

Nevada Consumer and Provider Portal

Registration Pages/Various Screen Shots

June 27, 2014

Consumer Portal Questions

Handling of Consumer Portal Questions

Members will call into the 855-606-7875 and pressing option 5 if they have issues logging into the portal.

All consumer portal questions should be logged in the NAL (PHA) application for tracking. Please document the call in chief complaint, what is the complaint, and how it was resolved. If the complaint needs escalation see section 3 – Escalation Process.

Registration, Eligibility, Login, Password & Security Issues

For all questions related to registration, eligibility, log-in or password issues, for both new users and users who have previously accessed the Nevada site, provide the following information on accessing the Nevada Health Care Guidance Program

All members must access the consumer tools through the Nevada Health Guidance portal at <https://nvhealth.vitalplatform.com/consumerportal/nvhealth>.

Nevada Registration

- Go to <https://nvhealth.vitalplatform.com/consumerportal/nvhealth>. Click on “Register Now”
- Enter basic information from your member card – this is the Medicaid ID on the card.
- Set up your new Username & Password
- Read & accept Terms & Conditions and Privacy Policy
- See [screen shots](#) below of Nevada Health Care Guidance portal for sample registration screen and screens member sees to pick the link to go to the different tools they want.
- NOTE: Each member will need a different login in order to complete the registration process.

Problems Registering at Nevada

- Make sure the information you entered is same as shown on your Medicaid card
- Make sure each field is entered correctly

Nevada Username or Password Retrieval

- Go to <https://nvhealth.vitalplatform.com/consumerportal/nvhealth>.
- Click to register as first time user or if revisiting, access website using top right corner of screen. If can't remember log-in information, small link allows member to answer security questions to access personal log-in information.

Screen Shots of Nevada Health Guidance portal

These screen shots help show what a member sees when registering and accessing

The screenshot shows the homepage of the Health Care Guidance Program. At the top left is the logo with the tagline "Coordinating with you for better care!". To the right is a login section with "User Name:" and "Password:" fields, a "Login" button, and links for "new user" and "retrieve login". The main content area features a large banner with the text "Not Registered Yet? Find out what you are missing!" and a "REGISTER NOW" button. Below the banner are four menu sections: "My Health Profile" (Explore Your Care Plan), "Healthy Learning" (Information and Resources to Improve Your Health, Listen to health audio information, In-depth chronic condition resources, Watch health videos from your computer), "Healthy News" (Read the latest health articles, Updated nutrition tips, Health Management Tool Summary), and a "Body Mass Index Calculator" widget. At the bottom, there are links for "Terms and Conditions | Privacy Policy" and a copyright notice for 2013-2014.

The beneficiary must know their Medicaid ID to register.

This screenshot shows the registration page, titled "Registration - Member Information - Step 1". It includes the same logo and login section as the homepage. The main content area is titled "Registration" and "Membership information". It contains a welcome message: "Welcome to your Nevada Personal Health Advisor Web Site" and a paragraph explaining the benefits of the site. Below this is a "Member Information" section with form fields for: "First Name" (with a note: "If you are the contract holder, enter your name just as it appears on your Member ID Card. Do not include any middle names or initials."), "Last Name" (with a note: "Do not include any middle names or initials."), "Date of Birth" (with a note: "(mm/dd/yyyy)"), and "Member ID" (with a note: "Enter the Member ID number as it appears on your card. Member ID Card Example May 1, 2014"). There is also a checkbox for "Terms and Conditions and Privacy Policy". The "Body Mass Index Calculator" widget is also present on the right side of the page.

Mid-section –Terms and Conditions Illustration shows beginning of document. **User must scroll down to see entire document. Must click accept or decline.**

Page two of registration: The User clicked “Next” on first page. Form page appears.

Health Care Guidance Program
Coordinating with you for better care!

User Name: Password:
Login [new user](#) [retrieve login](#)

Registration > Account Information > Step 2

Registration

Membership Information
Receive personalized information about your health by registering below.

Contact / Login Information

* User Name:

* Password: Your password must contain a minimum of eight characters, and it must consist of at least one upper case letter, one lower case letter and one number.

* Confirm Password:

* Email:

* Confirm Email:

Cell Phone: 111-111-1111

Security Questions

In what city were you born? (enter full name of city only) **Make sure** your answers are easy to remember, but hard for anyone else to guess.

What is your mother's maiden name?

What street did you grow up on?

What was your high school mascot?

What is your father's middle name?

* indicating required field.

Body Mass Index Calculator

Enter Weight (lbs.) lbs.

Select Height: ft. in.

[Underweight](#) [Healthy](#) [Overweight](#) [Obese](#) [Severely Obese](#)

[11](#) [20](#) [25](#) [30](#) [35](#) [40](#)

[Terms and Conditions](#) | [Privacy Policy](#)
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Page two of registration: Green check marks- password meets requirements. Three security questions were successfully populated.

