WINTER 2022

PROVIDER TALK

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24/7

Questions? Contact Us.

Whether you have benefit questions or claim issues, 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

HPN Medicaid:
1-800-962-8074

SHL:
1-800-888-2264

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

Transition to InterQual

The Health Plan of Nevada and Sierra Health and Life's Medical Management and Clinical Review teams utilize nationally developed guidelines and policies to determine the appropriateness of medical services. The health plan will be transitioning from MCG (formerly known as Milliman Care Guidelines) to **InterQual** Guidelines for dates of service **December 1, 2022**.

Transitioning to InterQual will support consistency in decision-making, help us respond to inquiries with more efficiency and transparency, and improve our clinical capabilities as we prepare for future projects to automate concurrent inpatient and prior authorization review processes. All clinical review teams (i.e. inpatient, prior authorization, claims, and appeals) will be transitioning to InterQual. The transition includes fully insured and self-funded commercial as well as Medicaid products.

Talking with Patients About COVID-19 Vaccination

Uncomfortable having conversations about COVID-19 vaccines with your patients?

Check out UnitedHealthcare's **Building COVID-19 Vaccine Confidence** self-paced learning course for tips and scenarios to help you respond during conversations with members.

Your role is vital. We're here to help you answer patient questions about the COVID-19 vaccines. Visit **UHCProvider.com** and access the **Resource Library.**

If you have any questions, please reach out to your provider advocate directly, or contact Provider Services at **1-800-745-7065** or **ProviderAdvocateTE@uhc.com**.

Important Changes Coming to Nevada Medicaid and Nevada Check Up Program Eligibility

Help your Medicaid patients update their contact information

Nevada Medicaid is asking providers, partners, MCOs, and others to encourage Medicaid members to update their contact and demographic information with Nevada Medicaid now, so they are ready to renew their coverage or be prepared to transition to other health insurance.

How can your patients update their information?

There are a variety of ways your patients can update their contact and demographic information.

- **Online** at **DHCFP.NV.gov/UpdateMyAddress**.
- **Visit** a Nevada Welfare office.
- **Call** DWSS at **702-486-1646** in Southern Nevada and **775-684-7200** in Northern Nevada.
- **Sign in** to the Access Nevada portal at **AccessNevada.DWSS.nv.gov**.

What tools are available for you to communicate with your patients?

HPN has developed flyers, posters, handouts and other materials to help our contracted providers communicate this information. If you'd like to use these materials, reach out to your provider advocate.

Help your Medicaid patients prepare for upcoming redeterminations

How can you help your patients with their renewal/redetermination?

There are a variety of ways your patients can complete their renewal.

Make sure their address is up to date.

Make sure DWSS has their current contact information (see above for information on updating contact information).

Renew by mail.

DWSS will mail them a letter about their coverage. This letter will also let them know if they need to complete a renewal form to see if they still qualify for Nevada Medicaid or Nevada Check Up. If they get a renewal form, they should fill it out and return it to DWSS right away. This may help them avoid a gap in their coverage. **This is the easiest way to renew.**
Mail it to:

Document Imaging Center P.O. Box 15400 Las Vegas, NV 89114

Renew by phone.

To renew their Nevada Medicaid or Nevada Check Up by phone, they can call DWSS toll-free. Representatives are available Monday through Friday from 8 a.m. to 4:30 p.m. They can assist them in any language.

Southern Nevada: **702-486-1646**, TTY **711** **Northern Nevada**: **775-684-7200**, TTY **711**

Renew in person.

They can visit their local DWSS office or make an appointment with a representative in their community to help them renew their Nevada Medicaid or Nevada Check Up coverage. Find one by calling toll-free. Representatives are available Monday through Friday from 8 a.m. to 4:30 p.m. They can assist them in any language.

Southern Nevada: **702-486-1646**, TTY **711** **Northern Nevada**: **775-684-7200**, TTY **711**

Renew online.

They can also visit **AccessNevada.DWSS.nv.gov** to renew their Nevada Medicaid or Nevada Check Up coverage. Need help? Your patients can call us at **1-800-962-8074**, TTY **711**, if there is anything we can do to help them renew their coverage.

Will you know which of your patients are at risk for losing their Medicaid coverage?

HPN is working to get member lists to providers, so they can help communicate with their patients the risk of losing their Medicaid coverage.

