



# Provider Web Portal (PWP) User Manual

## Chapter One: Getting Started in Provider Web Portal

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## 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](http://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.

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

Contact Us [Twitter](#) [Facebook](#) [YouTube](#) [DHCFP Home](#) [Select Language](#)

Search

[Providers](#) [PWP \(Formerly EVS\)](#) [Pharmacy](#) [Prior Authorization](#) [Claims](#) [Quick Links](#) [Calendar](#) [Medicaid Members](#)

**Announcements** [Latest News](#)  
[Web Announcement 3592](#)  
 Claims for Sleep Study Procedure Codes Billed With Modifier TC or Modifier 26  
[Web Announcement 3591](#)  
 2025 Annual New Code Update  
[Web Announcement 3590](#)  
 Attention All Providers: Provider Flex New Feature - Error Identification  
[Web Announcement 3589](#)  
 Medicaid Services Manual Chapter 1200 Updated  
[Web Announcement 3588](#)  
 Invoice Requirements for Durable Medical Equipment (DME) With No Rate Assigned at Prior Authorization  
[View All Web Announcements](#)

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

**Welcome**

**Don't risk losing Medicaid/Check Up**  
 Stay covered, reinstate, get insurance [Click here!](#)

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

**Notifications**  
[Multi-Factor Authentication Frequently Asked Questions](#)  
[Unwinding COVID-19 Information](#)  
**Known System Issues-Click HERE**  
 Paper claims are no longer accepted by Nevada Medicaid. Please refer to [Web Announcement 1733](#) and [Web Announcement 1829](#) for additional information.  
 Top 10 Claim Denial Reasons and Resolutions/Workarounds for January 2025 Professional Claims. See [Web Announcement 3599](#).  
 Top Enrollment Return Reasons and Resolutions for January 2024 Submissions. See [Web Announcement 3450](#).  
 Top Prior Authorization Denial Reasons for the Fourth Quarter of 2024. See [Web Announcement 3458](#).  
 Attention Providers Using the Authorization Criteria Function: Results that return prior authorization (PA) requirements are accurate. For results that return "There are no records found based on the search criteria," there may be a PA requirement if limits have been exceeded. To verify PA requirements, please refer to the Medicaid Services Manual (MSM) Chapter for your service type at [dhcfp.nv.gov](#) and the Billing Guide for your provider type at [www.medicare.nv.gov](#).

**Provider Links**  
[DHCFP EVV](#)  
[Billing Information](#)  
[Forms](#)  
[Provider Enrollment](#)  
[Provider Newsletters](#)  
[Provider Training](#)

**Scheduled Site Maintenance**  
 During the scheduled site maintenance window the Provider Web Portal will be unavailable. The table shows the regularly scheduled maintenance window.  
[View Scheduled Maintenance Window](#)

### Menu Bar

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

Contact Us [Twitter](#) [Facebook](#) [YouTube](#) [DHCFP Home](#) [Select Language](#)

Search

[Providers](#) [PWP \(Formerly EVS\)](#) [Pharmacy](#) [Prior Authorization](#) [Claims](#) [Quick Links](#) [Calendar](#) [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

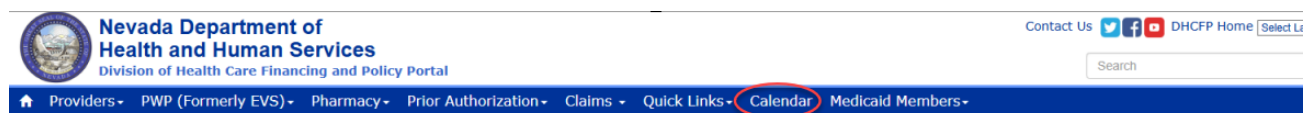
**Quick Links** ▾

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

**Medicaid Members** ▾

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

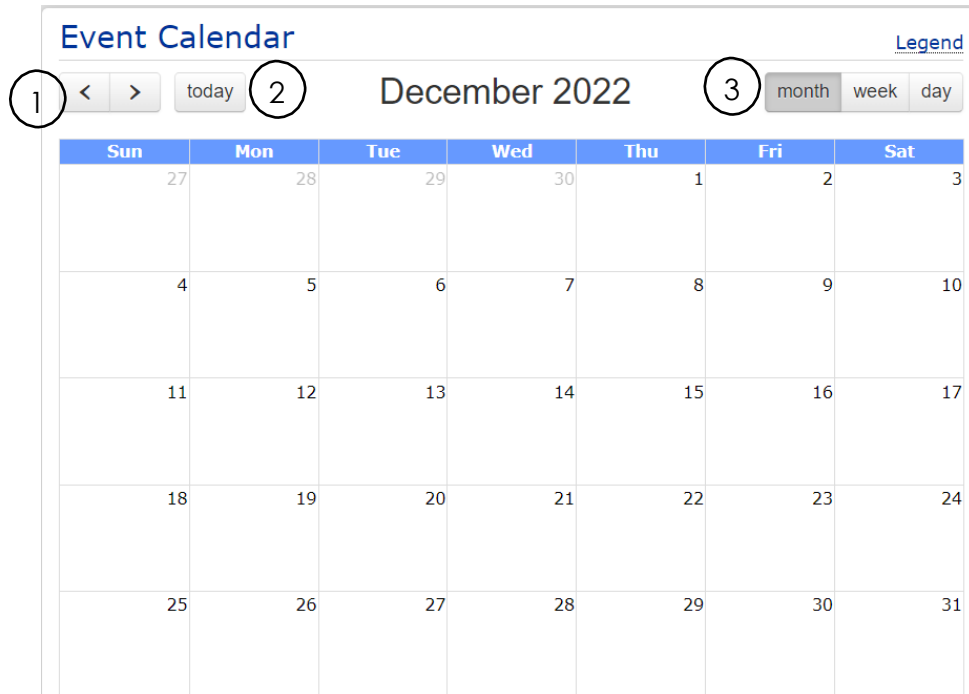
## Calendar



The screenshot shows the header of the Nevada Department of Health and Human Services website. The logo is on the left, followed by the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Portal". On the right, there are links for "Contact Us", social media icons, "DHCFP Home", and a "Select Language" dropdown. Below this is a search bar. The main navigation menu is a blue bar with white text, containing links for "Providers", "PWP (Formerly EVS)", "Pharmacy", "Prior Authorization", "Claims", "Quick Links", "Calendar" (which is circled in red), and "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.

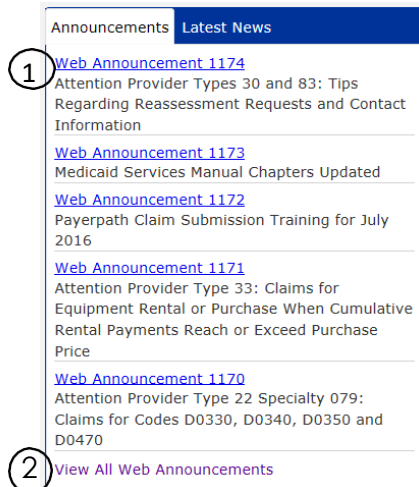
1. Navigate back and forth between the months of the year by clicking the arrow buttons.
2. The **today** button will immediately return you to the current day when clicked.
3. The **month**, **week** and **day** buttons allow you view the calendar using these different views.



## 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.

Announcements
Latest News

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

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

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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

Featured Links

[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.

