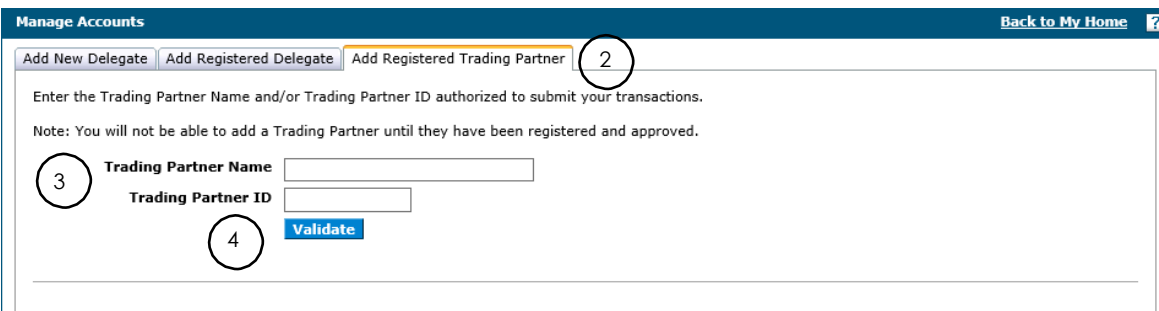


Provider

Name ABC MEDICAL GROUP
Provider ID 195246304 (NPI)
Location ID 10054
Revalidation Date 12/01/2020 
License 19120
03/21/2016-12/30/2020

- 1
- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

2. Click the **Add Registered Trading Partner** tab.
3. Enter the 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

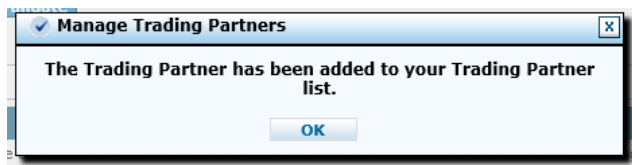
6 **Submit** **Cancel**

- 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**.

- 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.

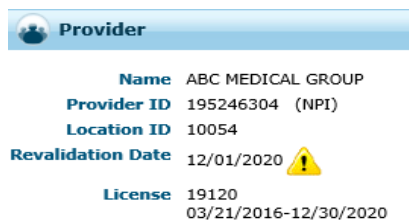


1.7.4. Inactivating a delegate

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:

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



- ▶ [My Profile](#)
- ▶ [Manage Accounts](#)

1

- 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

Submit Cancel

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	brown, charlie	Charlie Brown	01/01/1980	1234	10112	Active
2	apple, johnny	Johnny Applie	01/01/1980	1234	10113	Active

3. 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 3

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**

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

Delegate Assignment X

The delegate status for Charlie Brown has been set to Inactive.

4 **OK**

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**.


1.7.5. 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**.


Provider

Name ABC MEDICAL GROUP
Provider ID 195246304 (NPI)
Location ID 10054
Revalidation Date 12/01/2020 
License 19120
03/21/2016-12/30/2020

- 1

▶ [My Profile](#)

▶ [Manage Accounts](#)

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

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

Trading Partner ID

Validate

Trading Partners

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

#	Trading Partner ID	Trading Partner Name ▲	Action
1	9999	EDI	Remove

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

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

Trading Partner ID

Validate

Manage Trading Partners

The Trading Partner has been deleted successfully.

OK

- Click **OK**.

1.7.6. Registering as a delegate

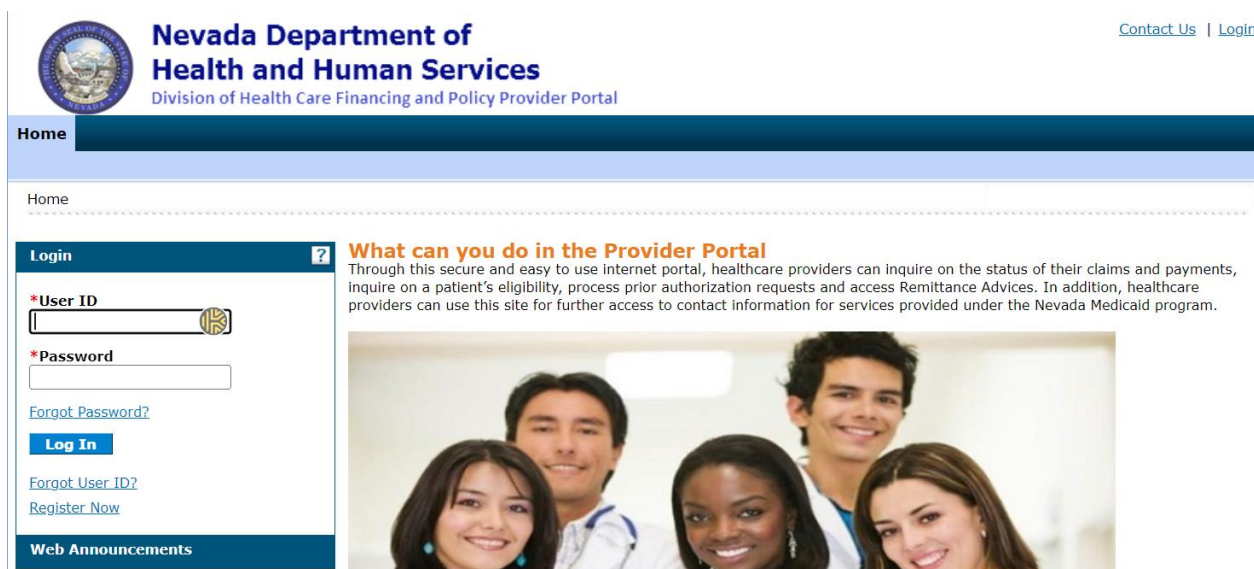
A user registers only once when entering the PWP Home page for the first time. To register as a delegate, you will need a delegate **code**. A delegate code is obtained only after you have given your provider or office administrator the following information:

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

Once this information is entered into PWP, 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 PWP as a delegate:

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




The screenshot shows the 'Home' page of the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal, the department name, and the portal title. A navigation bar has a 'Home' button. The main content area features a 'Login' section with fields for 'User ID' and 'Password', and links for 'Forgot Password?', 'Log In', 'Forgot User ID?', and 'Register Now'. To the right, a section titled 'What can you do in the Provider Portal' describes the portal's functions. Below this text is a photograph of four diverse healthcare professionals smiling.

2. From the **Registration Selector** page, select the option that best describes your role, i.e., Provider or Delegate.
3. 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.

3




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.

4. On the first Registration page, enter delegate information in the fields flagged with a red asterisk (*).
5. 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 PWP, 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 Step 2 of 2 – Security Information, 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. 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.

11. 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

* ☐ 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**

12. Enroll in Multi-Factor Authentication (MFA).

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

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

Home

[Home](#) > [Registration Selector](#) > [Registration](#) > MFA Enrollment

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

13. Select a Factor method and set up MFA.

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

- Select a factor
- Google Authenticator
- Okta Verify
- SMS Text Message
- Voice Phone Call

SMS Text Message

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor SMS Text Message

☐ By checking this box and providing your mobile phone number, you acknowledge and accept receiving text messages from Nevada Medicaid for the purpose of Multi-Factor Authentication (MFA). By agreeing to receive text messages, you acknowledge that standard text messaging rates from your wireless carrier may apply. Any costs related with receiving a text message are the responsibility of the individual receiving the messages.

* Mobile Phone Number Send Code

* Enter code Verify

Google Authenticator

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor Google Authenticator

Step 1: Authenticator application download

Download Google Authenticator app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

[KM5NZ7FFXCPWAXLB](#)

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code Enroll

Okta Verify

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor Okta Verify

Step 1: Authenticator application download

Download Okta Verify app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

[27R6662RFYUBB32F](#)

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code Enroll

Voice Phone Call

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

* **Phone Number** **Ext** **Send Code**

* **Enter code** **Verify**

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**.



1.7.7. Registering as a Trading Partner

A user registers only once when entering the PWP 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 PWP as a Trading Partner:

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



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

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

Home

Home

Login

*User ID

*Password

[Forgot Password?](#)
[Log In](#)

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

Web Announcements


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.



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.

- 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.

3

*Trading Partner ID

[Continue](#)
[Cancel](#)

- Click **Continue**.

4. 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

4 *User ID ABCMedical123 [Check Availability](#)

*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

5. Check for **User ID** availability.

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

7. 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.

5 *User ID [Check Availability](#)

*Password

*Confirm Password

Please provide your contact information below.

7 *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.

8. 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.
9. Click **Submit**.

The screenshot shows a 'User Agreement' window. Callout 8 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.' Callout 9 points to the 'Submit' button.

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

* ☐ 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**

10. Enroll in Multi-Factor Authentication (MFA).

The screenshot shows the 'MFA Enrollment' page. It includes the Nevada Department of Health and Human Services logo and header. The page title is 'MFA Enrollment'. Below the title, it says 'Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.' There is a dropdown menu labeled 'Factor' with the text 'Select a factor'.

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

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

Home

[Home](#) > [Registration Selector](#) > [Registration](#) > MFA Enrollment

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

11. Select a Factor method and set up MFA.

The screenshot shows the 'MFA Enrollment' page with the dropdown menu open. The menu options are: 'Select a factor', 'Google Authenticator', 'Okta Verify', 'SMS Text Message', and 'Voice Phone Call'.

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

- Select a factor
- Google Authenticator
- Okta Verify
- SMS Text Message
- Voice Phone Call

SMS Text Message

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

☐ By checking this box and providing your mobile phone number, you acknowledge and accept receiving text messages from Nevada Medicaid for the purpose of Multi-Factor Authentication (MFA). By agreeing to receive text messages, you acknowledge that standard text messaging rates from your wireless carrier may apply. Any costs related with receiving a text message are the responsibility of the individual receiving the messages.

* Mobile Phone Number

* Enter code

Google Authenticator

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

Step 1: Authenticator application download

Download Google Authenticator app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

KMSNZ7FFXCPWAXLB

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code

Okta Verify

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

Step 1: Authenticator application download

Download Okta Verify app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

27R6662RFYUBB32F

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code

Voice Phone Call

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

* Phone Number Ext [Send Code](#)

* Enter code [Verify](#)

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.

12. Click **OK**.



1.7.8. Registering as a Managed Care Organization (MCO)

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

To register for PWP as an MCO:

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



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

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

Home

Home

Login

*User ID

*Password

[Forgot Password?](#)
[Log In](#)
[Forgot User ID?](#)
[Register Now](#)

Web Announcements


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.



- 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.

- 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

[Continue](#)
[Cancel](#)

- Click **Continue**.
- 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. 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.

10. 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

9 * ☐ 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.