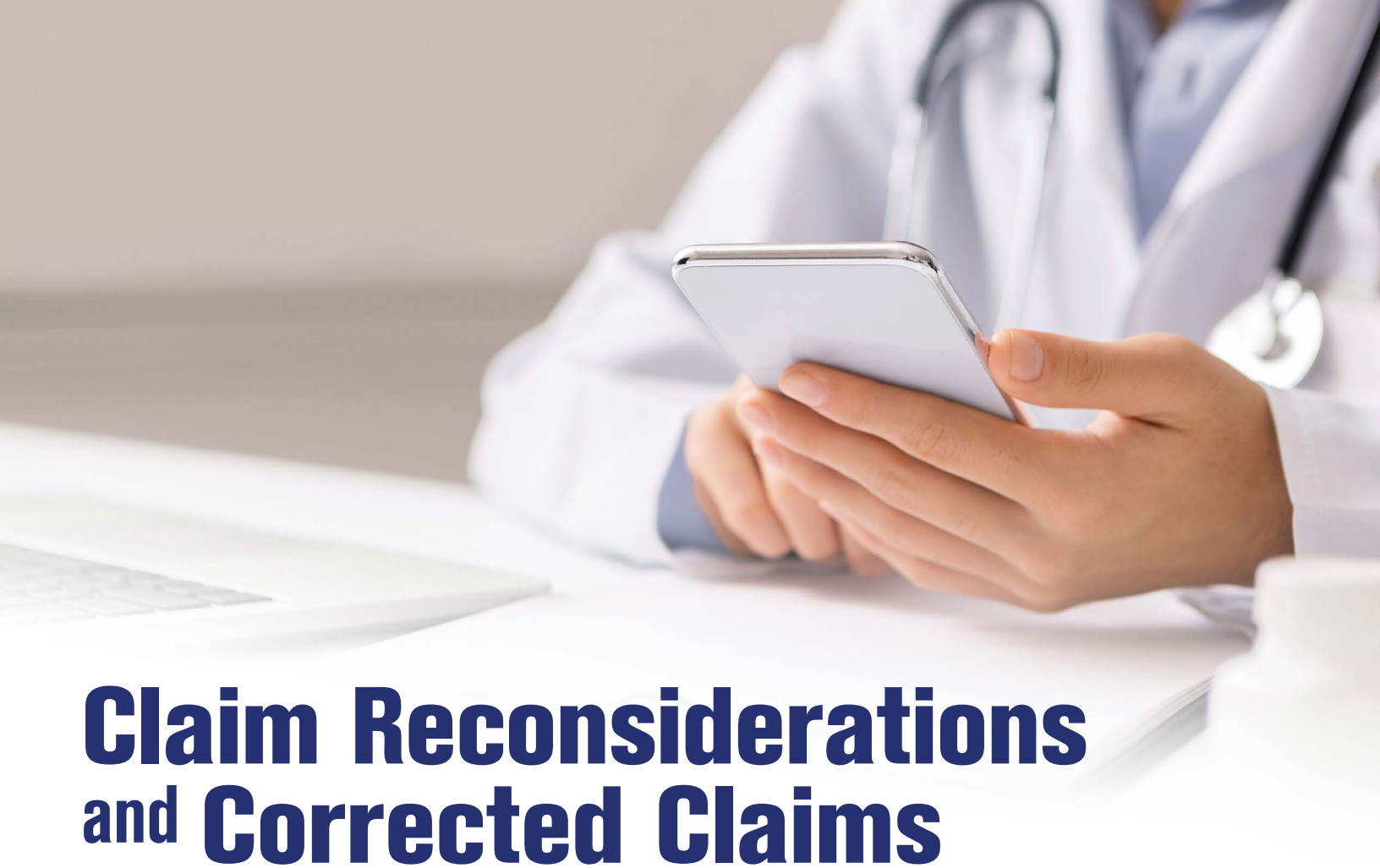
What if my patient didn't take action, lost their coverage, but is still eligible for Medicaid?

If this happens, your patient will need to reapply for Medicaid. This can be done using the same methods for redetermination.

What if a patient is no longer eligible for Medicaid?

There are several Health Plan of Nevada plans on Nevada Health Link that offer financial assistance with monthly premiums and out-of-pocket costs. Members can call our Sales office directly at **1-800-873-0004**, TTY **711** or shop for an HPN plan at **NevadaHealthLink.com**. Many of our popular benefits are available on both types of plans, so members with HPN Medicaid will have a similar experience on an HPN On Exchange plan.

