

# Chapter 8. Upload Files

The Nevada Medicaid and Nevada Check Up Provider Web Portal allows providers, or their delegates, the ability to upload forms online through the Provider Web Portal.

## 8.1 Forms that can be submitted online

The following forms can be submitted online using the Upload Files page on the Provider Web Portal:

- FA-21 PASRR and LOC Data Correction Form
- FA-31A Provider Re-Enrollment Application Packet (Individuals)
- FA-31B Provider Re-Enrollment Application Packet (Group/Facilities)
- FA-31C Provider Initial Enrollment Application Packet (Individuals)
- FA-31D Provider Initial Enrollment Application Packet (Group/Facilities)
- FA-31E Provider Enrollment Application for Ordering, Prescribing or Referring (OPR) Providers
- FA-32 Electronic Funds Transfer Agreement
- FA-33 Provider Information Change Form
- FA-34 Written Notice of Provider Termination
- FA-35 Electronic Transaction Agreement for Service Centers
- FA-36 Service Center Operational Information
- FA-37 Service Center Authorization
- FA-39 Payerpath Enrollment
- FA-60 MAC Pricing Appeal Form
- NMO7073 Functional Assessment Service Plan
- FA-29B Prior Authorization Reconsideration Request

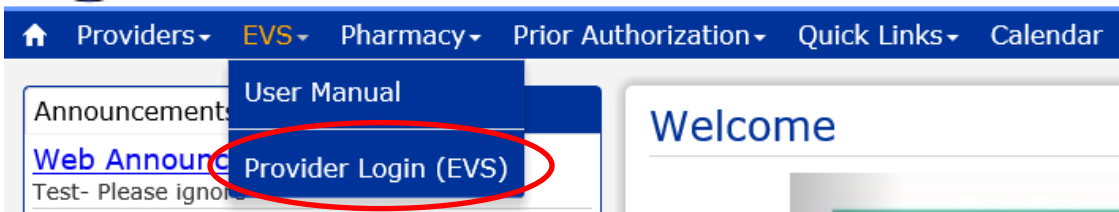
The following types of forms may not be uploaded using the Upload Files page:

- **Prior Authorization Forms:** Submit through the Web Portal Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to PASRR prior authorizations that cannot be submitted using the Provider Web Portal.
- **Sterilization/Abortion Forms:** Submit with appropriate claim form.
- **Appeal Forms:** Mail or email to Provider Claim Appeals.
- **Initial Emergency Dialysis Case Certification FA-100:** Submit with appropriate claim form.

## 8.2 Instructions for Uploading Forms using the Provider Web Portal

To upload forms using the Provider Web Portal:

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.
3. The Provider Web Portal Home page opens as shown below. Click **EVS**. The submenu displays "User Manual" or "Provider Login (EVS)."



4. Click **Provider Login (EVS)**. The EVS Home page opens.



5. Log into the Provider Web Portal.

6. On the "My Home" page, click the "File Exchange" tab to open the "Upload Files" page.

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

Upload Files

My Home

Welcome Health Care Professional!

Provider Contact Us

Upload Files Page

My Home Eligibility Claims Care Management **Upload Files** Resources

Upload Files

**File Upload** ?

\* Indicates a required field.

This page allows upload of Nevada forms that have been completed and saved by the user. Please select the appropriate form type from the list below. The following types of forms may NOT be uploaded here:

**Prior authorization forms** - submit through the Web Portal Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to ADHC, PASRR, PCS, and Dental prior authorizations that can't be submitted using the Web Portal.

**Sterilization/Abortion Forms** - submit with appropriate claim form.

**Appeal Forms** - mail or email to Provider Claim Appeals.

**Initial Emergency Dialysis Case Certification FA-100** - submit with appropriate claim form.

**a** \*File Type

**b** \*Upload File

Upload

[File Exchange](#) > Upload Files

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**a** \*File Type

**b** \*Upload File

Upload Reset

a. File Type – The drop-down list contains all of the forms that can be uploaded using the Provider Web Portal.

- b. Upload File – Click on the “Browse” button to select the file you are uploading.
- c. Click on the (?) to display the Help page.

Note: Prior authorization forms will require additional input of the appropriate authorization tracking number and recipient ID.

- d. Recipient ID – Enter the recipient ID associated with the authorization tracking number.
- e. Authorization Tracking Number – Enter the authorization tracking number for the prior authorization.

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**d**

**e**

**\*File Type**

**\*Recipient ID**

**\*Tracking Number**

**\* Upload File**

Upload

Reset

EVS User Manual, Chapter 8  
Updated 07/24/2017 (pv07/06/2015)

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7. File Type – Select the form that will be uploaded using the drop-down list.

**File Upload** [?]

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\* **File Type**

\* **Upload File**

Select

Select

FA-21 PASRR and LOC Data Correction Form

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FA-60 MAC Pricing Appeal Form

NMO 7073 Functional Assessment Service Plan

FA-29B Prior Authorization Reconsideration Request

Current Procedural Terminology (CPT) and American Dental Association (ADA), respectively posted herein.

CPT is a registered trademark of the American Medical Association (AMA) and the American Dental Association (ADA), respectively posted herein.

apply.

8. Upload File – Upload the form from your computer to start the upload process. **Please note:** If multiple documents are being uploaded, please place all forms in a WinZip® file. For example, if a form needs to be signed please scan the signature page(s) and include that scan along with the completed PDF in the same WinZip file.

\* **File Type**

\* **Upload File**

9. Click the “Upload” button to upload the form. The following confirmation message will display to confirm the file was successfully uploaded.

**File Upload** [?]

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**File Exchange Confirmation** [X]

**The file was successfully uploaded.**