WINTER 2023

PROVIDER TALK

A Heartfelt Farewell

As 2023 comes to a close, I want to take this opportunity to thank you for the compassion and care you have provided our members this year.

Additionally, I want to share with you that after a 41-year career in the healthcare industry, I have decided to retire effective December 1, 2023.

Las Vegas has been my home for 28 of the 30 years I have lived in Nevada. Throughout this time, I have had the opportunity to meet many of the professionals who make up our provider network. I truly value those relationships, but more importantly, I value your commitment to the patient and member experience.

We have seen our great city experience tremendous growth, and it doesn't appear anything can stand in its way. The future looks bright.

Finally, while our healthcare landscape will continue to evolve, the one critical constant is the relationship you have with your patients, and our members. For that, I want to simply say thank you. You make a difference in people's lives.

Be well in spirit and health.

Don Giancursio

CONTENTS

Questions?

Whether you have benefit questions or questions about claims, our Member Services team is here to assist you.

HPN:
1-800-777-1840

HPN On Exchange:
1-877-752-8026

HPN Off Exchange:
1-888-293-6831

UHC HPN Medicaid:
1-800-962-8074

SHL:
1-800-888-2264

Or visit **HealthPlanofNevada.com**, **SierraHealthandLife.com**, or **MyHPNMedicaid.com** and sign in.

July 12, 2023, Nevada Medicaid Web Announcement 3119

Urgent Updates Regarding Electronic Visit Verification (EVV) Providers and System Vendor

Attention provider types 29 (Home Health Agency), 30 (Personal Care Services – Provider Agency), 83 (Personal Care Services - Intermediary Service Organization), 48 (Home and Community Based Services Waiver for the Frail Elderly) and 58 (Waiver for Persons with Physical Disabilities (PD):

Please visit 3119 (nv.gov) for IMPORTANT information from the State.

Important TO DO's:

Keep your group's physicians roster up to date

Group practices change and it's important to make sure your physician roster with our network is accurate. Please remember to work with your provider advocate to ensure we have the most current information. Roster verifications can be sent directly to your provider advocate or to the general email inbox at **ProviderAdvocateTe@uhc.com**

Update your credentialing

Re-credentialing is due every three (3) years. If you are enrolled with CAQH, our credentialing team can pull your Nevada reappointment application directly from CAQH. Please be sure to keep your CAQH information up to date and attestation current. If you do not have a Nevada application on CAQH or are not enrolled in CAQH and need to contact us for re-credentialing status, please email us at **NVSierraCred@uhc.com**.

Demographic attestations and what you should know

Contracted providers are required to review and update their records and attest to the information available to our members on a quarterly basis. This is a regulatory requirement of the Consolidated Appropriations Act, 2021 (CAA) and is also required by the Centers for Medicare and Medicaid Services (CMS).

Failure to complete the attestation will result in removal from our provider directories until such attestation has been completed.

The attestation must be completed through the Online Provider Center.

- First, review the demographic information.
- If the information listed is correct, check the box next to "I attest the information is correct."
- Then click submit.

If edits are needed, please make the necessary changes using the EDIT feature. You can also reach out to your provider advocate or email **ProviderAdvocateTe@uhc.com**. After the changes are submitted, you'll see a "pending changes" message. Changes may take up to 30 days to show in the Online Provider Center. Once the changes have been reviewed and processed, you can sign in to the online provider center to complete and submit the attestation.