HPN will continue to update our Medicaid providers as new information becomes available. If you have specific questions about this information, please contact your provider advocate.



Claim Reconsiderations and Corrected Claims

A claim reconsideration request is typically the quickest way to address any concern you have with how we processed your claim. With a claim reconsideration request, we review whether a claim was paid correctly and confirm your contract is set up correctly in our system.

The most efficient way to submit a single claim reconsideration request or a corrected claim is through our online provider center. Submitting these documents through the portal can help cut down on duplicate submission denials.

After you sign in to the online provider center:

- **Select Claim Search**
- **Then choose the "Search by" function (Claim ID, Member ID, Member Name or Claim Status) and enter the appropriate information and click on "Submit".**
- **Next, click on the claim number (which will be highlighted in blue) of the claim you wish to have reconsidered.**
- **Once you are on the "Claims Detail" page, click on Submit Reconsideration Request.**

This is where you attach any supporting documents needed (records, billing statements, EOB from a primary carrier, etc.), as well as make note of what you are appealing with the claim. **Please provide a detailed explanation as to why you are submitting a reconsideration request.** In order to attach more documents, you click "Add another file." You will **not** need to submit a claims reconsideration form.

After clicking submit, you'll get a confirmation that your request has been successfully submitted.

Currently, the online provider center **does not** accept project requests or capitated claim reconsideration requests. Please continue to submit your claims project request spreadsheets with 20 or more claims and your capitated claim reconsideration requests to **PRI@uhc.com**.

To check the status of a claim, sign in to the online provider center at **Provider.HealthPlanofNevada.com** or contact our Member Services team.

HPN: 1-800-777-1840
SHL: 1-800-888-2264
HPN Medicaid: 1-800-962-8074

Important Reminders

- **Quest Diagnostics is the designated laboratory provider for all HPN, SHL and HPN Medicaid plans.** If a member needs labs, please send them to a Quest Diagnostic testing center. If a contracted provider sends a member to a non-contracted lab, **the contracted provider may be liable for the charges**. If you have any questions, please contact your provider advocate directly or call Provider Services at **1-800-745-7065**.

- **Quarterly demographic attestations are due**. All network providers must attest to their provider demographics quarterly. Failure to comply will result in removal from our plan directories until the attestation is complete. To attest, sign in to the online provider center. Any users with an **admin account** or account specifically assigned the **provider demographics** role may complete the attestation for your practice. If you or your staff need additional training on this function, please contact your provider advocate directly or call Provider Services at **1-800-745-7065**.

- **HPN and SHL align with CMS and do not reimburse for consultation services codes 99241-99245, 99251-99255 with dates of service on or after October 1, 2022.** This includes claims with telehealth modifiers for any practice or provider, regardless of the fee schedule or payment methodology applied. The codes eligible for reimbursement are identified by the appropriate Evaluation and Management code, which describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care service provided to the patient. **HPN Medicaid is excluded from this change.**

- **HPN's contract structure with Nevada Behavioral Health (NBH) was terminated effective August 31, 2022.** This change is for HPN Medicaid Expansion and HPN commercial. **This change has no impact to your current behavioral health agreement(s) with HPN.** Members have access to any contracted provider, and HPN's behavioral health team has the sole responsibility for all required behavioral health authorizations and denials. If you have any contracting questions, please reach out to our contracting team at **ProviderRelations@uhc.com**.

- **Self-referrals are available to HPN/SHL members.** Members are able to self-refer to talk therapy and medication management. If you have a member in need of an urgent/emergent behavioral health appointment, please call our provider STAT line at **1-855-442-4648**. To self-refer, members can call **1-800-873-2246**, TTY **711**.