Notifications

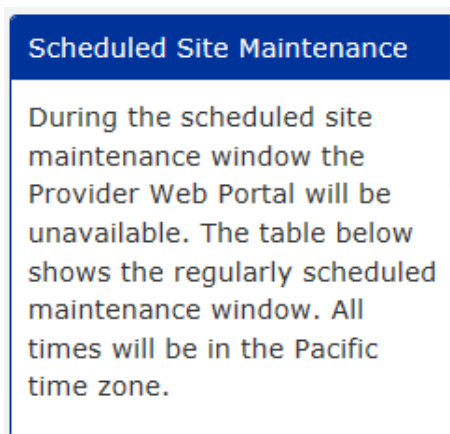
## Providers

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

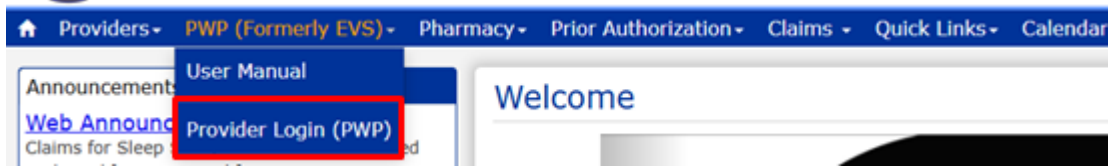
To access PWP:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter [www.medicaid.nv.gov](http://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"> <li>• Physician</li> <li>• Registered Nurse</li> <li>• Hospital</li> <li>• Community Clinic</li> <li>• Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Office Administrator</li> <li>• Office Manager</li> <li>• Registered Nurse</li> <li>• Medical Assistant</li> <li>• Biller</li> </ul>	<ul style="list-style-type: none"> <li>• Clearing House</li> <li>• Vendor</li> <li>• Billing Agent</li> </ul>	<ul style="list-style-type: none"> <li>• Health Maintenance Organization (HMO)</li> </ul>

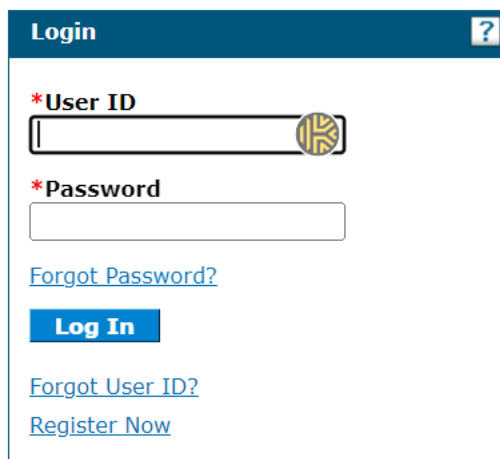
### 1.3.1. Registering as a provider

Registration is required when entering the 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.



The screenshot shows the PWP Login page. At the top is a dark blue header with the word "Login" in white and a question mark icon. Below the header, there are two input fields: "\*User ID" with a yellow circular icon to its right, and "\*Password". Below the password field is a blue link "Forgot Password?". A blue "Log In" button is positioned below the links. At the bottom of the form area are two more blue links: "Forgot User ID?" and "Register Now".

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

**Registration**

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

**2**

**Provider**

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

**Delegate**

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

**Trading Partner**

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

**Managed Care Org**

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

3. Step one of the Registration page opens.

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

\* Indicates a required field.

Please provide the following information to get started!

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

\*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 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.

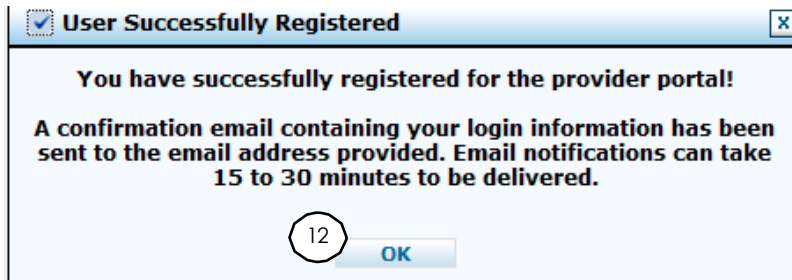
Factor Voice Phone Call

\* Phone Number  Ext  Send Code

---

\* Enter code  Verify

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.

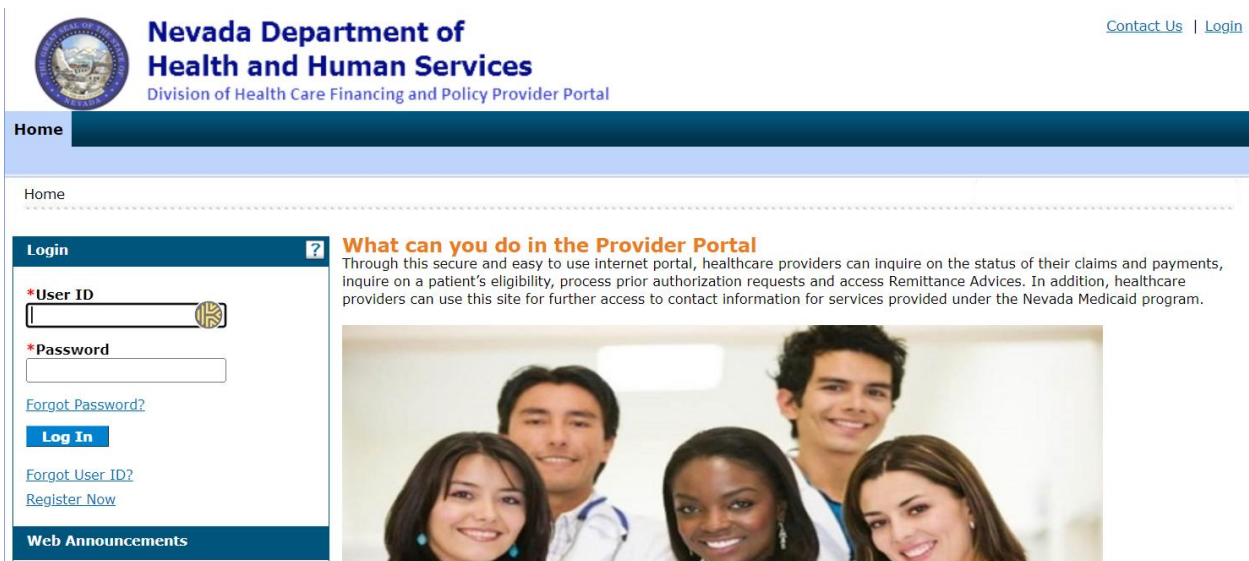


12. Click **OK**.

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

14



After MFA has been verified, the 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 Provider Flex 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

[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!**

[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.

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

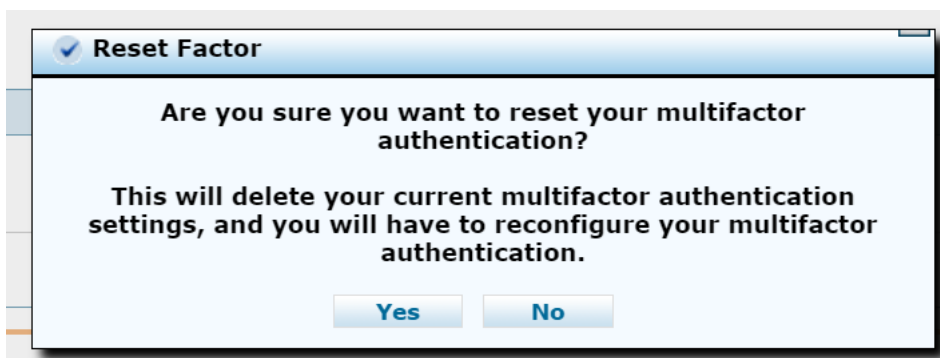
Prior Authorization Quick Reference Guide [\[Review\]](#)  
 Provider Web Portal Quick Reference Guide [\[Review\]](#)

Click on 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 <span>?</span>	
<b>Contact Information</b>	
<b>Display Name</b>	John Smith
<b>Phone Number</b>	1-121-212-1212
<b>Current Email</b>	John.Smith@gmail.com
<a href="#">Edit</a>	
<b>Roles</b>	
<b>Current Roles</b>	Providers
<b>Preferences</b>	
<b>Primary Language</b>	English (US)
<b>Password</b>	
<a href="#">Change Password</a>	
<b>Multifactor Authentication</b>	
<b>Factor</b>	SMS Text Message
<a href="#">Reset Factor</a>	

#### 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.

4. 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

5. 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

6. After selecting a factor, click **Send Code** to receive a code.

7. 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

8. 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

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.