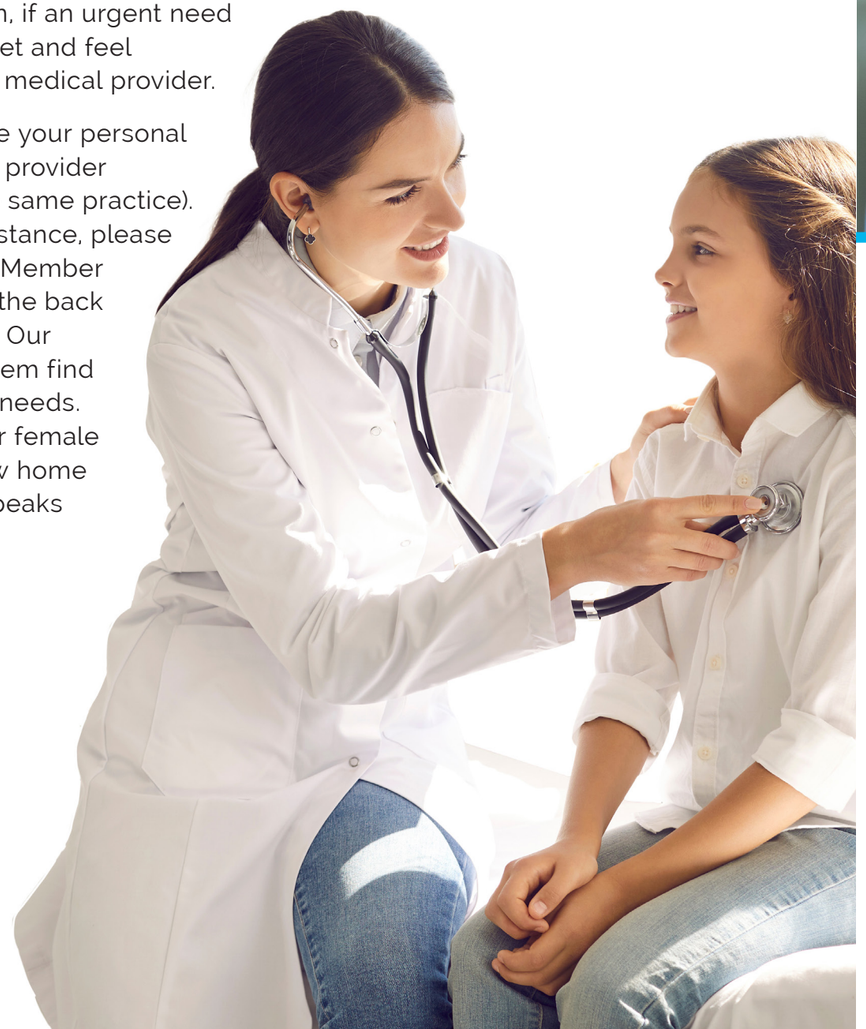
Pediatric to Adult Transition

It's a very exciting time for your pediatric patient who is nearly an adult.

Pediatricians transition patients out of their practice when they "age-out" of pediatric care. Our data shows we're losing track of some of these young adults as they move out of their parent's homes. Although they're often still on their parent's health plan, they're now independent, have their own address and phone number, and can now make their own health care decisions. We would like to support this transition to adult care for your patients by asking you to discuss the importance of establishing themselves with an adult provider anytime during the year they turn 17 or 18 years old. Then, if an urgent need arises, they have already met and feel comfortable with their new medical provider.

Your patient may appreciate your personal recommendation for a new provider (particularly if they're in the same practice). If they need additional assistance, please ask your patient to contact Member Services at the number on the back of their health plan ID card. Our representatives can help them find a provider that meets their needs. We can find them a male or female provider, one near their new home or work, and/or one who speaks their language.

Thank you so much for your support!



Encouraging Immunizations

It's been a very tough couple of years with reduced in-office access, concerns about immunizations, and children out of school. It shows in our members' health care quality measures. Immunizations have plummeted to previously unseen low levels in the state of Nevada.

You're such a big part of the vaccine message to our members. Parents may be confused or concerned, and your reassurance that preventive vaccines are a vital part of their child's health can make the difference in whether their child is protected. Assuming the parent will agree to an immunization versus asking them, has proven to be effective in keeping their child healthy.

An average child must receive over 20 immunizations by the age of two (2) to be fully compliant, including the flu vaccination. This is the recommendation by the CDC and will register that child as compliant for HEDIS reporting.

For details regarding required immunizations, please see **HEDIS Measures** on our website. For a consultation with a clinical quality registered nurse, please email **ClinicalQualityNV@uhc.com**.

Health Plan Care Management Programs & Referrals

The health plan has a variety of case management and care coordination programs to support the health and well-being of both commercial and Medicaid members. These programs include:

- Adult Complex Case Management
- High Risk Pediatrics
- High Risk OB
- Social Work
- Supportive Care
- Whole Person Care Model
- Care For Me Program
- Sickle Cell Disease Outreach Program

The primary goals of these programs are to engage with members, assess gaps in Social Determinants of Health (SDoH), connect them with available resources, and ultimately reduce unnecessary admissions, readmissions and ER utilization.

