

# Chapter 13. Secure Correspondence

Secure Correspondence is for authenticated (logged in) users to submit claim appeals, questions, comments or request technical assistance related to Electronic Verification System (EVS) functions in a secure environment and receive answers through the website.

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

**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 Wednesday 10/30/2024 01:34 PM PST

**Provider**

Name BARBARA MAITLAND  
Provider ID 1821668393 (NPI)  
Location ID 250000714  
Revalidation Date 09/30/2029  
License \_

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

**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.

[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.

**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 \[Review\]](#)

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

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[My Home](#) > [Secure Correspondence](#) Wednesday 10/30/2024 01:57 PM PST

**Secure Correspondence - Message Box** [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

② [Create New Message](#)

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

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[My Home](#) > [Secure Correspondence](#) > [Create Message](#) Wednesday 10/30/2024 01:38 PM PST

**Secure Correspondence - Create Message** [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call (800) 695-5526. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.

\* Indicates a required field.

\*Subject

③ \*Message Category

\*Email

\*Confirm Email

\*Message

- Claims - Appeals - Only
- Claims - General Information
- Duplicate RA Request
- Enrollment - General Information
- Finance - General Information
- Other
- Prior Authorization - General Information
- Provider - False Claims Act Response
- Treatment History
- Web Portal - General Information

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4. Enter the required information. All fields with a red asterisk (\*) are required.

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

[My Home](#) > [Secure Correspondence](#) > Create Message Wednesday 10/30/2024 02:02 PM PST

**Secure Correspondence - Create Message** [Back to Message Box](#) ?

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\* Indicates a required field.

4

\*Subject  
\*Message Category  
\*Email  
\*Confirm Email  
\*Message

**Send** **Cancel**

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**Note:** When “Provider – False Claims Act Response” is selected as the Message Category, the **Subject** field is populated with “Provider Response”.



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

[My Home](#) > [Secure Correspondence](#) > Create Message

Wednesday 10/30/2024 01:45 PM PST

**Secure Correspondence - Create Message**
[Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call (800) 695-5526. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.

\* Indicates a required field.

**Subject**
Provider Response

**\*Message Category**
Provider - False Claims Act Response

**\*Email**

**\*Confirm Email**

**\*Message**

**Attachments**

Click the **Remove** link to remove the entire row.

| #   | Transmission Method | File | Control # | Attachment Type | Action |
|---|---------------------|------|-----------|-----------------|--------|
| <input type="checkbox"/> Click to collapse.   |                     |      |           |                 |        |
| <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><b>*Transmission Method</b></span> <span>EL-Electronic Only</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><b>*Upload File</b></span> <span>Choose File No file chosen</span> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span><b>*Attachment Type</b></span> <span></span> </div> <div style="display: flex; justify-content: space-between;"> <span><b>Description</b></span> <input type="text"/> </div> |                     |      |           |                 |        |
| <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Add</span> <span>Cancel</span> </div>  |                     |      |           |                 |        |

Send
Cancel

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**Note:** When “Claims – Appeals – Only” or “Provider – False Claims Act Response” is selected as the Message Category, additional fields are displayed and required.

### Claims – Appeals – Only



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[My Home](#) > [Secure Correspondence](#) > Create Message

Wednesday 10/30/2024 02:31 PM PST

Secure Correspondence - Create Message
Back to Message Box

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

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\* Indicates a required field.

\*Subject

\*Message Category

\*Email

\*Confirm Email

\*ICN

\*Service Provider ID  \*ID Type

Service Provider Location

\*Denial Reason

\*RA Date

\*Message

**Attachments**

Click the **Remove** link to remove the entire row.

| #   | Transmission Method | File | Control # | Attachment Type | Action |
|---|---------------------|------|-----------|-----------------|--------|
| <input type="checkbox"/> Click to collapse.   |                     |      |           |                 |        |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>*Transmission Method <input type="text" value="EL-Electronic Only"/></p> <p>*Upload File <input type="text" value="Choose File"/> No file chosen</p> <p>*Attachment Type <input type="text"/></p> <p>Description <input type="text"/></p> </div> <div style="width: 30%; text-align: center;"> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></p> </div> </div> |                     |      |           |                 |        |

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## Provider – False Claims Act Response



### Nevada Department of Health and Human Services

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Wednesday 10/30/2024 02:37 PM PST

Secure Correspondence - Create Message
[Back to Message Box](#) ?

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Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call (800) 695-5526. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.

\* Indicates a required field.

**Subject** Provider Response

**\*Message Category**

**\*Email**

**\*Confirm Email**

**\*Message**

**Attachments**

Click the **Remove** link to remove the entire row.

| #  | Transmission Method   | File  | Control # | Attachment Type                              | Action |
|--|---|---|-----------|--|--------|
| <input type="checkbox"/> Click to collapse.                              |   |   |           |  |        |
|  | <b>*Transmission Method</b> <input type="text" value="EL-Electronic Only"/> | <b>*Upload File</b> <input type="button" value="Choose File"/> No file chosen |           | <b>*Attachment Type</b> <input type="text"/> |        |
|  | <b>Description</b> <input type="text"/>                                     |   |           |  |        |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/> |   |   |           |  |        |

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5. Enter comments into the Message text box (limited to 1,000 characters).