## 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.



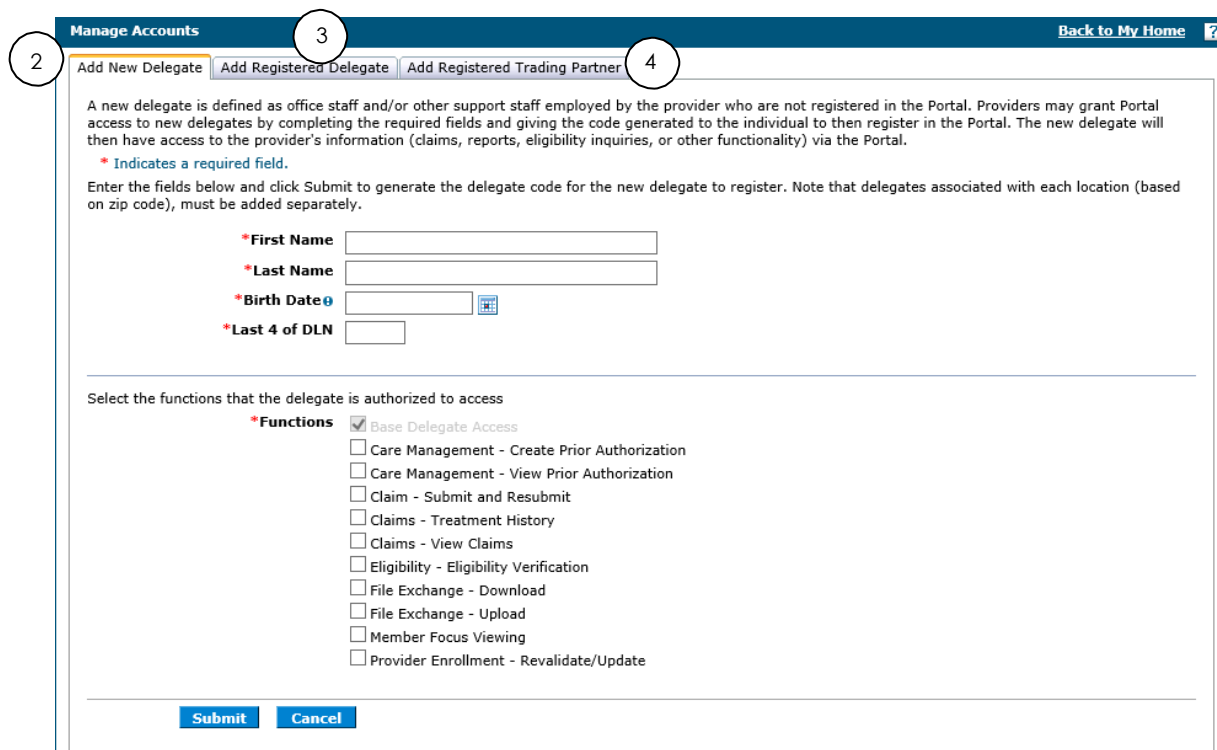
The screenshot shows the PWP My Home page. The top navigation bar includes links for My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. The main content area is titled "Welcome Health Care Professional!" and features a photo of five healthcare professionals. On the left, under the "Provider" section, the following information is displayed: Name: ABC MEDICAL, Provider ID: 1073518007 (NPI), Location ID: 250000259, Revalidation Date: 05/17/2028, and License: -. Below this, there are two links: "My Profile" and "Manage Accounts". The "Manage Accounts" link is highlighted with a red box, and a circled number "1" is placed next to it. On the right, there are links for "Contact Us" and "Secure Correspondence". The "Secure Correspondence" link is accompanied by text explaining its use for communicating with Nevada Medicaid representatives. At the bottom, there are links for "Prior Authorization Quick Reference Guide" and "Provider Web Portal Quick Reference Guide", both with "Review" links.

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**



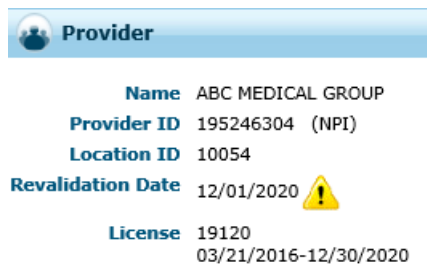
## 1.7.1. Adding a new delegate

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.



**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 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

**Submit** **Cancel**

6. Click Edit, Confirm or Cancel.

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

**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**

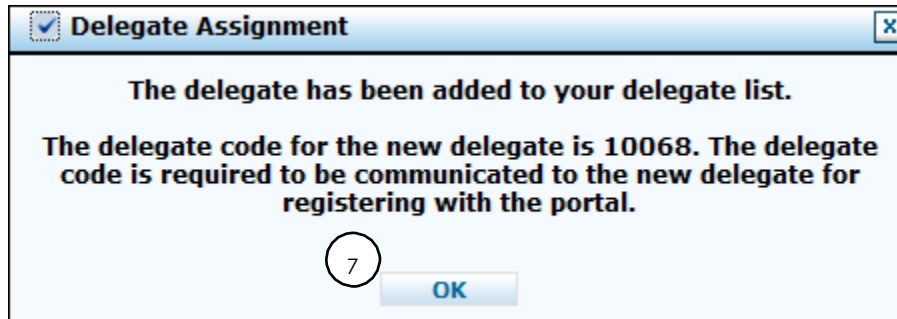
- ☒ Base Delegate Access
- ☐ Care Management - Create Prior Authorization
- ☐ Care Management - View Prior Authorization
- ☐ Claim - Submit and Resubmit
- ☐ Claims - Treatment History
- ☐ Claims - View Claims
- ☒ Eligibility - Eligibility Verification
- ☐ File Exchange - Download
- ☐ File Exchange -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

6

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

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.



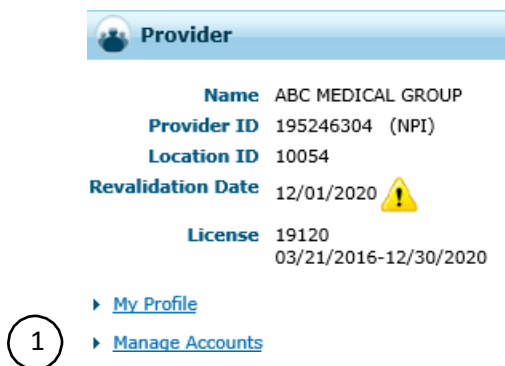
8. Click **OK** to return to the Delegate Assignment screen to add another delegate or add a delegate that is already registered.