Adult Complex Case Management (CCM)

The Adult CCM team follows members living with chronic diseases, such as cancer and end stage renal disease, and fall under compliance with NCQA guidelines. This team follows all eligible members for an average of 90 days, and sometimes longer depending on level of complexity. Referrals for this program can be emailed to **OutpatientCM@uhc.com**. Please include in referral email: member name, date of birth, member ID number (if available), best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral.

High Risk Pediatrics

A specialized team follows our pediatric member population. This team also follows all eligible members and complies with NCQA guidelines. Referrals for this program can also be emailed to **OutpatientCM@uhc.com**. Please include in referral email: member name, date of birth, member ID number (if available), parent/guardian name and best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral.

High Risk OB

Referrals for pregnant commercial Health Plan of Nevada and Sierra Health and Life members can be emailed to**OutpatientCM@uhc.com**. Referrals for UnitedHealthcare Health Plan of Nevada Medicaid members can be emailed to **OBMedicaid@optum.com** or called in to **1-844-851-7830**. Please include in referral email: member name, date of birth, member ID number (if available), best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral.

Social Work

All eligible members experiencing gaps in Social Determinants of Health (SDoH) or with other identified social needs can be referred to the health plan's social work team by emailing **OutpatientCM@uhc.com**. Please include in referral email: member name, date of birth, member ID number (if available), best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral.

Supportive Care Program (SCP)

The SCP is available to all eligible members who are appropriate for palliative level of care. Referrals for this program can be emailed to **OutpatientCM@uhc.com**. Please include in referral email: member name, date of birth, member ID number (if available), best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral.

Whole Person Care Model (WPCM)

The WPCM program follows all eligible members with co-existing medical and behavioral health diagnoses. An RN CM and behavioral health CM work team together to follow these members. Referrals for this program can be emailed to **OutpatientCM@uhc.com**. Please include in referral email: member name, date of birth, member ID number (if available), best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral.

Care For Me Program (CFMP)

The CFMP team provides a high-touch care coordination service for all eligible members. Members are typically followed by a CFMP RN for a period of 30 days to assist with specialty appointments and services after an acute care admission. Providers may send referrals through to the CFMP program through the online provider center or by emailing **Careformeprogram@uhc.com**. Please include in referral email: member name, date of birth, member ID number (if available), best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral.

Sickle Cell Disease Outreach Program (SCDOP)

The SCDOP follows members living with sickle cell disease. This program is available 24/7 to all eligible members. The team provides health education and assists with care coordination and connecting to other available resources and services. Providers can refer members to this program by calling **702-240-8775**, or by emailing **SCDOutreachProgram@optum.com**. Please include in referral email: member name, date of birth, member ID number (if available), best contact phone number, reason for referral, name of person referring, and a contact number for the person sending the referral. Members may also call the 24/7 advice nurse at **702-242-7330** to self-refer to this program.

STAT
Prior Authorization Request

The prior authorization team has become inundated with STAT requests and is struggling to reach the 3-4 day turnaround time on routine requests the community expects and the health plan strives to achieve. We're asking our providers and network partners to help us by reserving STAT requests for the following situations when NOT reviewed within 72 hours:

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.
- Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state.
- On the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

We understand that receiving prior authorizations in a timely manner is crucial to the smooth day-to-day functioning of your business. We are working as hard as we can to meet your needs and we appreciate your partnership in helping us get there!

Health Education and Wellness, Disease Management, Population Health

We did it again!

- Our healthcare outcomes exceed the national average.
- Our members receive individualized interventions and dedicated support at no additional cost.
- We offer whole-person solutions for improved outcomes to enhance the member experience.

Prediabetes*

90% of our prediabetes program participants have maintained or eliminated their prediabetes.

Diabetes

2.03-point reduction in HbA1c

Tobacco Cessation

Quit rate 67.11%

Population Health Value-Add Partnership Program
Improving patient outcomes through collaboration, prevention, and chronic care management.

We welcome the opportunity to talk with you about preventive care and health risk management support.

QUESTIONS: Please contact Janine Sala, Director of Population Health, at Janine.Sala@uhc.com about Health Education and Wellness and Disease Management programs and services.