- **Provider acknowledges and agrees that payment will not be made for any items or Covered Services provided by an excluded individual pursuant to 42 CFR §1001.1901(b) and is obligated to screen all employees, contractors, and subcontractors for exclusion as required under applicable State and Federal laws.** Additionally, Provider acknowledges that pursuant to 42 CFR §1003.102(a)(2) civil monetary penalties may be imposed against Provider if he or she employs or enters into contracts with excluded individuals or entities to provide items or Covered Services to Covered Persons under this Agreement. Provider agrees not to employ or subcontract with individuals or entities whose owner, those with a controlling interest, or managing employees are on a State or Federal exclusion list to provide items or Covered Services under this Agreement. Provider shall immediately report to Health Plan any exclusion information discovered. Provider can search the HHS-OIG website, at no cost, by the names of any individuals or entities. The database is called LEIE and can be accessed at **oig.hhs.gov/fraud/exclusions.asp**. The GSA EPLS/SAM database can be accessed at **sam.gov**. Federal and State exclusion databases must be reviewed monthly to ensure that no employee or contractor has been excluded. Applicable state exclusion databases can be accessed through the State's Medicaid website. Health Plan will terminate the Agreement immediately and exclude from its network any provider who has been terminated from the Medicare, Medicaid or CHIP program in any state. Health Plan may also terminate the Agreement if Provider or Provider's owners, agents, or managing employees are found to be excluded on a State or Federal exclusion list.

Regular Development and Behavioral Screenings Provide Crucial Information

One in six children ages 3 to 17 have at least one developmental or behavioral disability, such as autism, a learning disorder, or attention-deficit/hyperactivity disorder (ADHD).[1] Screenings are a vital way to identify children in need of early intervention services.

What are developmental and behavioral assessments?

During every visit, providers should complete assessments of a child's developmental and behavioral status by observation, interview, history and physical examination using the Ages and Stages Questionnaire (ASQ) and Parents' Evaluation of Developmental Status (PEDS).

The developmental assessment should include a range of activities to determine whether the child has reached an age-appropriate level of development. Simply asking parents questions about their child's development **is not** a standard screening. Developmental and behavioral assessments are a covered benefit under the **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)** program.

What is the difference between developmental surveillance and developmental screening?

Developmental surveillance is ongoing developmental monitoring at well-child visits. It's what you do at every visit, noting whether a child is reaching age-appropriate milestones and asking parents if they have concerns.

Developmental screening occurs at specific age intervals and includes the utilization of a research-based checklist known as a validated tool. Utilizing a validated screening tool at the recommended age intervals can help detect mild delays that otherwise may be overlooked during routine surveillance.

When do developmental and behavioral screenings occur?

The American Academy of Pediatrics (AAP) recommends **developmental and behavioral screening** for children at 9, 18 and 30 months. **Autism Screening** at 18 and 24 months.

Review your office protocols to assess how you can ensure that your patients are receiving the proper screenings at each visit.

DEVELOPMENTAL SCREENINGS

Screening Code	Modifier	EPSDT Service	Age of Child	Reimbursable Y/N	Unit	Standardized Screening Tools	ICD-10 CODES
96110	EP	Developmental Screen	9, 18 & 30 Months	Y	3	Ages & Stages Questionnaires (ASQ-3)	Z13.42
						Parents' Evaluation of Developmental Status (PEDS)	
						Survey of Well-being of Young Children (SWYC) milestones	
						AAP "Developmental Screening tools"	

AUTISM SCREENING

Screening Code	Modifier	EPSDT Service	Age of Child	Reimbursable Y/N	Unit	Standardized Screening Tools	ICD-10 CODES
96110	EP	Autism Screen	18 & 24 Months	Y	2	Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)	Z13.41
						Survey of Well-being of Young Children (SWYC) milestones	

*CPT code 96110 can be billed more than once during the same date of service. Please specify the diagnosis code for each 96110 CPT code billed.

[1]CDC.gov

Screening, Brief Intervention, Referral and Treatment (SBIRT): Codes to Know

SBIRT is an evidence-based approach to delivering early intervention treatment services for people with substance use disorders, and those at risk of developing a substance use disorder (SUD). This type of intervention fills the gap between primary prevention and more intensive or specialized treatment for those with SUDs. We reimburse CPT Codes for SBIRT services.

CPT Code	Line of Business	Description
H0049	Medicaid	Alcohol and/or drug screening
96160	Commercial	Alcohol and/or drug screening
99408	Commercial and Medicaid	Alcohol and/or substance use 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; greater than 30 minutes

Questions?

For Behavioral Health contracting questions, please contact our provider relations team at **ProviderRelations@uhc.com**. If you have clinical questions, please call our Utilization Management team at **1-877-393-6094**. This line is for providers only.