## 1.7.2. Adding an existing registered delegate

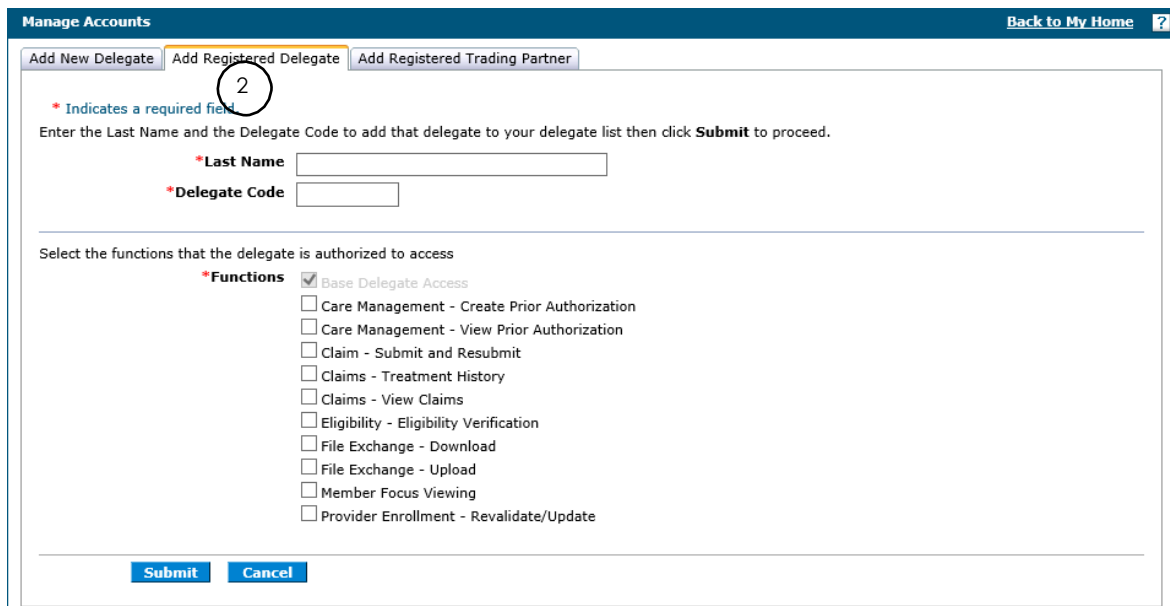
A provider's office may have more than one provider of services but utilize the same staff to perform administrative duties. Each provider will register in PWP and may want to delegate administrative duties to the same staff as the other provider. Although each provider registers separately, the delegate 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

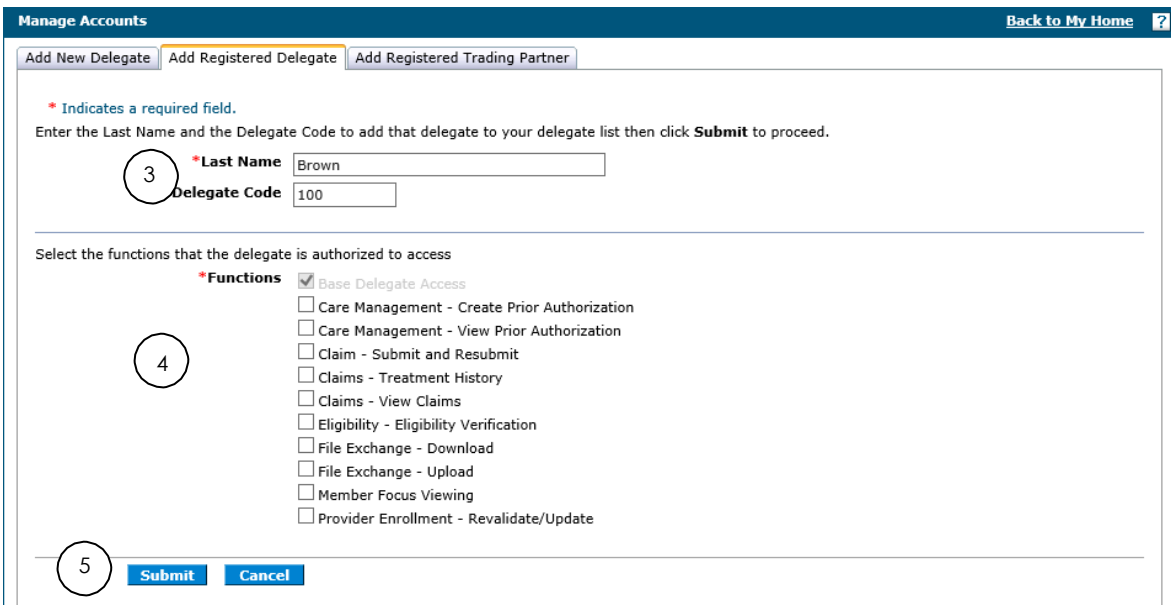
- ☒ Base Delegate Access
- ☐ Care Management - Create Prior Authorization
- ☐ Care Management - View Prior Authorization
- ☐ Claim - Submit and Resubmit
- ☐ Claims - Treatment History
- ☐ Claims - View Claims
- ☐ Eligibility - Eligibility Verification
- ☐ File Exchange - Download
- ☐ File Exchange - 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 confirmation of information submitted.



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

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

\* Indicates a required field.

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

3 \*Last Name

Delegate Code

Select the functions that the delegate is authorized to access

\*Functions

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

4

5 **Submit** **Cancel**

6. Click Edit, Confirm or Cancel.

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

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.

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.

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

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

7. Click Edit, Confirm or Cancel.

**Manage Accounts** Back to My Home ?

Add Registered Trading Partner

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

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

---

**Transactions**

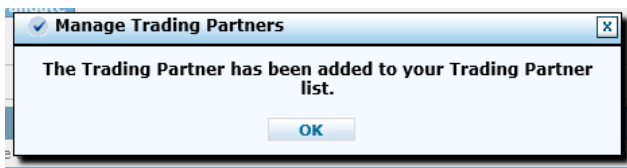
- ☐ 270/271 Health Care Eligibility Request/Response Batch
- ☐ 276/277 Health Care Claim Status Request/Response Batch
- ☐ 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- ☐ 834 Benefit Enrollment and Maintenance
- ☒ 835 Health Care Claim Payment/Advice
- ☐ 837D Health Care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

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

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

8. Click **Confirm** to confirm the Trading Partner.

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




## 1.7.4. 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.

**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 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	<a href="#">brown, charlie</a>	Charlie Brown	01/01/1980	1234	10112	Active
2	<a href="#">apple, johnny</a>	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

---

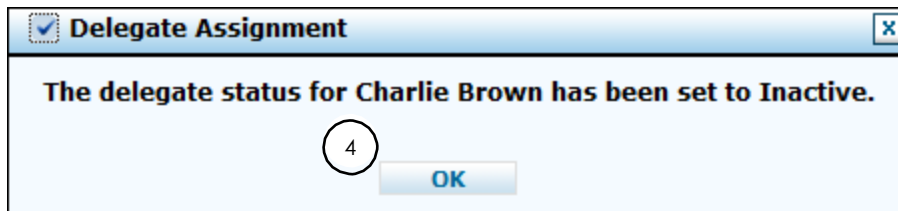
Select the functions that the delegate is authorized to access

**\*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.



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

[My Profile](#)  
1 [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	<a href="#">9999</a>	EDI	<a href="#">Remove</a>

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

- Click **OK**.