REFERRALS: It's easy to submit referrals through the online provider center. Then we'll take it from there.

Data Source: HPN HI department
*Data reviewed with a 2 year look back.

Reconsiderations vs. Appeals

Reconsiderations

A reconsideration is not an appeal. A reconsideration is:

- A request for payment of a claim that has been denied.
  Examples include a claim (for medication, treatment, service or procedures) that was filed with a CPT code and/or modifier that requires medical documentation.
  - The claim is denied and an EOP message is sent, asking for information related to the claim.
  - When the requested information is received, the claim is reviewed for payment.
- A request to reconsider additional payment.
  Examples include reconsideration requests for payment at a higher level of care or payment at inpatient vs observation rate.

How to submit a reconsideration:

To initiate a reconsideration, send a written request and all applicable records and any other information you wish to be included in the review. Submit your request through the online provider center or a written request to:

Health Plan of Nevada/Sierra Health and Life
Attn: Claims Reconsideration 2720-3
P.O. Box 15645
Las Vegas, NV 89114-5645

Contracted providers may check status of claims by logging in to the online provider center.

You may also contact Member Services at the following numbers for status of the reconsideration:

Health Plan of Nevada	Sierra Health and Life	UHC HPN Medicaid Nevada Check Up
702-242-7300 or toll-free **1-800-777-1840**	**702-242-7700** or toll-free **1-800-888-2264**	**702-242-7317** or toll-free **1-800-962-8074**

- Please allow 15 days from the date of the reconsideration submission prior to checking status.
- For contract-related questions, please contact Provider Relations at **702-242-7088** or toll-free **1-800-745-7065**.
- **Reconsideration requests are initiated and processed through the Claims Department, NOT Member Services or Provider Services.**

Appeals

An appeal is a request for review of a denial. Appeal rights only apply when a denial has been issued.

How to submit an appeal:

You may request an appeal for a denial of service(s). To initiate an appeal for a denial of a medication, treatment, service or procedure, please submit your written request and include information and supporting medical documentation you wish to be included in the appeal review.

- Submit your written request to:
  HPN/SHL Appeals
  P.O. Box 15645
  Las Vegas, Nevada 89114-5645
- Or, you may submit your request via fax at **702-286-8813**

Questions? Call Member Services, Monday through Friday, 8 a.m. to 5 p.m. at:

- HPN: **702-242-7300** or toll-free **1-800-777-1840**
- SHL: **702-242-7700** or toll-free **1-800-888-2264**
- UHC HPN Medicaid: **702-242-7317** or toll-free **1-800-962-8074**, TTY **711**

Standard appeals are resolved in no more than 30 calendar days from receipt by the company. Expedited appeals are resolved in 72 hours. If you request an expedited appeal, include in your request supporting documentation and an explanation how a delay in waiting for the standard timeframe would harm the patient. All expedited appeal requests will be reviewed to determine if waiting for the standard timeframe will harm the patient.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a comprehensive and integrated approach to providing early intervention and treatment services for individuals with substance use disorders, as well as those at risk. The aim of SBIRT is to address substance misuse at the earliest possible stage to halt its progression into full-blown substance use disorders.

The SBIRT model comprises three integral components:

- **Screening:** The objective is to rapidly gauge the severity of substance use and ascertain the appropriate level of treatment. This process is performed universally, regardless of the reason an individual has sought health care services. The screening is accomplished via the use of validated and standardized tools.
- **Brief intervention:** This component aims to enhance insight and awareness about substance use and to stimulate behavioral change. It typically involves a brief conversation between the healthcare provider and the patient, where the risks and harms associated with substance use are discussed.
- **Referral to treatment:** This step ensures that those identified as needing more comprehensive treatment have access to specialized care.

A number of screening tools are employed in the SBIRT process:

- **Alcohol Use Disorders Identification Test (AUDIT):** The AUDIT is designed to detect individuals who are hazardous drinkers or who exhibit active alcohol use disorders.
- **Drug Abuse Screening Test (DAST):** This tool is used for assessing drug use disorders.
- **CAGE Questionnaire:** This popular 4-question tool is used for screening drug and alcohol use. The acronym CAGE represents key areas addressed by the questions: Cut down, Annoyed, Guilty, Eye-opener.
- **Single Alcohol Screening Question (SASQ):** The SASQ utilizes a single question to screen for heavy drinking and/or active alcohol abuse or dependence.
- **CRAFFT:** This behavioral health screening tool is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for children under 21 years old.