Registration

Membership Information

Receive personalized information about your health by registering below.

Contact / Login Information

* User Name:

* Password: Your password must contain a minimum of eight characters, and it must consist of at least one upper case letter, one lower case letter and one number.

* Confirm Password:

* Email:

* Confirm Email:

Cell Phone: 111-111-1111

Page three of registration: User pressed “Finish” on previous page. Takes the beneficiary to the registered user page, where they can access all content

Home >

My Health Profile

Explore Your Care Plan

Healthy Learning

Information and Resources to Improve Your Health

Listen to health audio information

In-depth chronic condition resources

Watch health videos from your computer

Healthy News

Read the latest health articles

Updated nutrition tips

Health Management Tool Summary

Helpful Links

Beneficiary Handbook

Talk to a Nurse

Email a Nurse
Confidential answers to your questions.

Phone a Nurse
1-855-606-7875
Se Habla Español

Online Symptom Adviser
Have a symptom? Check it here.

Body Mass Index Calculator

Enter Weight (lbs.)

lbs.

Select Height:

ft. in.

Calculate BMI



Health Management Tool Summary

Nevada Provider Portal – Provider Registration Screens

1. Nevada Provider Portal Landing Page (pre-login)
 - a. Note the only menu item is 'Home'.
 - b. User Name & Password are in the upper right hand corner

Please login in the upper right corner to access all the features of the Health Care Guidance Program Provider Portal.

[Help for First Time Users](#)

Please reference the Health Care Guidance Program Provider Portal registration letter you should have recently received which includes your unique user name and password information. If you need assistance, click [contact us](#) or call 1-855-606-7875 and select option #5.

[Program Overview](#)

Welcome to the Health Care Guidance Program Provider Portal.

Nevada Medicaid has launched an innovative new health care delivery model-a **Care Management Organization (CMO)**, that is designed to serve the highest risk, under-served Medicaid beneficiaries.

The new Nevada Medicaid CMO is being launched as the **Health Care Guidance Program** and is a comprehensive health management service for your highest-risk Fee-for-Service patients. The program focuses on both medical and behavioral health needs:

- Chronic care management
- Care coordination
- Emergency Room redirection and management

As an integrated extension of your care team, we support you by helping your patients:

- Receive the appropriate level of care
- Develop, manage and maintain a care plan
- Improve their overall condition(s)

2. Provider Initial Login:
 - a. Enter assigned user name. Typically formatted as Firstinitial+Lastname, must have received letter with this information.
 - b. Password = "Wert1234"
 - c. Click 'Login' button

User Name:

Password:

[contact us](#) [forgot password](#)

3. Provider is logged in. For first login provider will be forced to change their password, add email address & answer security 3 questions.

Please change your password to something only you know. This new password should be at least 8 characters and include at least one upper case letter and one lower case letter. To enhance your security, please create a security question and answer. Please make note of the question and answer as you will be asked this information if you need to reset your password.

User Information

First Name:
 Last Name:
 NPI:

Account Information

* Password:
 * Confirm Password:
 * Email:

Your password must contain a minimum of eight characters, and it must consist of at least one upper case letter, one lower case letter and one number.

Password Requirements: 8 characters, 1 upper case letter, one lower case letter and one letter. *As provider meets the password criteria, it will turn green. A green check mark will appear to the right of the password box when the password requirements are met.*

Account Information

* Password:
 * Confirm Password:
 * Email:

Your password must contain a minimum of eight characters, and it must consist of at least one upper case letter, one lower case letter and one number.

Security Questions – These are in a drop down format, Provider can select the question and then type in the answer.

Secure Questions

Please answer three questions, and make sure your answers are easy to remember but hard for anyone to guess.

In what city were you born? (enter full name of city only)
 What is your mother's maiden name?
 What street did you grow up on?

* Denotes required field.

4. Once everything is completed, click 'Submit' button.
5. Initial Login Complete
6. Once Logged in, Provider can see all of the Menu Options:

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7. If provider wants to update their information, they can click on 'my account' link (upper right hand corner) and update their password, security questions or email address.

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8. **My Account Details** – Change any data and click the Update button

Account Information

* Password:

* Confirm Password:

* Email:

Your password must contain a minimum of eight characters, and it must consist of at least one upper case letter, one lower case letter and one number.

Secure Questions

Please answer three questions, and make sure your answers are easy to remember but hard for anyone to guess.

What is your mother's maiden name?

In what city were you born? (enter full name of city only)

What street did you grow up on?

* Denotes required field.

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9. Forgot Password – Screen 1

User Information

* User Name:

* First Name:

* Last Name:

* NPI:

* Email:

* Denotes required field.

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Once above information is validated, takes user to screen two. Answer Security Questions



Secure Questions

Please answer three questions, and make sure your answers are easy to remember but hard for anyone to guess.

What is your father's middle name?

What was your high school mascot?

What street did you grow up on?

* Denotes required field.

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Answer after security questions are answered, password can be changed.