10 **Submit** **Cancel**

11. Enroll in Multi-Factor Authentication (MFA).

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

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

Home

[Home](#) > [Registration Selector](#) > [Registration](#) > MFA Enrollment

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

12. Select a Factor method and set up MFA.

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

- Select a factor
- Google Authenticator
- Okta Verify
- SMS Text Message
- Voice Phone Call

SMS Text Message

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor SMS Text Message

☐ By checking this box and providing your mobile phone number, you acknowledge and accept receiving text messages from Nevada Medicaid for the purpose of Multi-Factor Authentication (MFA). By agreeing to receive text messages, you acknowledge that standard text messaging rates from your wireless carrier may apply. Any costs related with receiving a text message are the responsibility of the individual receiving the messages.

* Mobile Phone Number Send Code

* Enter code Verify

Google Authenticator

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor Google Authenticator

Step 1: Authenticator application download

Download Google Authenticator app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

KMSNZ7FFXCPWAXLB

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code Enroll

Okta Verify

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor Okta Verify

Step 1: Authenticator application download

Download Okta Verify app to your mobile device.

Step 2: QR code scan

Scan the QR code below with the authenticator application on your mobile device.



If the QR code does not work, you can manually enter the key shown below.

Note: This key is unique, and automatically generated for each user session.

27R6662RFYUBB32F

Step 3: Authentication code verification

After scanning the QR code, the authenticator application will display a six-digit code for you to enter.

* Enter Code Enroll

Voice Phone Call

MFA Enrollment

Please choose the MFA Authentication method that will be used to verify your identity when logging into the Nevada Medicaid Provider Portal.

Factor

* Phone Number Ext [Send Code](#)

* Enter code [Verify](#)

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.


11. Click **OK**.



1.8. Logging in as a delegate, Trading Partner or MCO

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

1. To login to PWP:

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

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

Home

Home

Login

*User ID

*Password

[Forgot Password?](#)

[Log In](#)


[Forgot User ID?](#)

[Register Now](#)

Web Announcements

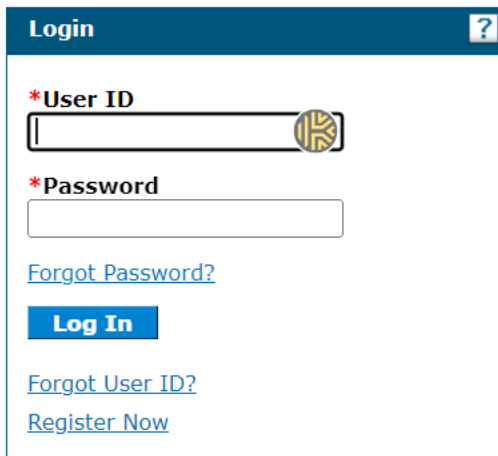
What can you do in the Provider Portal

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.



2. Type your **User ID and Password**.

3. Click **Log In**.



Login

*User ID

*Password

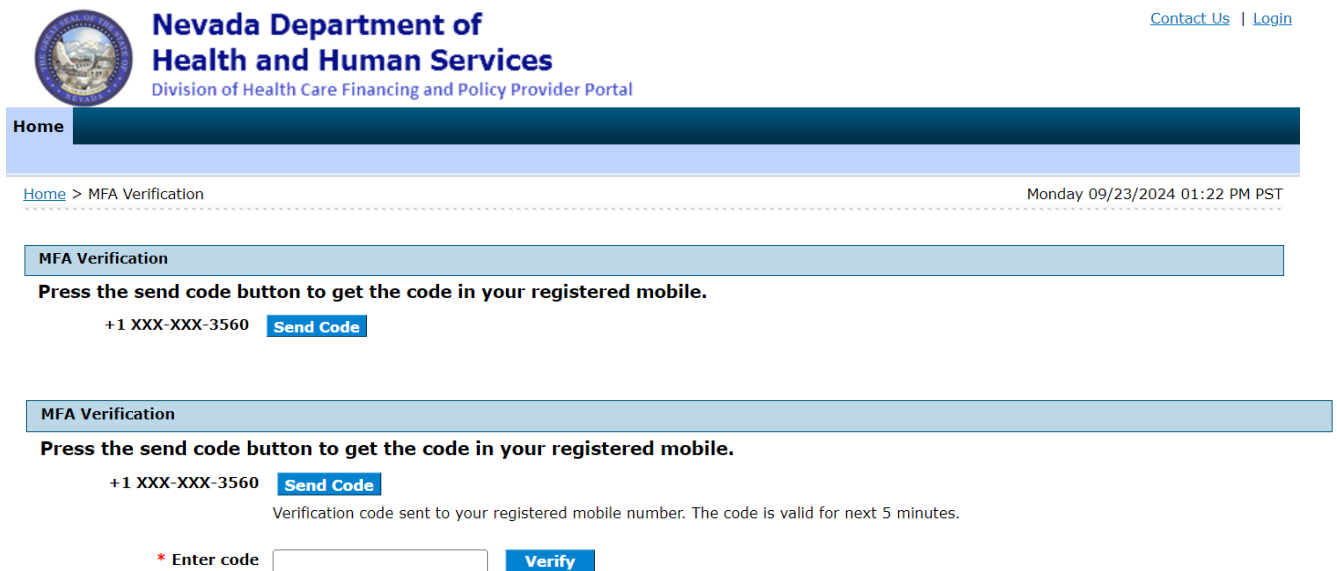
[Forgot Password?](#)


Log In

[Forgot User ID?](#)

[Register Now](#)

4. Complete MFA Verification based on the method you selected during the registration process.



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

Home

[Home](#) > MFA Verification Monday 09/23/2024 01:22 PM PST

MFA Verification

Press the send code button to get the code in your registered mobile.

