## Chapter 13. Secure Correspondence

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

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



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

	Nevada Department of Contact Us   Logout Health and Human Services Division of Health Care Financing and Policy Provider Portal
м	y Home Eligibility Claims Care Management File Exchange Resources
	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.
3.	<ul> <li>Rechnical Support witt 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.</li> <li>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 or call 1-877-638-3472.</li> <li>Select a message category from the Message Category drop-down box.</li> </ul>
	Wy tome       Eligibility       Claims       Care Management       File Exchange       Resources    Wednesday 10/30/2024 01:38 PM PST      Secure Correspondence > Create Message      Retry our 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 800-525-525. For non-technical support related issues, please go to www.medicaid.mc.gov or call -#37-538-3472. <ul> <li>Indicates a required field.</li> <li>Image Category</li> <l< th=""></l<></ul>

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

	Nevada Depai Health and Hu Division of Health Care F	tment of man Services nancing and Policy Provider Portal	Contact Us   Logout
My Home Elig	ibility Claims Care M	anagement File Exchange Resources	
My Home > Secu	re Correspondence > Creat	Message	Wednesday 10/30/2024 02:02 PM PST
Secure Corres	pondence - Create Messa	e	Back to Message Box
Technical Suppo questions call (i www.medicaid.u * Indicates a	ort will accept Provider Web f 800) 695-5526. For non-pha nv.gov or call 1-877-638-34; required field.	ortal usage issues submitted through this page except for those macy prior authorization questions, call 800-525-2395. For non 2.	relating to prior authorization. For pharmacy prior authorization -technical support related issues, please go to
	*Subject		
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	*Message		
			<u>//</u>
		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".

- Contraction	Nevada Depa	rtment of		1	Contact Us   Logo
	Health and H	uman Services			
- TEVER	Division of Health Care	Financing and Policy Provider Portal			
Home Eligi	ibility Claims Care	Management File Exchange Resou	irces		
<u>/ Home</u> > <u>Secu</u>	i <u>re Correspondence</u> > Crea	te Message		Wednesday 10/30/2	2024 01:45 PM PS
C				Pack to	Maccogo Boy
Secure Corres	spondence - Create Mess	ige		<u>Dack to</u>	Message box
Enter your corre	espondence information bel	ow and click the <b>Send</b> button to send the corr	espondence to the plan or click	Cancel to go back.	
Technical Suppo questions call (8 www.medicaid.r	ort will accept Provider Web 800) 695-5526. For non-ph nv.gov or call 1-877-638-34	Portal usage issues submitted through this pa armacy prior authorization questions, call 800- 72.	ge except for those relating to 525-2395. For non-technical su	prior authorization. For pharmacy p upport related issues, please go to	rior authorization
* Indicates a	required field.				
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	*Email @				
	*Confirm Email 🛛				
	*Message				
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Click to co	ollapse.				
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	*Upload File	Choose File No file chosen			
	*Attachment Type	~			
	Description				
	• •				
	Add Cancel				
		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**

	Nevada Depa Health and H	rtment of uman Services		<u>c</u>	Contact Us   Logo
y Home	Division of Health Care           Eligibility         Claims         Care	Financing and Policy Provider Portal           Management         File Exchange         Resource	es		
<u>My Home</u> >	Secure Correspondence > Crea	te Message		Wednesday 10/30/2	024 02:31 PM PS
Secure C	orrespondence - Create Messa	ıge		Back to I	Message Box 💈
Enter your Technical s questions www.medi	r correspondence information bel Support will accept Provider Web call (800) 695-5526. For non-ph icaid.nv.gov or call 1-877-638-34	ow and click the <b>Send</b> button to send the corresy Portal usage issues submitted through this page armacy prior authorization questions, call 800-52 72.	oondence to the plan or click except for those relating to p 5-2395. For non-technical su	Cancel to go back. prior authorization. For pharmacy pr pport related issues, please go to	ior authorization
* Indica	tes a required field.				
	*Subject		]		
	*Message Category	Claims - Appeals - Only	~		
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	*ICN *Service Provider ID Service Provider Location *Denial Reason @ *RA Date @		Туре		
Attach	*Message ments				
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E Click	k to collapse.				
	*Transmission Method *Upload File *Attachment Type Description	L-Electronic Only 💙 Choose File   No file chosen			
	Add Cancel				
		Send Cancel			

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## **Provider – False Claims Act Response**

Nevada Depa Health and Hu Division of Health Care I	rtment of uman Services Financing and Policy Provider Portal		S	Contact Us
Home Eligibility Claims Care	Management File Exchange Resourc	es		
<u>Home &gt; Secure Correspondence</u> > Creat	e Message		Wednesday 10/30/2	2024 02:37 PN
Secure Correspondence - Create Messa	ge		<u>Back to</u>	<u>Message Bo</u>
nter your correspondence information bek echnical Support will accept Provider Web uestions call (800) 695-5526. For non-phi www.medicai.or.gov.or.gall 1.877-638-34	w and click the <b>Send</b> button to send the corresp Portal usage issues submitted through this page Irmacy prior authorization questions, call 800-52 72	oondence to the plan or click except for those relating to p 5-2395. For non-technical su	Cancel to go back. prior authorization. For pharmacy p pport related issues, please go to	rior authorizat
* Indicates a required field.				
Subject *Message Category	Provider Response Provider - False Claims Act Response	~		
*Email 🛛				
*Confirm Email 🛛				
nessage				
Attachments				
Click the Remove link to remove the ent	File	Control #	Attachment Type	Action
Click to collapse.	The	control #	Attachment Type	Action
*Transmission Method *Upload File *Attachment Type Description	L-Electronic Only  Choose File No file chosen			
Add Cancel				
	Send Cancel			