Helping Your Patients and Their Families
Discuss Mental Health and Suicide Risk

Free, Educational Online Resource Available from Health Plan of Nevada

Suicide is a serious public health problem nationwide. Among youth, seniors, veterans, and those who face economic and personal challenges, the risk is very real. It exacts an enormous toll on families of those who take their lives or try. But the discussion is difficult, and most people would rather avoid the reality than address it. Health Plan of Nevada (HPN) recently gathered a group of behavioral health experts, professionals on the frontlines of supporting those at risk, and those who have been directly impacted by suicide – including NFL defensive lineman Solomon Thomas and his parents - to talk through the best ways to approach and speak to loved ones at risk, no matter their age or circumstances.

Help, Hope & Action: A Suicide Prevention Town Hall is available for viewing at **TakingOnHealthy.com**. It not only includes insightful perspective from those who are incredibly knowledgeable on the topic of mental health and suicide, it also provides viewers with many local and national resources to support their continued education, emotional support, and immediate need for counseling when facing a crisis.

The goal of the program is to raise awareness about treating mental health as we would any other physical illness, draw the conversation about suicide ideation out of the shadows, and openly discuss how to identify and support those at risk, intervene successfully to change their course, and help to alter the devastating trends being seen in Nevada and around the U.S. The program's sponsors include Health Plan of Nevada, UnitedHealthcare, Optum and the American Foundation for Suicide Prevention.

Please feel free to share this information and link to the program with your patients, employees and community contacts:
TakingOnHealthy.com/A-Suicide-Prevention-Town-Hall

988 SUICIDE & CRISIS LIFELINE

988 Suicide & Crisis Lifeline is available to anyone experiencing suicide ideation or a mental health crisis or knows someone in crisis.
Dialing **988** will connect the caller to a local crisis center that's part of the National Suicide Prevention Lifeline. Chat and text support options are also available (English only). For more information, visit **988Lifeline.org**.

Health Plan of Nevada
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HPN Partners with Genoa Healthcare to Facilitate Access to LAIs

Health Plan of Nevada partnered with Genoa Healthcare to help providers and patients gain access to long-acting injectables (LAI) when clinically appropriate. This service will support providers from prescribing through the prior authorization process and medication fulfillment. It will also provide ongoing support to patients through proactive outreach to support ongoing adherence to therapy.

Who is Genoa Healthcare?

Genoa Healthcare has a 47-state network of more than 600 pharmacies and medication coordinators who serve more than 650,000 people across the United States every year. Learn more at **GenoaHealthcare.com**.

What does Genoa have to offer?

- Full-service, high-touch dispensing services to improve clinical outcomes and patient satisfaction.
- In-person and virtual pharmacy care delivery with shipping at no additional cost.
- Proactive outreach to ensure medications are taken as prescribed.
- No-cost pre-filled pill organizers to improve medication adherence.
- Pharmacist integration with the care team to improve provider efficiency.
- Management of patient prior authorizations to reduce denials and formulary challenges and support for manufacturer assistance programs.
- Clozapine monitoring and immunizations.

A Genoa pharmacy is located at 2500 W. Washington Blvd., Suite 103, Las Vegas, NV 89106. A Genoa pharmacist and certified technician are available on site. The on-site pharmacy can support immediate LAI administration.

How to request service through a medical necessity review

Use the **Behavioral Health Injectable Antipsychotic Prior Authorization Form** to request injectable psychotropic medication. Visit **HealthPlanofNevada.com** and click on **Health Care Forms**.

Diagnosis, drug information and attestation are required to make a determination regarding medical necessity.

Fax prior authorization form to **1-800-997-9672**. Or mail form to:

HPN/SHL Pharmacy Services
Attn: Medical Necessity
P.O. Box 15645
Las Vegas, NV 89114-5645

Submit prescription request(s) to Genoa Healthcare:

Fax: 702-997-1767
Attn: Jeannie Barrett, PharmDNevada

Genoa Healthcare
2500 W. Washington Ave., Suite 103,
Las Vegas, NV 89106

Genoa will coordinate with the prescriber's office to schedule delivery of injectable medication. They will reach out to the member about any applicable out-of-pocket costs or financial assistance and let them know LAI medication(s) are being delivered to their prescriber. If you have any questions, call Genoa at **702-410-8746**.

Kids Grow Up Quickly. YOU Help Them Grow Up Strong.