+1 XXX-XXX-3560 **Send Code**

MFA Verification

Press the send code button to get the code in your registered mobile.

+1 XXX-XXX-3560 **Send Code**

Verification code sent to your registered mobile number. The code is valid for next 5 minutes.

* Enter code **Verify**

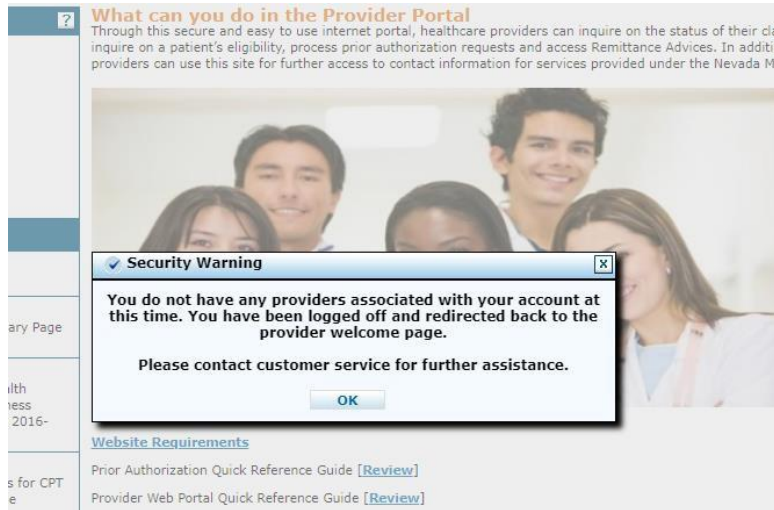
5. After MFA has been verified, My Home page will appear.

You have successfully logged into PWP! 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 to Remittance Advices for printing or downloading to your computer.

1.8.1. Inactive Delegate Accounts

Delegate accounts will be considered inactive when the last log in date is greater than 60 days from the current date. After 60 days of inactivity, the delegate account will be disabled, and the user will not be able to log into the PWP. To regain access to the PWP, the delegate will be required to have their provider or administrator update their delegate status from inactive to active.



1.8.2. Switching providers as a delegate

After logging into PWP, 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**. The Switch Provider screen displays.

The screenshot shows the 'My Home' page. At the top, a header bar displays 'Delegate for ABC Medical', 'Role IDs Provider - In Network - 1073518007 (NPI)', and 'Location 250000259 - ABC MEDICAL'. Below this, the 'Provider' section on the left lists details: 'Welcome ABC Medical', 'Name ABC MEDICAL', 'Provider ID 1073518007 (NPI)', 'Location ID 250000259', 'Revalidation Date 05/17/2028', and 'License -'. A 'Switch Provider' link is circled with a '1'. The main content area features a 'Welcome Health Care Professional!' message, a photo of four healthcare workers, and links for 'Contact Us' and 'Secure Correspondence'. A 'Provider Services' sidebar on the left includes links like 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'Pharmacy PA', 'PASRR', 'Presumptive Eligibility', and 'Affiliated Providers'. A central text block explains the system's commitment to ease of use, and links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide' are provided at the bottom.

2. 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.

The screenshot shows the 'Switch Provider' screen. At the top, a message states 'Currently you are logged in as a delegate for County Hospital Outpatient Services.' Below this, two tabs are visible: 'Selected Provider' (circled with a '2') and 'Switch Provider' (circled with a '3'). A message instructs the user to click the 'Switch Provider' tab to search for or switch to another provider. The 'Selected Provider Information' section displays details for 'County Hospital Outpatient Services', including 'Email', 'Roles' (with 'Provider - In Network: Validated'), 'Identifiers', and 'Location' (003 -). A 'Close' button is located at the bottom.

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

Switch Provider

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

Display Name

First Name

Last Name

Email

Search

Reset

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	

Submit

Close

Switch Provider

Currently you are logged in as a delegate for Healthcare.

Selected Provider

Switch Provider

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

Display Name

Email

Search

Reset

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	

Submit

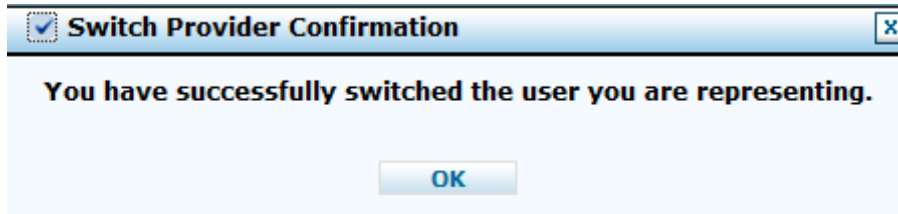
Close

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.