The selection of a screening tool can depend on factors such as the specific setting, the population being served, available resources, and the staff's training. These considerations should guide the decision-making process.

Referral options include:

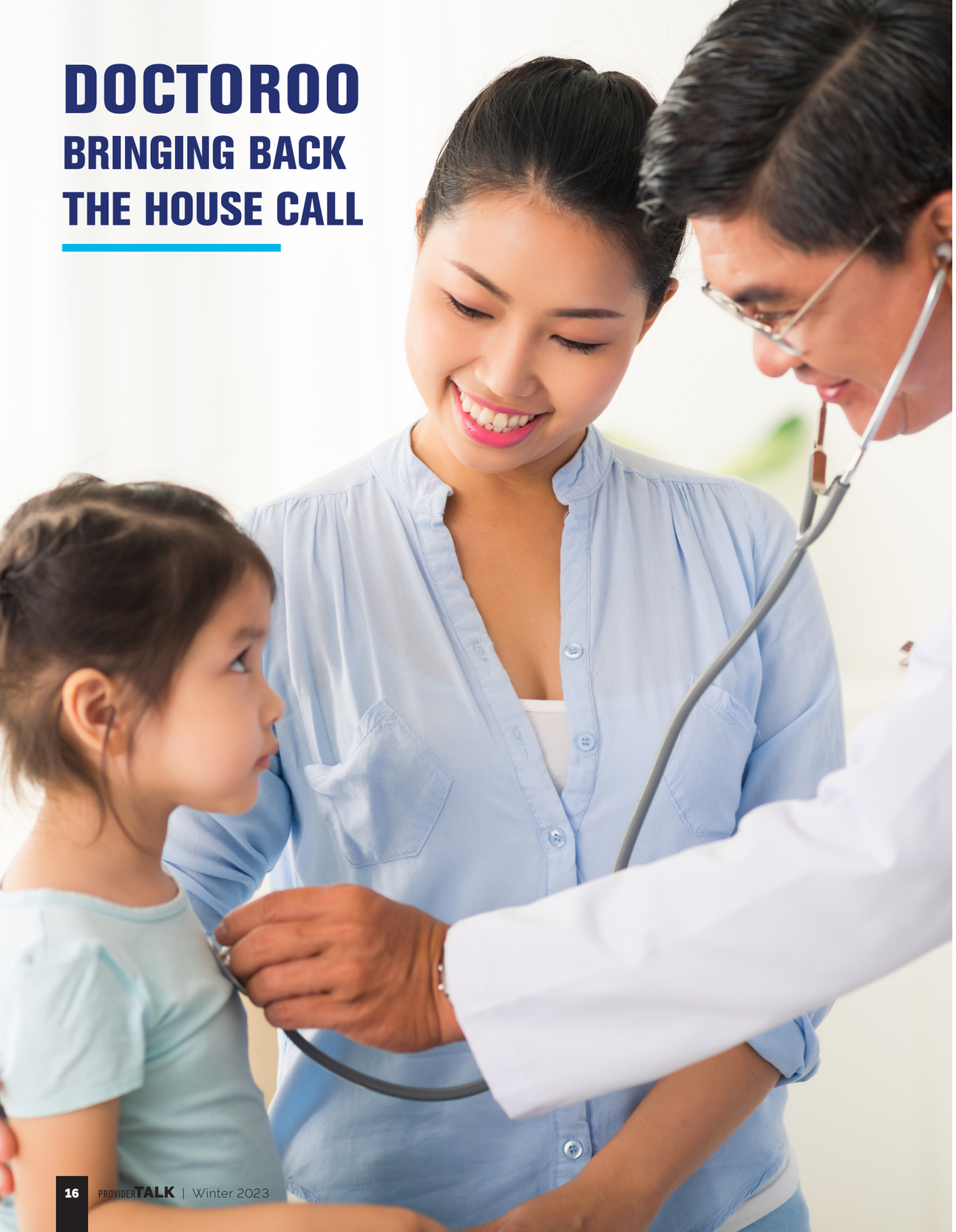
- HPN Behavioral Health STAT line (available to providers only): **1-855-442-4648**
- HPN Behavioral Health member assistance and case management: **1-800-873-2246**
- HPN Provider Advocate team: **702-242-7088**, option 2, option 5
- UHC HPN Medicaid Member Services: **1-800-962-8074**
- HPN in-network MAT providers: virtual and in-person services

