

Chapter 12. Demographic Updates

The Nevada Medicaid and Nevada Check Up Provider Web Portal (PWP) allows providers, or their authorized delegates, to update their provider demographic information using the Electronic Verification System (EVS) without the need to submit a change/update application. Demographic updates submitted using the EVS will be automatically processed and will update the provider's information upon submission.

The following demographic information can be updated:

- Service, Mail To, Pay To and Remittance Advice addresses and their associated information, email address, telephone number and contact name.
- Days and hours of operation.
- Information regarding Managed Care and Fee-for-Service participation, accepting new patients and the ability to accommodate recipients with special needs.
- Group providers will also be able to update their facility rating, facility control and number of beds.
- Consent to electronic 1099 delivery.
- Withdraw consent to electronic 1099 delivery.

A confirmation message will display to the user when a demographic update request is submitted.

12.1 Demographic Updates

To begin a Demographic Update:

1. Log in to the Provider Web Portal.



The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal and the department name. At the top right are links for 'Contact Us' and 'Login'. Below the header is a dark blue navigation bar with 'Home' highlighted. The main content area is divided into two columns. The left column contains a 'Login' section with a 'User ID' input field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. Below this is a 'Web Announcements' section with several entries, each with a title and a brief description. The right column features a heading 'What can you do in the Provider Portal' followed by a paragraph describing the portal's capabilities. Below the text is a photograph of five diverse healthcare professionals in white coats. At the bottom of the right column is a 'Website Requirements' section with two links for quick reference guides.

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

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

Home

Home

Login ?

*User ID

Log In

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

Web Announcements

[Web Announcement 1124](#)
Testing web announcements

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

[Web Announcement 1122](#)
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016-2017

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

[Web Announcement 1120](#)
Attention Provider Types 24 and 77: Radiology Codes Billable Effective January 1, 2016

[View More 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.



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

2. The Provider My Home page is displayed.

3. Click on the “Revalidate-Update Provider” link under Provider Services.

4. The Provider Locations page will display with a list of locations linked to the National Provider Identifier (NPI). It will also display the revalidation due date, license effective dates, and contract information for each service location.

[My Home](#) > [Revalidate-Update Provider](#)

Provider Locations ?						
Duplicate providers may appear in the results since a unique row is created for each specialty.						
						Total Records: 2
Provider Name	Provider Type	Address	Revalidation Date	License	Contract	Action
ABC MEDICAL	Hospital, Inpatient	1234 MAIN STREET, RENO, Nevada, 23223-2323	01/27/2024	213213 01/01/2020-01/31/2025	Inpatient Hospital Effective Date: 01/27/2021	Update Demographics OR Update Provider OR Revalidate Provider
ABC MEDICAL	Hospital, Outpatient	1234 MAIN STREET, RENO, Nevada, 89511-3019	05/17/2028	123456 01/01/2023-12/31/2026	Outpatient Hospital Effective Date: 01/01/2023	Update Demographics OR Update Provider

5. Click “Update Demographics” under Action.

[My Home](#) > [Revalidate-Update Provider](#)

Provider Locations ?						
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6. Update the information you need to change and select “Submit” to submit the update.

[My Home](#) > [Revalidate-Update Provider](#) > Demographics

Update Demographics ?

Provider Addresses

	Type	Street	City	State
<input type="checkbox"/>	Service	5400 LEGACY DR	PLANO	TEXAS
<input type="checkbox"/>	Pay-To	5400 LEGACY DR	PLANO	TEXAS
<input type="checkbox"/>	Mail-To	5400 LEGACY DR	PLANO	TEXAS
<input type="checkbox"/>	Remittance Advice	5400 LEGACY DR	PLANO	TEXAS

You have reached the maximum number of addresses allowed for this list.

Electronic 1099 Consent

The Internal Revenue Service (IRS) requires a Payer to receive affirmative consent from providers to deliver 1099 Forms electronically. If you would like to receive your 1099 electronically, download and save a copy of the electronic 1099 consent document for your records. Please note that the electronic 1099 consent checkbox below will remain disabled until the electronic 1099 document has been read.

[Electronic 1099 Consent](#) [Download](#)

Consent to electronic 1099 delivery **Checking the box indicates you consent to receiving an electronic 1099.**

Days And Hours of Operation Information

*Days And Hours of Operation

Managed Care/Fee for Service Information

*Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?

Accepting New Patients

*Are you currently accepting new patients? Yes No

Accommodate Recipients with Special Needs

*Can you accommodate recipients with special needs? Yes No

Facility Rating

*Facility Rating

Facility Control

*Facility Control

Number of Beds

Swing Bed
 Acute
 ICF
 SNF
 ICF/MR
 ISO

Submit
Cancel

7. A pop-up confirmation message will display to the user when a demographic update request is submitted:

"Request was successfully submitted. Your Tracking ID is: XXXX."

Notes:

- Provider Address information can only be updated; it cannot be removed. Address information will need to be validated by clicking “verify address” prior to submitting the demographic update.

- The “Cancel” button can be used to clear out information and will cancel the update.
- If a Demographic Update is in process, Revalidation and/or Update changes cannot be performed.
- If the NPI or Provider Location already has an Update or Revalidation application in process, demographic changes are not allowed. A display message “ATN XXX in process. A demographic update cannot be started until the current update is finalized” will appear.