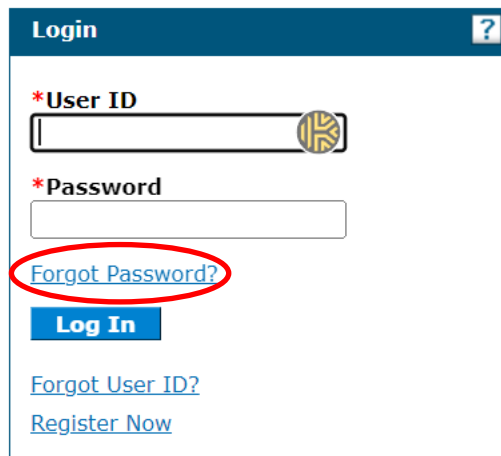
NOTE: In the example above, the delegate has logged in under Healthcare but has the ability to switch to an available provider, Dr. David Green. By checking on David Green, the delegate will no longer be logged in to view services under Healthcare.

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



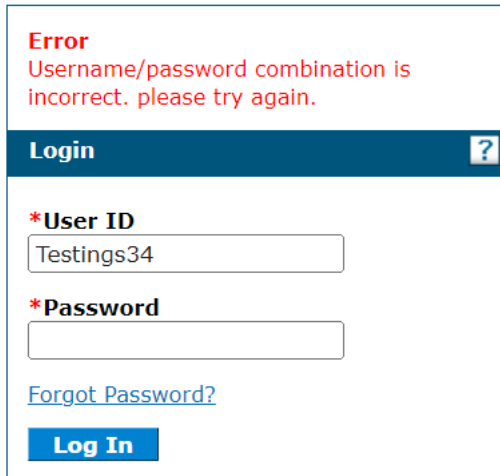
1.9. Forgot user ID?

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.

A screenshot of a 'Login' form. The title bar is dark blue with the text 'Login' and a question mark icon. The form has two input fields: '*User ID' and '*Password'. Below the password field is a blue link 'Forgot Password?' which is circled in red. At the bottom are three links: 'Log In' (a blue button), 'Forgot User ID?' (a blue link), and 'Register Now' (a blue link).

1.9.1. Incorrect password

If you enter an incorrect password, you will receive an error message stating “**Error.** Username/password combination is incorrect. please try again.” Enter the correct password and click **Sign In**. If you forget your password, click **Forgot Password?**



Error
Username/password combination is incorrect. please try again.

Login ?

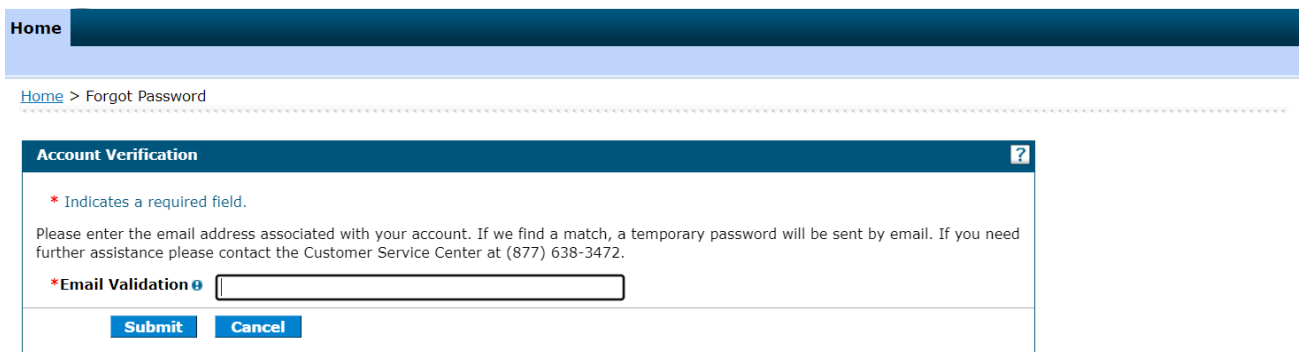
***User ID**

***Password**

[Forgot Password?](#)

Log In

Clicking **Forgot Password?** will take you to the **Account Verification** page. Enter the email address associated with the User ID and click on the **Submit** button.



Home

[Home](#) > [Forgot Password](#)

Account Verification ?

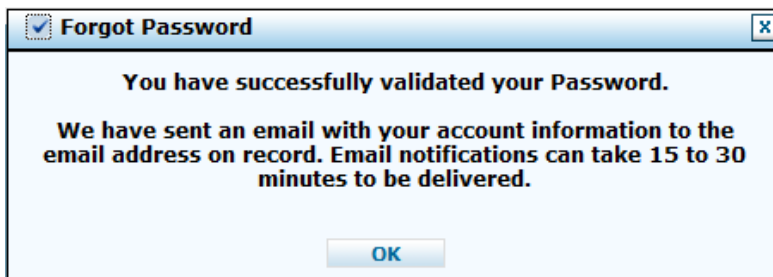
* Indicates a required field.

Please enter the email address associated with your account. If we find a match, a temporary password will be sent by email. If you need further assistance please contact the Customer Service Center at (877) 638-3472.

***Email Validation** ?

Submit **Cancel**

An email notification will be sent to your email account with a temporary password to complete your portal access.



☒ **Forgot Password** [X]

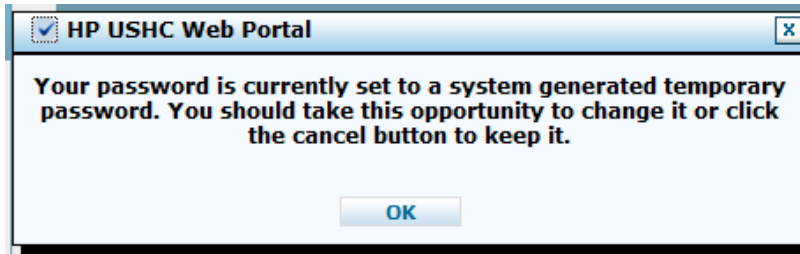
You have successfully validated your Password.

