



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Facility Appeal Instructions

Appeal Issue	Department to Review Appeal	Appeals Timeframe	Appeal Instructions	Mailing Address	For Questions regarding Status of your Appeal
Authorization Issues OBS vs. IP Level of Care Dates of Service	Medical Adjudication Department	180 days to appeal from original dates of service	Please include the following information: <ul style="list-style-type: none"> • Explanation Of Payment • Substantiating Medical Records • Any authorization letters or referral forms if claim was denied incorrectly for no prior authorization and or referral • Explanation of why the claim should be reprocessed. Please refer to the Provider Summary Guide for additional information.	Health Plan of Nevada/Sierra Health and Life Attn: Claims Reconsideration, 2720-3 P.O. Box 15645 Las Vegas, NV 89114	Contracted Providers may check status of claims by logging onto @YourService at the following link: https://www.myaysonline.com You may also contact Member Services at the following telephone numbers:
Retro Review for Cases in which no prior authorization was given (Late or No Notification) Mismatched auths	Medical Adjudication Department	24 Months from Dates of Service to appeal. Needs to be Written Appeal	Notification of admission must occur within 48 hours or claim will be denied. Please include the following information: For re-considerations of claims processed by the HPN/SHL claims department, please send the following information: <ul style="list-style-type: none"> • Explanation Of Payment • Substantiating Medical Records • Any authorization letters or referral forms if claim was denied incorrectly for no prior authorization and or referral • Explanation of why the claim should be reprocessed. 	Health Plan of Nevada/Sierra Health and Life Attn: Claims Reconsideration, 2720-3 P.O. Box 15645 Las Vegas, NV 89114	Health Plan of Nevada Toll free (800) 777-1840 MyHPN (on Exchange plan) Toll free (877) 752-8026 Sierra Health and Life Toll free (800) 888-2264 HPN Medicaid/Nevada CheckUp Toll free (800) 962-8074 Senior Dimensions Toll free (800) 650-6232 Please allow 15 days from the date of the appeal submission prior to checking status.
Delay of Service	Continuity Of Care	180 days to appeal from original dates of service	Please include the following information: <ul style="list-style-type: none"> • Explanation Of Payment • Substantiating Medical Records • Any authorization letters or referral forms if claim was denied incorrectly for no prior authorization and or referral • Explanation of why the claim should be reprocessed. 	Health Plan of Nevada/Sierra Health and Life Attn: Continuity of Care/2716-3 P.O. Box 15645 Las Vegas, NV 89114-5645	For contract related questions please contact the Provider Relations department at (702)242-7088 or Toll Free (800) 745-7065 Commercial and Medicaid Business Hours: Mon. – Fri., 8 a.m. – 5 p.m.PST