Your strong recommendation is a critical factor whether your patients get well visits, screenings and vaccinations.

As you know, annual well-child visits are important for monitoring a child's proper growth and development. Due to the worldwide pandemic, well-child visits continue to decline as outlined by the performance rates shown below.

Well-Child Visits in the First 15 Months

	MY2021	MY2020	MY2019
Line of Business (LOB)	Well-Child Visits in the First 15 Months	Well-Child Visits in the First 15 Months	Well-Child Visits in the First 15 Months
Commercial Average	75.97%	76.91%	80.50%
Commercial National Average	78.36%	77.85%	80.58%
Medicaid Average	60.23%	66.17%	68.28%
Medicaid National Average	54.10%	52.93%	66.10%

Most adults believe well visits are important, but they may need a reminder from you to make an appointment for their child.

Send text messages, emails or postcard reminders when it's time for their child's annual checkup. Assure them it's safe to come in for an office visit. If they're still uncomfortable, you may want to recommend other care options like a virtual visit. You'll also want to offer in-person 'nurse visits' for vaccines, blood work and measurements.

Regular communication with patients is imperative.

Make sure your staff is up to date on FAQs and ready to answer any questions. Let your patients know you are thinking of them and still caring for their concerns.

Reach out to your clinical practice consultant (CPC) for reports, collaboration, coding opportunities or any questions about this article. If you are unsure who your CPC is, please contact your provider advocate.

Providing the Right Care at the Right Time

In the face of a life-limiting illness, compassionate and personalized care places the emphasis where it should be: centered on the patient's goals, wishes and quality of life during every step of the journey.

The mission of Southwest Medical Hospice is to compassionately meet the needs of individuals living with a terminal illness by providing comprehensive patient-centered care. It's their goal to tailor a care plan to the patient's medical, emotional, and spiritual needs. Southwest Medical Hospice's team includes the wholehearted support of providers, nurse case managers, CNAs, social workers, chaplains, dietitians, trained volunteers and bereavement specialists.

Levels of hospice care
Various levels of hospice care exist to best suit the needs and wishes of the patient.

- **Routine care** is provided in a private residence and may include home visits by the entire interdisciplinary team.
- For **respite care,** the patient is moved to an inpatient facility for up to five days, providing relief for the caregiver from the emotional and physical toll providing such care can have on a person.
- **Continuous care**, provided during time of crisis, entails round-the-clock services to ensure patient comfort. This level of care is offered for a limited time at the patient's residence until symptoms become manageable.
- **Inpatient care** is utilized during time of acute emergency and is provided in a 24-hour clinical setting. Southwest Medical Hospice offers beds available.

Hospice care is more than medical care. Volunteers help provide added benefits like:

- Pet, art, and music therapy
- Companionship and socialization
- Holiday greeting cards
- Notes of support and encouragement
- End of the week calls to ensure patients and caregivers have enough medications and supplies to get through the weekend

For the caregiver, there are:

- Weekly caregiver support groups
- Grief support groups
- Individual, couple or family counseling by phone, video, or in-person
- Quarterly educational mailers and phone call support

Understanding hospice care is critical to being an advocate for your patients' needs as well as the needs of their caregivers. For more information, visit **SMALV.com** or call **702-671-1111**.

Nevada Programs Receive Empowering Health Grants from UnitedHealthcare

Several Nevada programs are the most recent recipients of the Empowering Health grants provided by UnitedHealthcare across 11 states. These grants support local programs that help underserved and uninsured people by focusing on expanding access to care and addressing the social determinants of health in the communities we serve.