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

1.9.2. Updating password

After accessing your email account to get the temporary password, enter the temporary password in the Password field. 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.

 **Change Password Assistance**

1. The Password cannot be the same as your User ID.
2. The Password must be between 8-20 characters.
3. The Password must contain at least 1 character from **three** of the following categories below:
 - Uppercase letters
 - Lowercase letters
 - Numeric digits (0 through 9)
 - Nonalphanumeric characters: ~!@#\$%^&*._+= '\(){}[];:'<>.,?/
4. The Password cannot be the same as any of the previous 24 passwords.
5. 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**

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

 **Change Password Assistance**

1. The Password cannot be the same as your User ID.
2. The Password must be between 8-20 characters.
3. The Password must contain at least 1 character from **three** of the following categories below:
 - Uppercase letters
 - Lowercase letters
 - Numeric digits (0 through 9)
 - Nonalphanumeric characters: ~!@#\$%^&*._+= '\(){}[];:'<>.,?/
4. The Password cannot be the same as any of the previous 24 passwords.
5. 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**

Submit **Cancel**

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

1. The Password cannot be the same as your User ID.
2. The Password must be between 8-20 characters.
3. The Password must contain at least 1 character from **three** of the following categories below:
 - Uppercase letters
 - Lowercase letters
 - Numeric digits (0 through 9)
 - Nonalphanumeric characters: ~!@#\$%^&*~+=`|\(){}[];:"'<>.,/?/
4. The Password cannot be the same as any of the previous 24 passwords.
5. 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.

Forgot Password

X

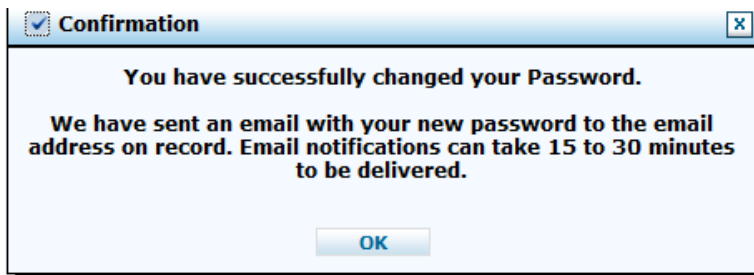
You have successfully validated your Password.

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.

*"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:
XXXXXXXXXXXXXX
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"*



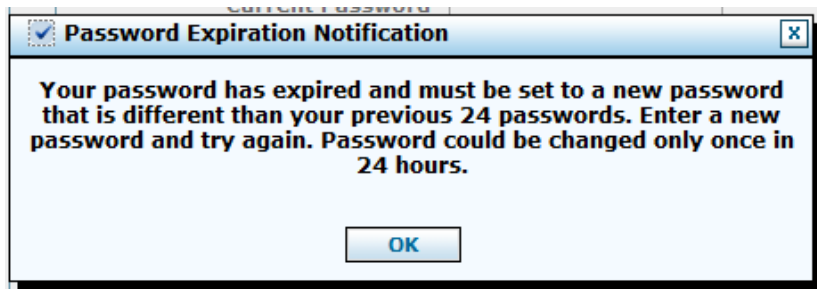
You can also change your password by going to the **My Profile** link from the **My Home** page. After updating your password, you will see a **Confirmation** screen box that states your password was successfully changed. Updating the password will generate another email sent to your email account alerting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



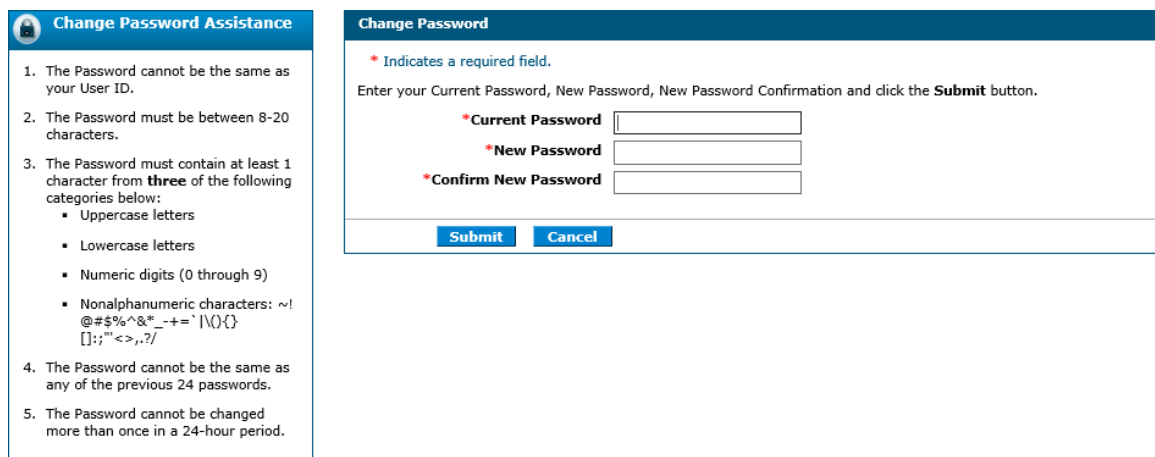
Click **OK**.

1.9.3. 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.