Applicable CPT codes:

- H0049 (Medicaid): alcohol and/or drug screening
- 96160 (Commercial): alcohol and/or drug screening
- 99408 (Commercial and Medicaid): alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
- 99409 (Commercial and Medicaid): alcohol and/or substance abuse structured screening and brief intervention services; more than 30 minutes

In implementing SBIRT, it's crucial to choose the most appropriate tools and interventions based on the specific needs of the population served. SBIRT serves as a flexible, integrated approach that can be tailored to various healthcare environments and to individuals with differing risk levels and needs.

Ultimately, the SBIRT model provides a preventive framework that empowers individuals through early identification and intervention, promoting healthier lifestyles and preventing substance use disorders from becoming more severe and costly over time. By screening universally, it ensures no patient slips through the cracks, creating an all-inclusive approach to tackling substance use and misuse.



DOCTOROO
BRINGING BACK THE HOUSE CALL

Doctoroo has partnered with HPN to provide urgent care services in patient homes. Their teams are fully equipped to treat a wide range of illnesses so patients can avoid unnecessary trips to the ER.

Doctoroo is available on-demand, from 7 a.m. to midnight, 365 days a year.

Simple
Book a same-day house call by phone, online or on the app.

Cost Effective
The cost is the same as a regular urgent care copay.

Fast
Receive care from a licensed clinician in the home.

What They Treat

Common Illnesses
- Fever
- Weakness/fatigue
- Dehydration
- Headache/migraines
- Vertigo/dizziness
- Accident/falls
- Urinary tract infection

Wound Care
- Animal bites
- Burns
- Sutures/staples
- Incision/drainage of abscess
- Foreign body removal
- And more…

Musculoskeletal
- Sprains/strains
- Joint pain
- Leg pain
- Leg swelling
- And more…

Gastroenterology
- Nausea/vomiting
- Diarrhea
- Constipation
- And more…

Respiratory
- Cough
- Shortness of breath
- Asthma
- And more…

Ear, Nose, Throat
- Sore throat
- Pain
- Dental pain
- And more…

Eye
- Pain/redness/infection
- Eye injury
- Foreign body removal

Cardio
- Palpitations
- High blood pressure
- EKG analysis

Members can call **1-888-888-9930**, visit **Doctoroo.com** or download the app in their app store.

Bulletin Board

Referrals to Specialist

When a member requires care from a specialist, the determining primary care provider or specialist should refer the member to designated specialists listed in the provider directory.

Providers may refer patients by one of the following:

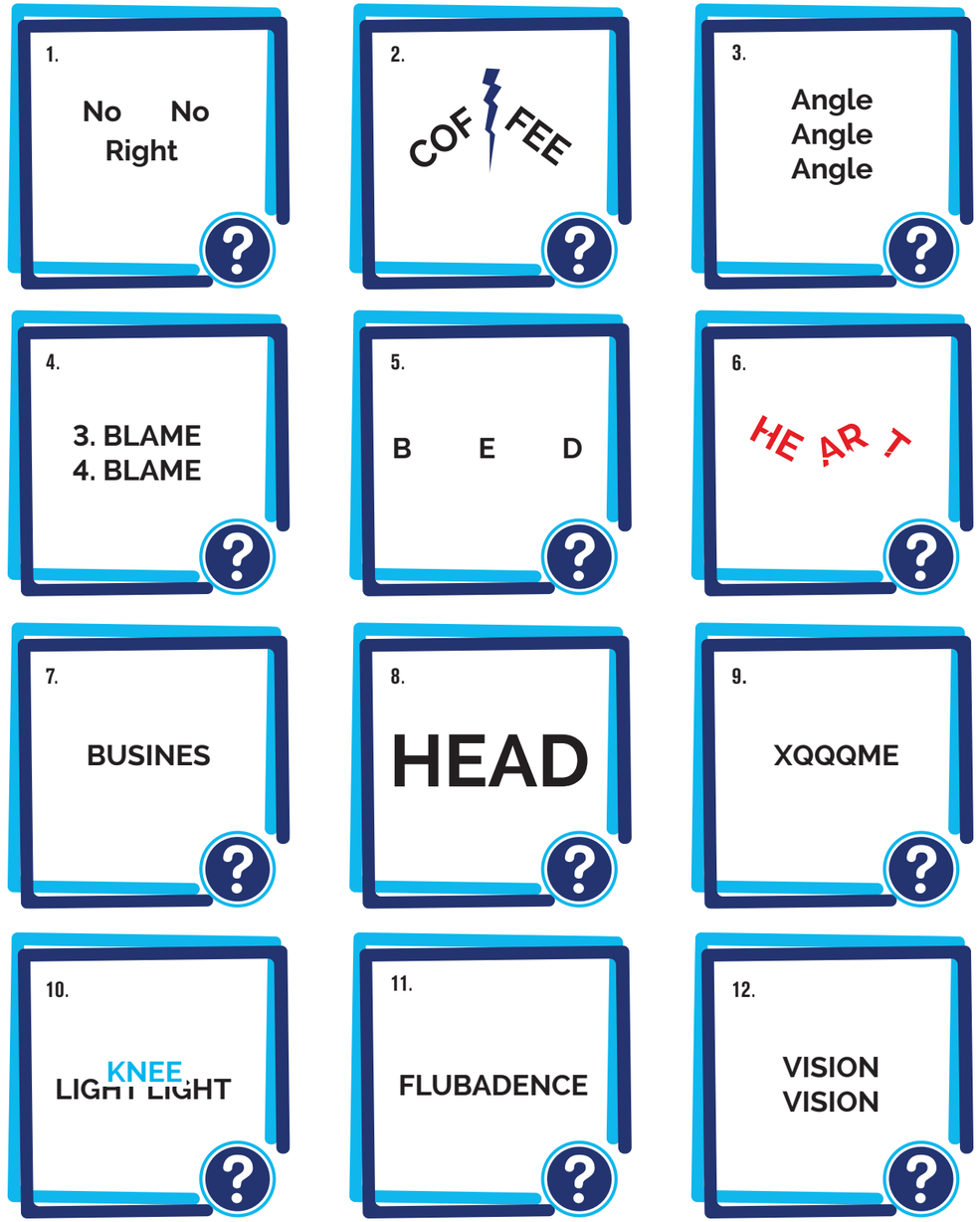
- Submitting an online referral through the **Online Provider Center**
- Completing a hard copy of the referral form found in the online **Provider Summary Guide** under the Frequently Used Forms section.
- If your office doesn't have an online provider center administrator, you may request an account online through the online provider center. For a tutorial, visit **HealthPlanofNevada.com/provider**. Provider Services is also available to answer any specific questions you have regarding the application.
- A **Nevada Universal Prior Authorization** form is included in Section 23 for use when referring to specialists or for prior authorization. Please refer to section 9 for specific prior authorization requirements.

Referrals from Surrounding Community PCPs outside of Las Vegas for HMO Products

Communities outside of Las Vegas may not have the resources available to get the care they need. We would like to remind contracted Las Vegas specialty providers and contracted rural specialty providers to accept Universal Referral Forms from rural primary care provider (PCP) offices and rural specialty offices for our HMO products. This helps increase our patient experience and prevent any delay in care. It's important for specialty providers to recognize referrals from our rural cities (outside of Las Vegas).

- For questions, please contact your designated provider advocate or call **702-242-7088** and select option 5, then option 2. Or call toll-free **1-800-745-7065** or email **provideradvocatete@uhc.com**.

Brain Teasers



Brain teaser answers:

1. Right under the nose
2. Coffee break
3. Triangle
4. No one to blame
5. Bedspread
6. Broken heart
7. Unfinished business
8. Big head
9. Excuse me
10. Neon lights
11. Bad influence
12. Double vision

PO Box 15645
Las Vegas, NV 89118-5645

PRSRT STD
U.S. POSTAGE
PAID
Las Vegas, NV
Permit No. 952

UHC8420_23.1 (11/23)

Health Plan of Nevada
A UnitedHealthcare Company

Sierra Health and Life
A UnitedHealthcare Company

United Healthcare
Health Plan of Nevada
Medicaid