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

## 1.7.6. Registering as a delegate

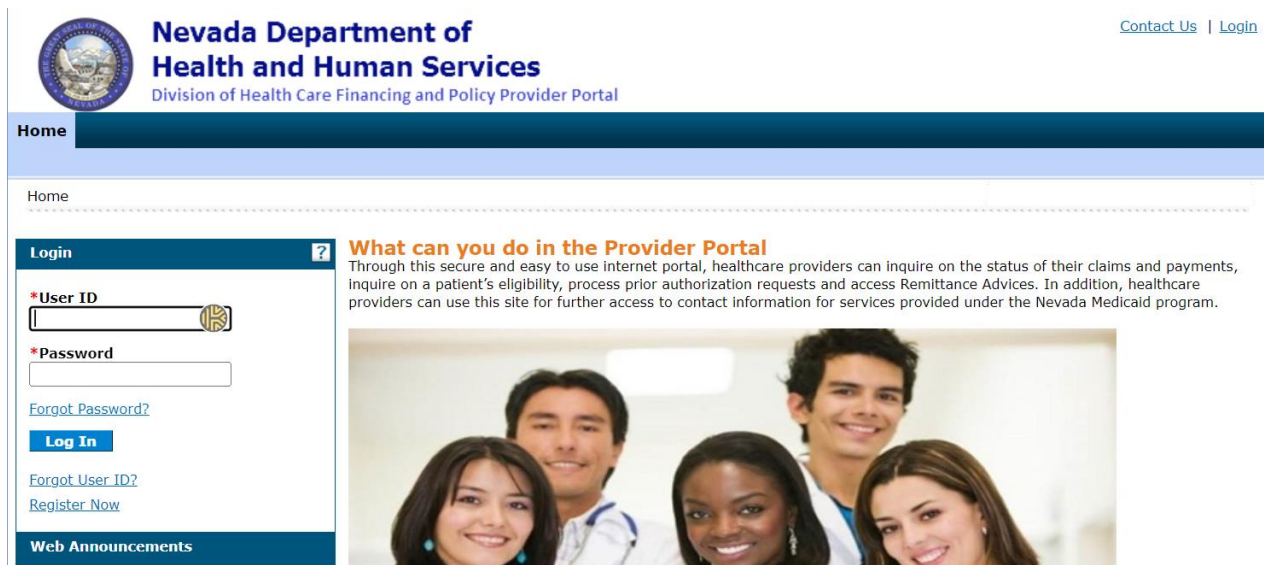
A user registers only once when entering the PWP Home page for the first time. To register as a delegate, you will need a delegate **code**. A delegate code is obtained only after you have given your provider or office administrator the following information:

- 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**.



**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. 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

**Continue** **Cancel**

**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**.

10

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


11

\* ☐ 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

Select a 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

Select a factor

Google Authenticator

Okta Verify

SMS Text Message

Voice Phone Call

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## 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 Voice Phone Call

\* 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

4

Continue

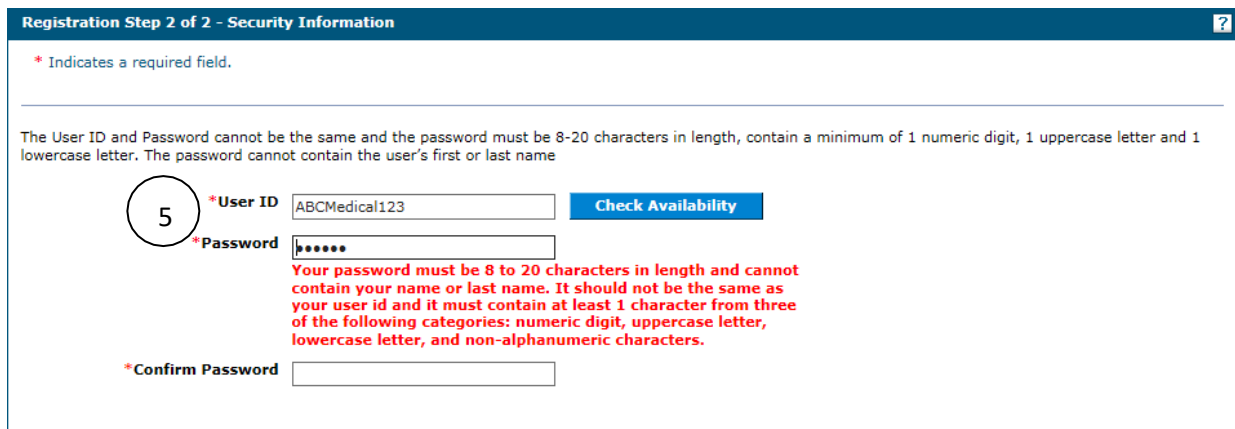
Cancel

4. Click **Continue**.

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

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

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



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

\* Indicates a required field.

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

5 \*User ID

\*Password

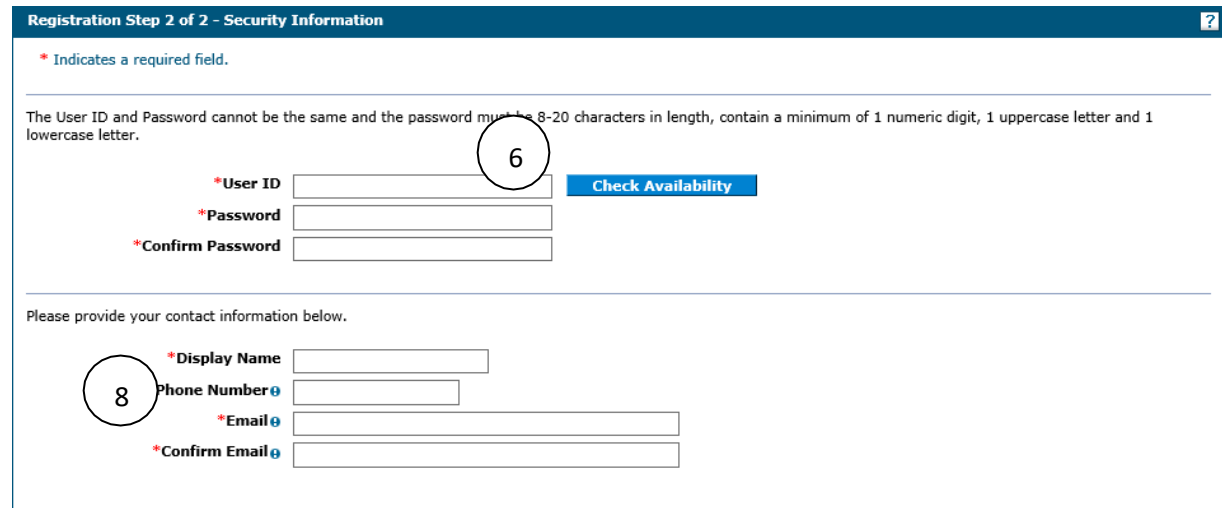
Your password must be 8 to 20 characters in length and cannot contain your name or last name. It should not be the same as your user id and it must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter, and non-alphanumeric characters.

\*Confirm Password

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

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

8. Enter contact information.



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

\* Indicates a required field.

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

6 \*User ID

\*Password

\*Confirm Password

Please provide your contact information below.

8 \*Display Name

Phone Number

\*Email

\*Confirm Email

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

9. 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).

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- 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** Select a 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

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 Voice Phone Call

\* 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.

13. 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.

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

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

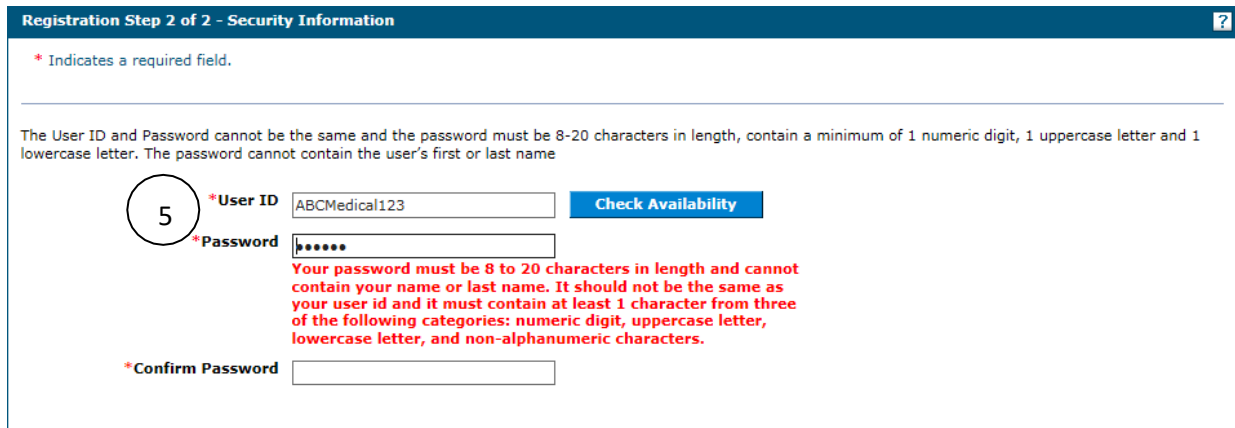
4. Click **Continue**.