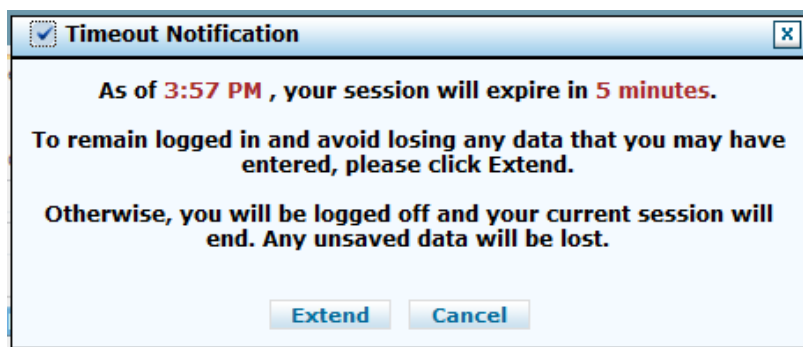


The image shows two side-by-side screenshots of a web application. The left screenshot, titled 'Change Password Assistance', lists five rules for password creation: 1. Password cannot be the same as the User ID. 2. Password must be 8-20 characters. 3. Password must contain at least one character from 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, titled 'Change Password', shows a form with three required fields: 'Current Password', 'New Password', and 'Confirm New Password'. Below the fields are 'Submit' and 'Cancel' buttons. A note at the top indicates that an asterisk (*) denotes a required field.

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.

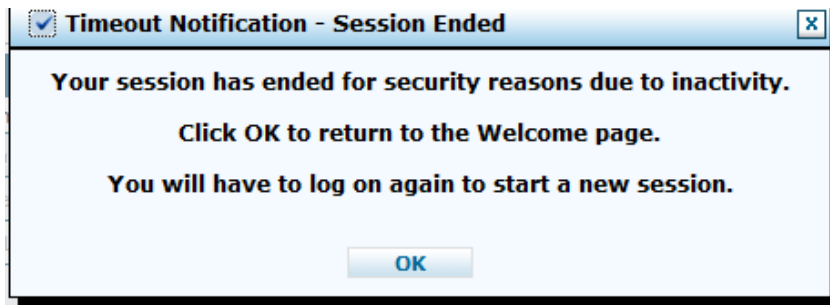
1.10. Timeout limit

When you are logged into PWP, and you leave your computer unattended or idle for 10 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.



The image shows a 'Timeout Notification' dialog box. The title bar says 'Timeout Notification'. The main text reads: 'As of 3:57 PM, your session will expire in 5 minutes. To remain logged in and avoid losing any data that you may have entered, please click Extend. Otherwise, you will be logged off and your current session will end. Any unsaved data will be lost.' At the bottom are 'Extend' and 'Cancel' buttons.

If you click **Cancel** or you don't click **Extend** within 5 minutes of the Timeout Notification, your session will time out. The second message below will appear and indicate that the session has ended. 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**.

1.11. Logging out of PWP

When utilizing PWP, 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.

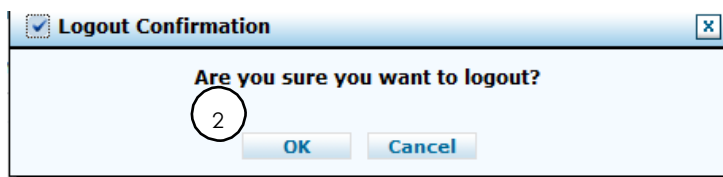
To log out of PWP:

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 PWP.



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.


1.12. PWP features

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

PWP 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, Gainwell Technologies, 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, Search Fee Schedule and Affiliated Providers.

The PWP **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](#)

My Home

1


Provider

Name ABC MEDICAL
Provider ID 1073518007 (NPI)
Location ID 250000259
Revalidation Date 05/17/2028
License _

[My Profile](#)
[Manage Accounts](#)


Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [Pharmacy PA](#)
- [PASRR](#)
- [Presumptive Eligibility](#)
- [Affiliated Providers](#)

Welcome Health Care Professional!


2

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 [\[Review\]](#)


[Contact Us](#)


[Secure Correspondence](#)


Use Secure Correspondence to communicate with Nevada Medicaid representatives regarding Nevada Medicaid questions and to submit claim appeals.

A Contact Tracking Number (CTN) will be generated once the request is submitted. You will receive an email to notify you when there is a response to your inquiry.

3

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

1.13. Provider services


Provider Services

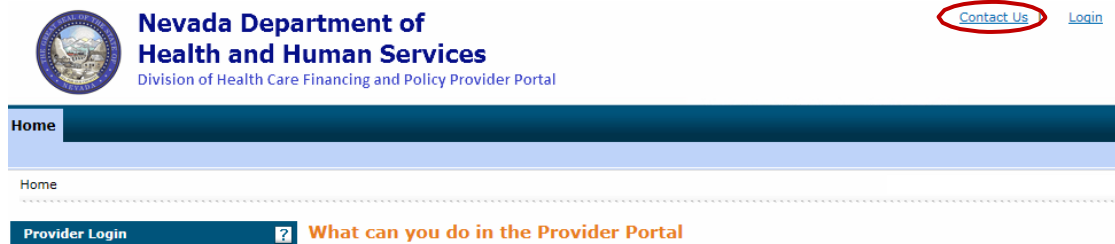
- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [Pharmacy PA](#)
- [PASRR](#)
- [Presumptive Eligibility](#)
- [Affiliated Providers](#)