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

Nevada D Health an Division of Healt	epa d Hu h Care F	rtment o uman Se	of Frvices Policy Provider Por	tal		Contact Us   Logout
My Home Eligibility Claims	Care I	Management	File Exchange	Resources		
My Home > Secure Correspondence	> Creat	e Message				Wednesday 10/30/2024 02:47 PM PST
Secure Correspondence - Creat	e Messa	ige				Back to Message Box ?
Enter your correspondence informa Technical Support will accept Provi questions call (800) 695-5526. For www.medicaid.nv.gov or call 1-877	der Web non-pha -638-34	ow and click the s Portal usage issu armacy prior auth 72.	Send button to send ues submitted throug horization questions,	the correspondence to the this page except for the call 800-525-2395. For	the plan or click hose relating to non-technical s	k <b>Cancel</b> to go back. prior authorization. For pharmacy prior authorization support related issues, please go to
* Indicates a required field.						
*S	ubject	Question				]
*Message Ca	tegory	Enrollment - Ge	eneral Information		*	
*E	mail 🖯	Test@gainwellte	echnologies.com			
*Confirm E	:mail 🛛	Test@gainwellt	echnologies.com			
5	essage	Please provide	update			
		Send	Cancel			

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

Nevada Depa Health and He Division of Health Care H	rtment of Iman Services inancing and Policy Provider Portal	Contact Us   Logout
My Home Eligibility Claims Care	lanagement File Exchange Resources	
<u>My Home</u> > <u>Secure Correspondence</u> > Creat	e Message	Wednesday 10/30/2024 03:33 PM PST
Secure Correspondence - Create Messa	ge	Back to Message Box ?
Enter your correspondence information being Technical Support will accept Provider Web questions call (800) 695-5526. For non-pha www.medicaid.nv.gov or call 1-877-638-34 * Indicates a required field.	w and click the <b>Send</b> button to send the correspondence to the plan of clic Portal usage issues submitted through this page except for those relating to rmacy prior authorization questions, call 800-525-2395. For non-technical s 72.	k <b>Cancel</b> to go back. p prior authorization. For pharmacy prior authorization support related issues, please go to
*Subject	Ouestion	1
*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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7. Click **OK**.

Confirmation	
Your secure message was successfully sent.	

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.



 Division of HealthCare Financing and Policy Provider Portal <TESTedisupport@gainwelltechnologies.com-To Mader-Claim, Costal
 Reterion Pairs 7 Var Diete (frein Milleo) () yean)

Expires 10/30/2027



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//ud=https://safe/s2PsyzEportalmod.medicaid.nv.gov%zPhoep%zPprovider&data=05%7C02% ?Ccrystal.maderacibian%440gainwelltechnologies.com%7C1789e30317454cbad108dcr93367d0%7Cc665189ec49b418fbd3d41e46cDee068%7C0%7C0%7C6865246390370883%7C0Unknown% ?CcrWFpbGZeb3d8eg]WIjoiMC4wIjAwMDAILCJQIjorV2luMzILCJBTIGIthaWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C%7C%7C%7C%7C%7C%7C%7C

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

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	and the second second	2

My Home > Secure Correspondence

Secure Correspondence - Message Box

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

My Home Eligibility Claims Care Management File Exchange Resources

Wednesday 10/30/2024 03:45 PM PST

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.

						Total Records: 3
5	Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
	Open	300002299	Question	Enrollment - General Information	10/30/2024	10/30/2024
	Open	300002300	<u>Question</u>	Claims - General Information	10/30/2024	10/30/2024
	Open	300002284	Provider Response	Provider - False Claims Act Response	10/29/2024	10/29/2024

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Contact Us | Logout

Back to My Home

?

3. 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.

Nevada De Health and Division of Health C	partment of Human Services Care Financing and Policy Provide	er Portal	<u>Contact Us</u>   <u>Logout</u>
My Home Eligibility Claims C	are Management File Excha	nge Resources	
<u>My Home</u> > <u>Secure Correspondence</u> >	Secure Correspondence Detail	3	Wednesday 10/30/2024 03:59 PM PST
Secure Correspondence - Message	e Detail		Back to Message Box ?
* Indicates a required field.			
CTN #	300002300	Status	Open
Subject	Question	Date Opened	10/30/2024
Message Category	Claims - General Information	Date of Last Activity	10/30/2024
Email	crystal.maderacibrian@gainwelltecl	nnologies.com	
ICN	-		
Service Provider ID	-		
Service Provider Location	-		
Denial Reason	-		
RA Date	-		
" Reply	Cand Canal		
	Send Cancel		
Correspondence	Message Sent	Date: 10/30/2024 03:36:26 PM Message: Message: Please provide update	* *

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