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

- Your password must be 8 to 20 characters in length, not be the same as your user ID or

contain the user's first or last name, and must contain at least 1 character from three of the following categories: numeric digit, uppercase letter, lowercase letter and non alphanumeric characters: : ~!@#\$%^&\* \_ - += ` \ ( ) { } [ ] ; : " ' < > , . ? / .

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



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

\* Indicates a required field.

---

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

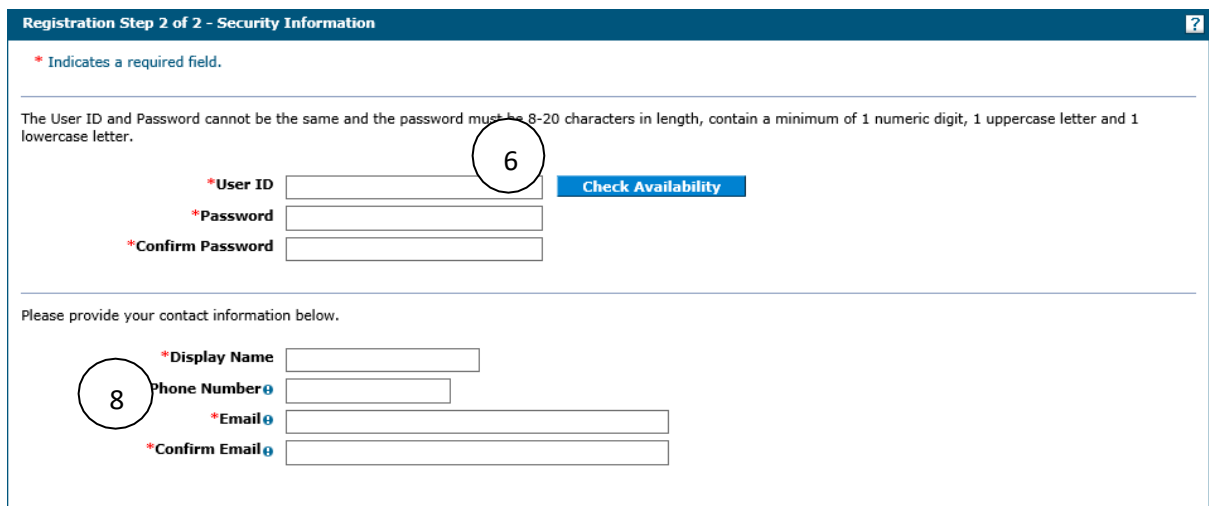
5 \*User ID

\*Password

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

\*Confirm Password

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



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

\* Indicates a required field.

---

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

\*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

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- 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 

Select a 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

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.

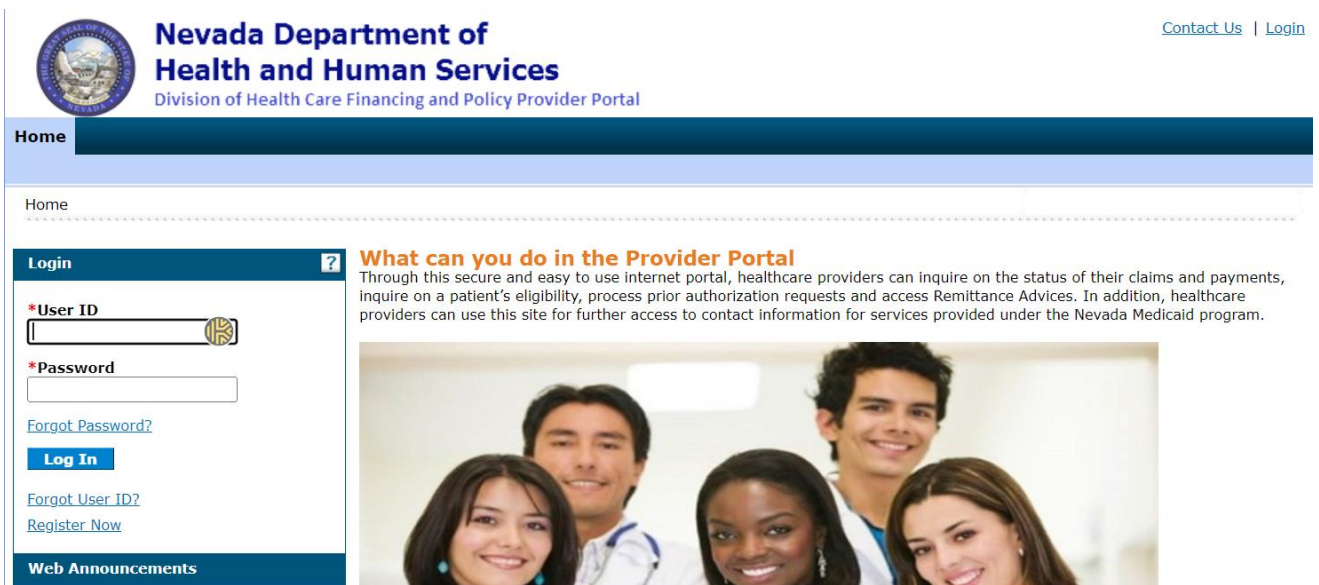
11. Click **OK**.



## 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 log in to PWP:



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.

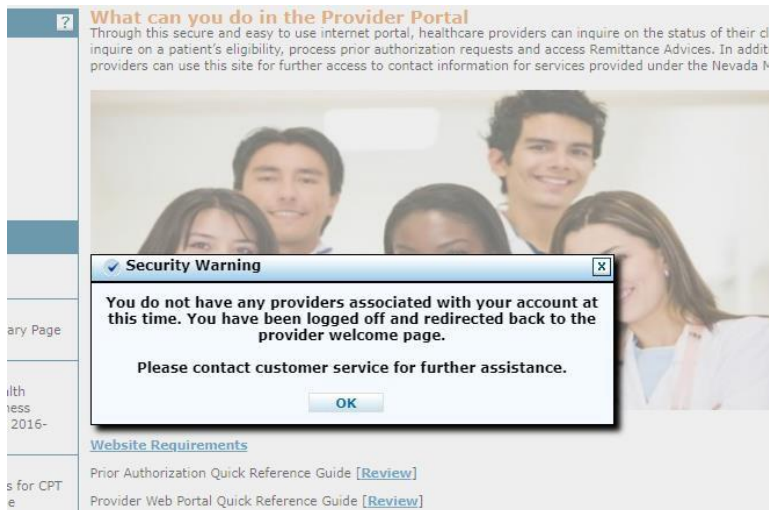
You have successfully logged into PWP! Displayed on the Home page under My Home, you will see user name along with the name of the provider that assigned you as a delegate; the provider's NPI and location.

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.

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## 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.

**My Home**

Delegate for: ABC Medical    Role IDs: Provider - In Network - 1073518007 (NPI)    Location: 250000259 - ABC MEDICAL

**Provider**

Welcome: ABC Medical  
 Name: ABC MEDICAL  
 Provider ID: 1073518007 (NPI)  
 Location ID: 250000259  
 Revalidation Date: 05/17/2028  
 License: -

My Profile  
 Switch Provider **1**

**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.

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.

**Switch Provider**

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

**Selected Provider**    Switch Provider

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

**Selected Provider Information**

**Provider** County Hospital Outpatient Services    **Email**

**Roles**

- Provider - In Network: Validated

**Identifiers**

- 

**Location**

- 003 -

**Close**

### 3. Switch Provider tab

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

### 4. Available Providers

Delegates inherit the rights of the provider. When you select a provider in the results list, you switch operating on that provider's behalf. You can also search to find the correct provider in the delegate's list of authorized providers. When you are authorized by a new provider, the provider information displays in the results list.