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

[My Home](#) > [Secure Correspondence](#) > Create Message Wednesday 10/30/2024 02:47 PM PST

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**Secure Correspondence - Create Message** [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call (800) 695-5526. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.

\* Indicates a required field.

\* **Subject**

\* **Message Category**

\* **Email**

\* **Confirm Email**

\* **Message**

**5**

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- Click **Send**. The Confirmation message is displayed stating the secure message was successfully sent.

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

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**Secure Correspondence - Create Message** [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

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\* Indicates a required field.

\* **Subject** Question

\* **Message Category** Claims - General Information

\* **Email** crystal.maderacibrian@gainwelltechnologies.com

\* **Confirm Email** crystal.maderacibrian@gainwelltechnologies.com

\* **Message** Please provide update

**6** **Send** **Cancel**

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- Click **OK**.

**Confirmation**

**Your secure message was successfully sent.**

**7** **OK**



When a response to the inquiry is available, an email will be sent to the email address entered on the Secure Correspondence – Create Message page.

Secure Correspondence

 Division of Health Care Financing and Policy Provider Portal <TESTedisupport@gainwelltechnologies.com>  
To: Madies-Gibson, Crystal  
Retention Policy: 3-Year Delete (Entire Mailbox) (3 years) Expires: 10/30/2027

 Reply  Reply All  Forward  

A message was sent from Nevada Medicaid Provider Web Portal Secure Correspondence using this email address.

Message Category: Claims - General Information

The following link has been provided for your convenience. Nevada Medicaid Provider Portal (<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fportalmod.medicaid.nv.gov%2Fhnp%2Fprovider&data=05%7C02%7CCrystal.madiegibson%40gainwelltechnologies.com%7C7F789%30317143dcbad1188de03367407%7C656389ce4fb118b43d41e46e0ce0688%7C0%7C0%7C638659246390370883%7C1C1nkaom%7C7C7WfPbGZab3d8eJWJoiMC4wLjAwMDAALCjQJjoYV2hMfZlCjBTl6l1haWwpLCjXVC16Mr0%3D%7C0%7C%7C%7C&data=hYIar7BjHnsQEfwHjCq5HuThX3x6%2FqomHgTRe3OW4%3D&reserved=0>)

Sincerely,

Division of Health Care Financing and Policy Provider Portal User Management

# 13.1 Viewing status of secure messages sent

To view the status of secure messages sent:

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

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

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

My Home Wednesday 10/30/2024 03:42 PM PST

### Provider

Name BARBARA MAITLAND  
Provider ID 1821668393 (NPI)  
Location ID 250000714  
Revalidation Date 09/30/2029  
License \_

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[Manage Accounts](#)

### 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.

### Contact Us

**Secure Correspondence**

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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.

### Provider Services

[Member Focused Viewing](#)  
[Search Payment History](#)  
[Revalidate-Update Provider](#)  
[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 \[Review\]](#)

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- From the Secure Correspondence - Message Box page, click a message from the **Subject** column.



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

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**Secure Correspondence - Message Box** [Back to My Home](#) ?

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

Total Records: 3

| Status | CTN #     | Subject                           | Message Category                     | Date Opened | Last Activity Date |
|--------|-----------|-----------------------------------|--------------------------------------|-------------|--------------------|
| Open   | 300002299 | <a href="#">Question</a>          | Enrollment - General Information     | 10/30/2024  | 10/30/2024         |
| Open   | 300002300 | <a href="#">Question</a>          | Claims - General Information         | 10/30/2024  | 10/30/2024         |
| Open   | 300002284 | <a href="#">Provider Response</a> | Provider - False Claims Act Response | 10/29/2024  | 10/29/2024         |

②

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- By clicking a **Subject** link, a message detail box is displayed allowing the user to view the original message sent. Users can enter a reply with additional questions or comments in the Reply box.

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**Secure Correspondence - Message Detail** [Back to Message Box](#) ?

\* Indicates a required field.

|   |   |
|---|---|
| <b>CTN #</b> 300002300                                      | <b>Status</b> Open                      |
| <b>Subject</b> Question                                     | <b>Date Opened</b> 10/30/2024           |
| <b>Message Category</b> Claims - General Information        | <b>Date of Last Activity</b> 10/30/2024 |
| <b>Email</b> crystal.maderacibrian@gainwelltechnologies.com |   |
| <b>ICN</b> -  |   |
| <b>Service Provider ID</b> -                                |   |
| <b>Service Provider Location</b> -                          |   |
| <b>Denial Reason</b> -                                      |   |
| <b>RA Date</b> -  |   |
| <b>*Reply</b>   |   |

[Send](#) [Cancel](#)

**Correspondence**

|                     |   |        |
|---------------------|---|--------|
| <b>Message Sent</b> | Date: 10/30/2024 03:36:26 PM            |        |
|                     | Message: Message: Please provide update | ▲<br>▼ |

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