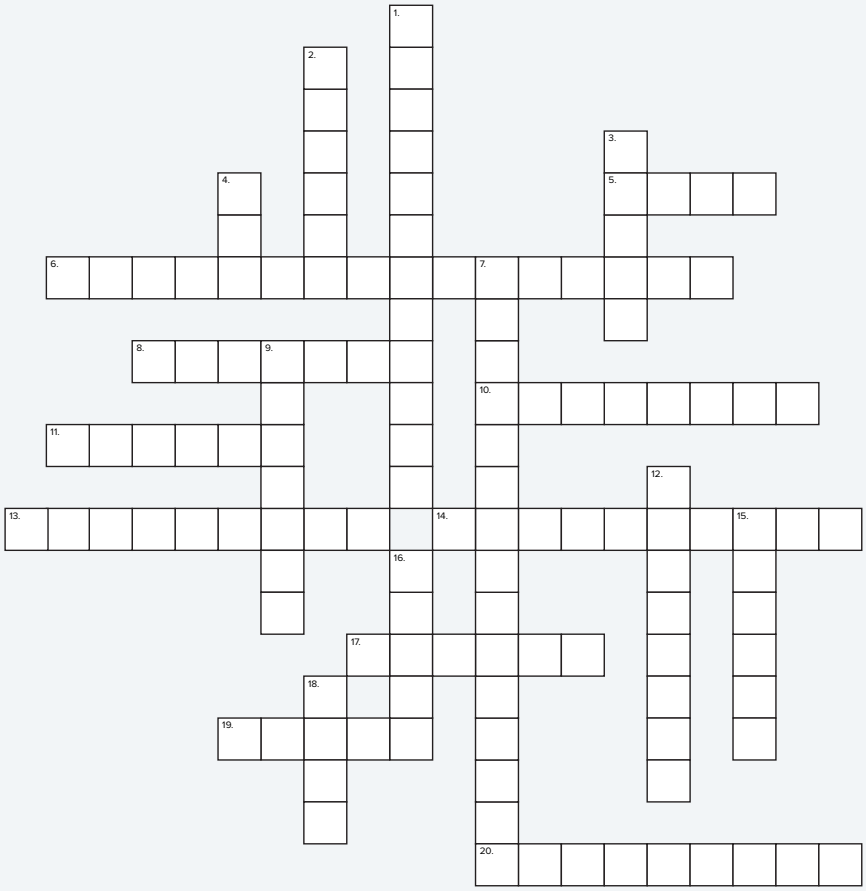
"Social and economic factors have a profound impact on achieving and maintaining good health," said Kelly Simonson, CEO, UnitedHealthcare Community Plan of Nevada. "Through our Empowering Health grants and local outreach efforts from UnitedHealthcare, we're working with local organizations in the state to provide Nevada residents with an interconnected system of clinical and social services that can produce better health outcomes and make the health system work better for everyone."

Nevada grant recipients include:

- **EMPOWERED, Las Vegas** – $150,000 to provide care coordination, individual therapy and group therapy for pregnant and postpartum women with substance or opioid use disorder, and to support the household-centered home visitation program that addresses social determinants of health for the entire family.
- **Happy Mama Healthy Baby Alliance in partnership with Heluna Health, Las Vegas** – $150,000 to support doulas from multicultural backgrounds in providing underserved and Medicaid-eligible families, adolescents, LGBTQIA+ families, immigrants, refugees and others with birthing services including labor support, postpartum care, childbirth education classes, breastfeeding help, and support groups for mothers and fathers.
- **University of Nevada, Las Vegas (UNLV), School of Public Health, Las Vegas** – $100,000 to introduce a new tele-home visiting pilot program through Prevent Child Abuse Nevada, housed within the school, to check in with new parents two to four weeks after discharge from the hospital and provide additional support and engagement in mental and behavioral health services.

Since launching the Empowering Health grants initiative in 2018, UnitedHealth Group and its affiliates have invested more than $51 million, making an impact on more than 8 million people. For more information about the Empowering Health grants, visit **UHC.com**.

CROSSWORD PUZZLE



Down:

1 Renewing enrollment record periodically to maintain Medicaid/Medicare billing privileges

2 Term for hystero

3 2019 Pandemic requiring mask mandate

4 Plan offering a network of Healthcare Providers to use for medical care not requiring PCP referral

7 Process that States use to ensure Medicaid enrollees continue eligibility for Medicaid coverage

9 Term for gastro

12 Medical term for surgical procedure to remove liquid

15 A request for your Health Insurer or plan to review a decision or a grievance

16 Arthro

18 Term for cephalo

Across:

5 Medical term for abnormal condition

6 Submission of updated medical records and medical exam results to lower your rate

8 A vaccine that protects against infection from influenza viruses

10 Healthcare Marketplace for Nevada

11 Medical term pertaining to blood

13 Required to see a specialist for HMO plans from PCP

14 Helps identify gaps in care guiding the patient back to their PCP or Specialist in the community

17 Medical term for Reno-

19 Term for thraco

20 CDC describes it as essential in keeping current and future generations of Americans healthy across the lifespan

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