Switch Provider

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

Selected Provider

Switch Provider

5

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

Display Name

First Name

Last Name

Email

Search

Reset

4

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 1

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

Submit

Close

Switch Provider

Currently you are logged in as a delegate for Healthcare.

Selected Provider

Switch Provider

5

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

Display Name

Email

Search

Reset

4

Available Providers

Select a Provider that you wish to switch to, then click **Submit** button.

Total Records: 3

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

Submit

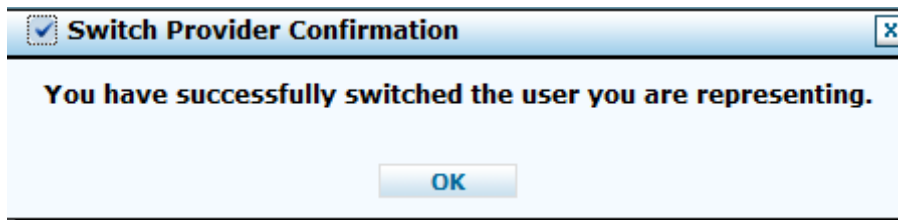
Close

## 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?

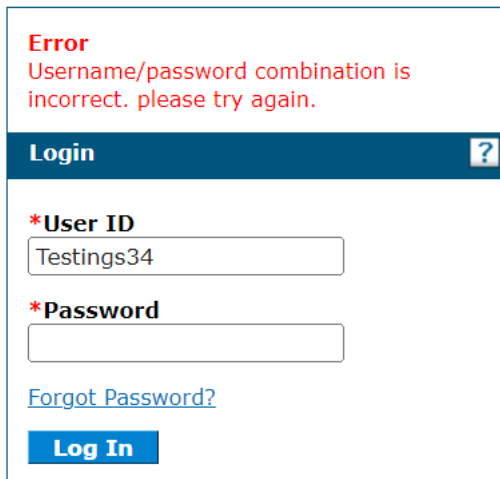
This hyperlink provides assistance when you have forgotten your registered **User ID**. Upon verification of key identifiers on the portal security directory, an email is sent to the email address associated with your profile containing a temporary password that must be reset upon successful login.



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

## 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** ?

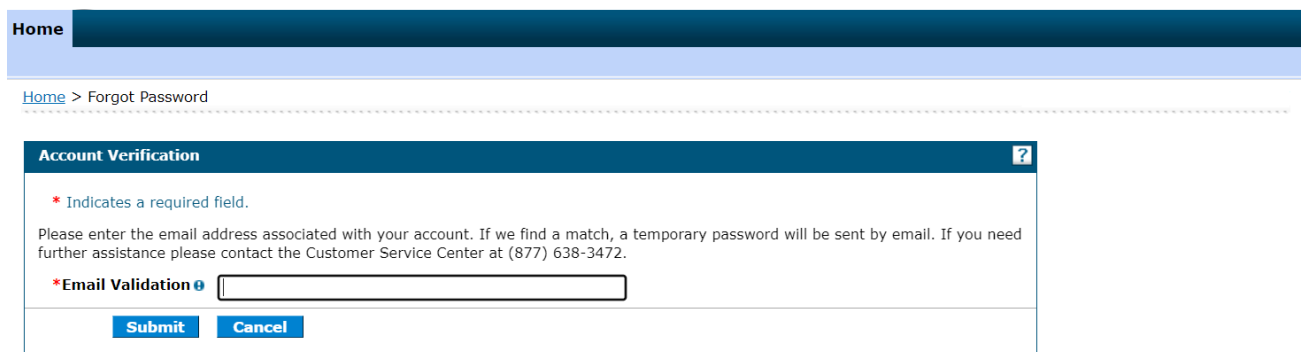
\***User ID**

\***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** ?

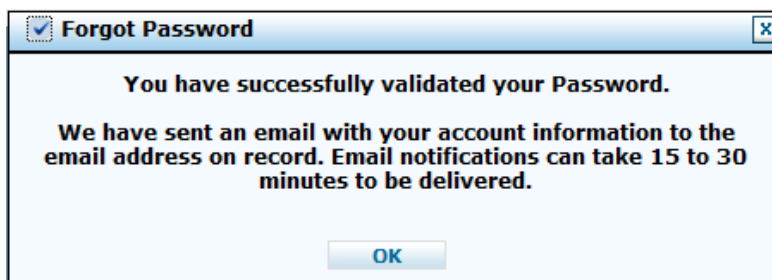
\* Indicates a required field.

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.**

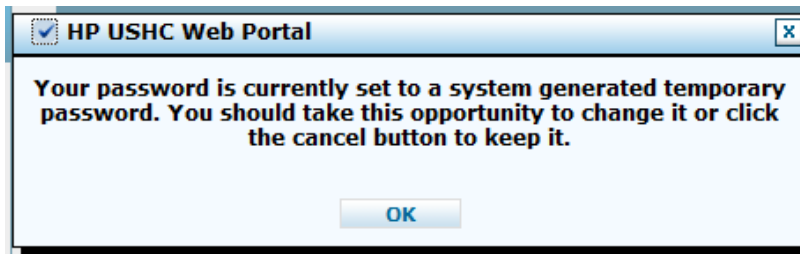
**We have sent an email with your account information to the email address on record. Email notifications can take 15 to 30 minutes to be delivered.**

**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**

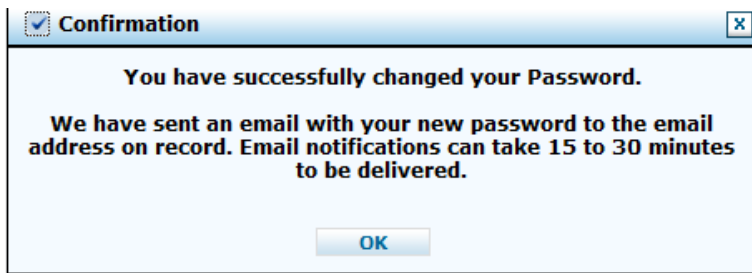
**You have successfully validated your Password.**

**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:  
XXXXXXXXXXXXX  
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"*



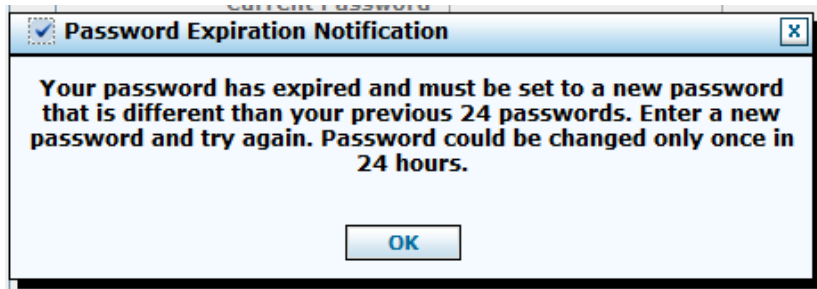
You can also change your password by going to the **My Profile** link from the **My Home** page. After updating your password, you will see a **Confirmation** screen box that states your password was successfully changed. Updating the password will generate another email sent to your email account alerting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

**Change Password Assistance**

- The Password cannot be the same as your User ID.
- The Password must be between 8-20 characters.
- 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: ~!@#\$%^&\*~+=` \(){}[];:'"<>.,?/
- The Password cannot be the same as any of the previous 24 passwords.
- The Password cannot be changed more than once in a 24-hour period.

**Change Password**

\* Indicates a required field.