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

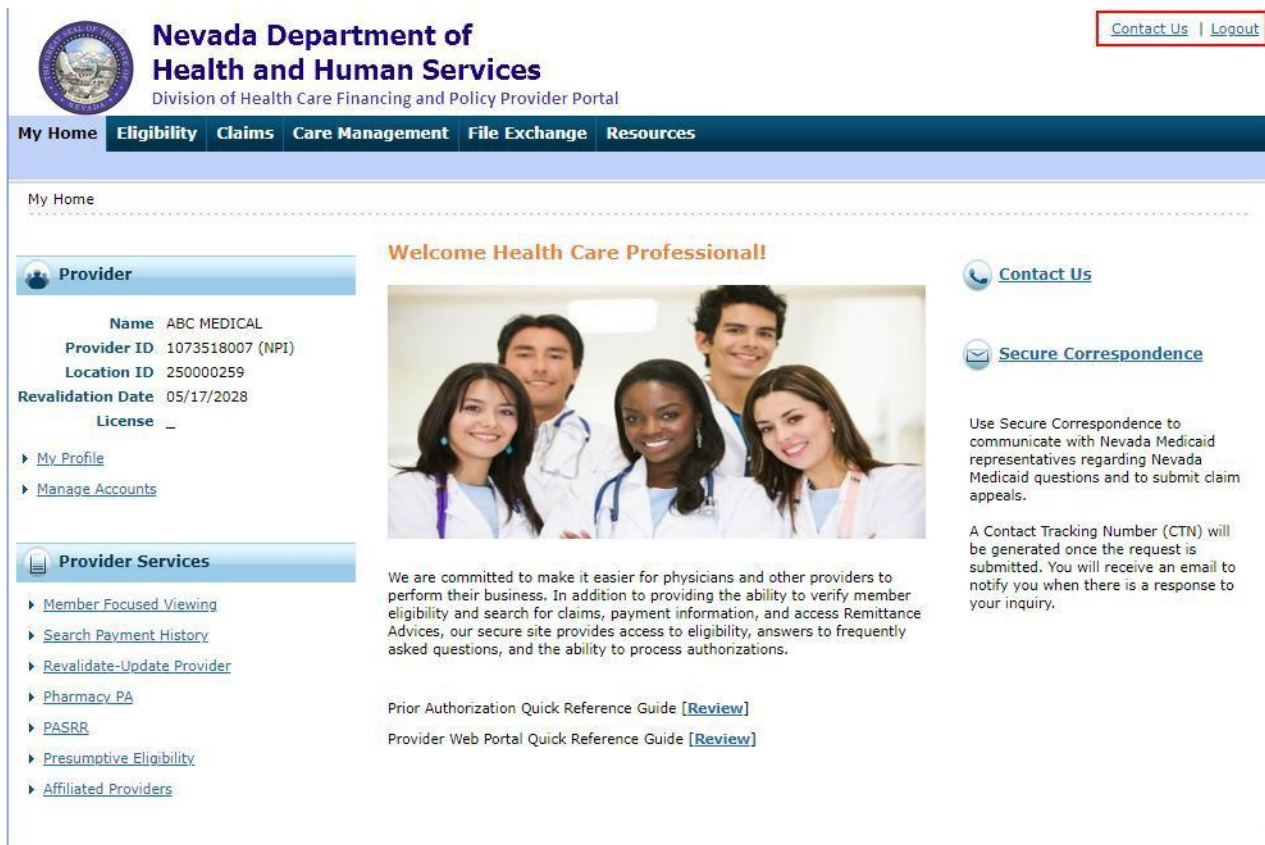
Provider Service	What is This?	What Does it Do?
Member Focused Viewing	When you navigate to other functions in PWP, the Member Focused Viewing page remains available so you do not have to repeat searches.	Allows you to view a summary of details for a member including demographics, eligibility (coverage), 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.
Pharmacy PA	Prescribing providers will be able to access a link for Pharmacy Prior Authorization.	Allows prescribers to enter prior authorizations for patient medications.
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.
Presumptive Eligibility	You will be directed to the Division of Welfare and Supportive Services login page to access Presumptive Eligibility information and tools.	The Presumptive Eligibility program allows recipients immediate access to health care when they apply for regular Medicaid or other health coverage.
Affiliated Providers	You will be able to view Affiliated Providers page.	Allows providers to view active associations and associations that have been inactive less than two years.

1.14. 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 PWP:



After logging in to PWP:



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](#)

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

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

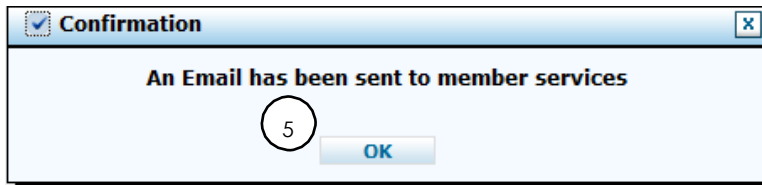
* Comments

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.

1.15. PWP access after termination

All providers will have limited access to PWP for a period of one (1) year from the provider contract end/termination date. The limited access includes only the following functions; all other access is ended upon contract end/termination date:

- Claim Submission
- Claim Search
- Payment History Search
- Treatment History Search
- File Exchange/Upload Files
- Search Providers
- Search Fee Schedule
- Affiliated Providers
- Downloads
- Change Phone Number
- Change Email
- Change Site Key/Token/Password
- Add/Remove a Delegate
- Add/Remove a Trading Partner
- Contact Us
- Secure Correspondence