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

\*Current Password

\*New Password

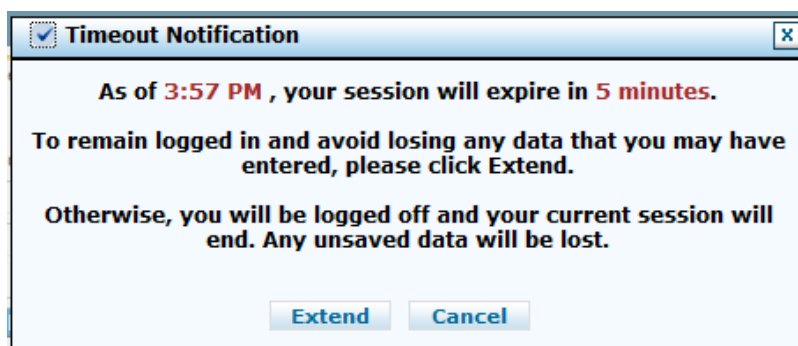
\*Confirm New Password

**Submit** **Cancel**

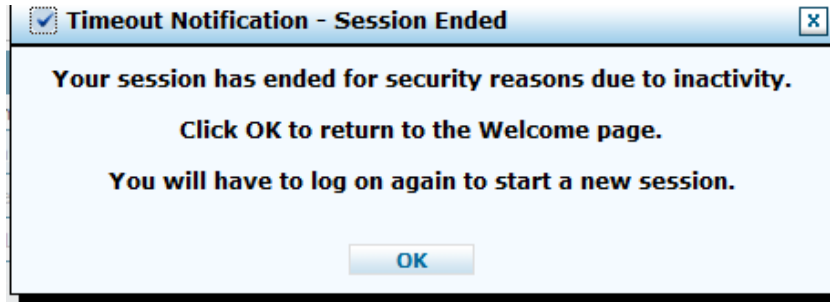
Once you create your new password and click **Submit**, you will be directed back to the Login screen to log in to the portal with your new password. An email notification will be sent to your email account stating your password has been changed.

## 1.10. 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.



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

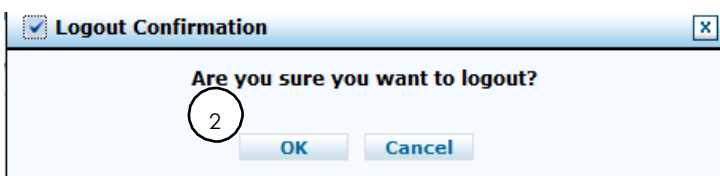
When utilizing PWP, it is strongly recommended that you log off after each session. This will ensure Protected Health Information (PHI) is secure and makes the login readily available for the next user.

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.
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 you 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 to access 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](#) (3)

[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.

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](#)

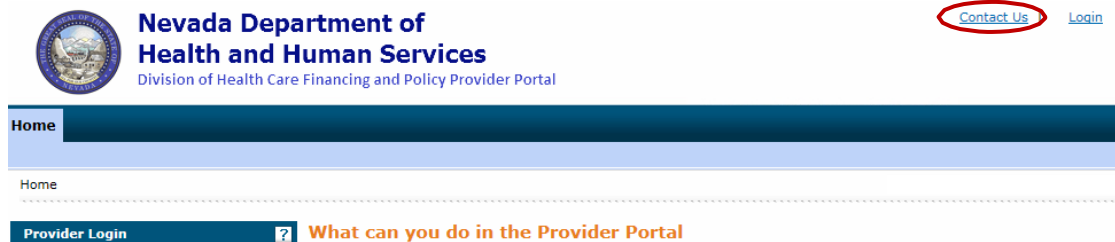
The Provider Services area provides you access to additional areas of functionality. Those features include:

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.

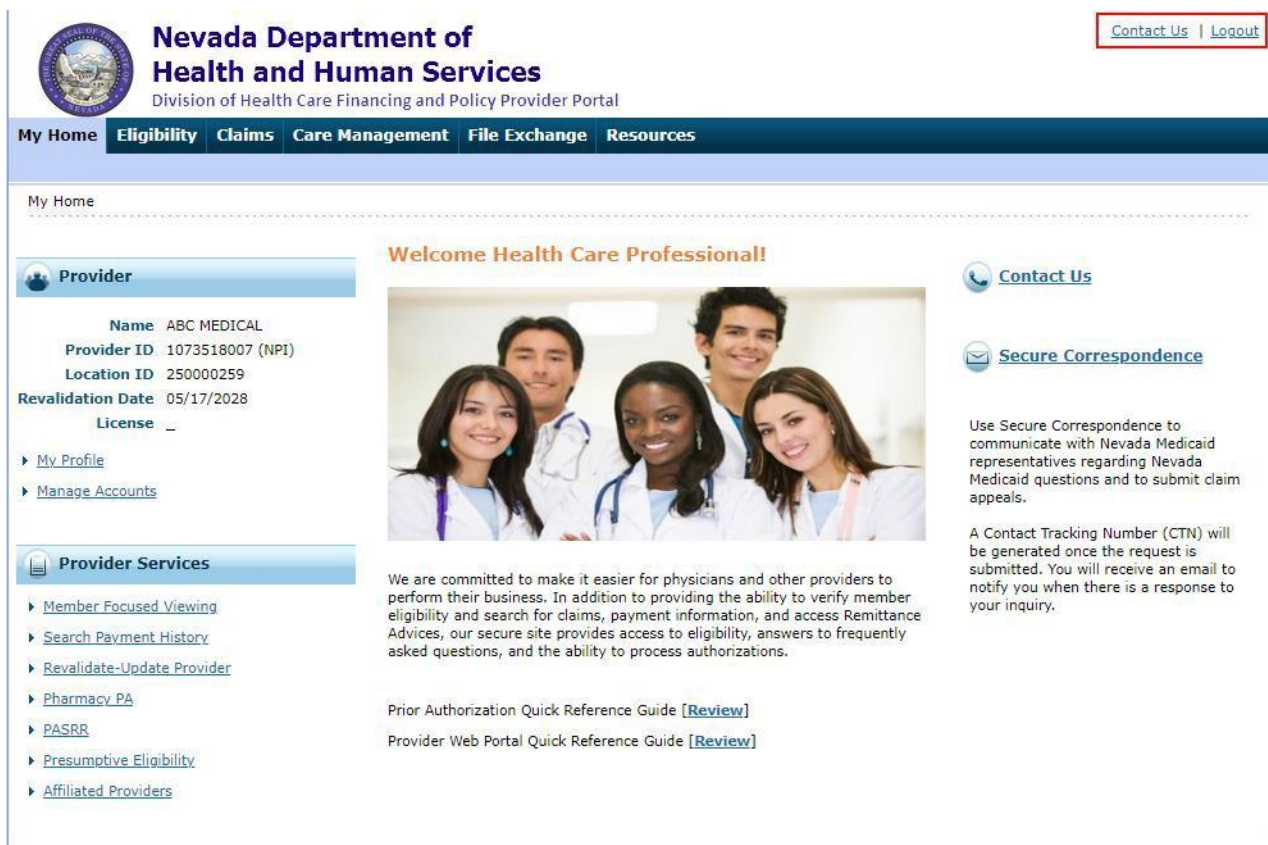


## 1.14. Contact us

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

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

### 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

3

\*Email

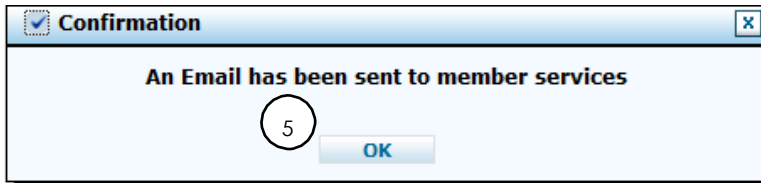
\*Email

\*Comments

4

Submit Cancel

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

## Additional Resources

Using the Provider Web Portal YouTube Videos:

[Registering and Multi-Factor Authentication \(MFA\)](#)

[Logging-In with MFA and the Provider Web Portal \(PWP\) Homepage](#)

[Managing the User Profile in Provider Web Portal \(PWP\)](#)

[Adding Delegates and Trading Partners on the Provider Web Portal \(PWP\)](#)