

SUMMER 2022

PROVIDER TALK

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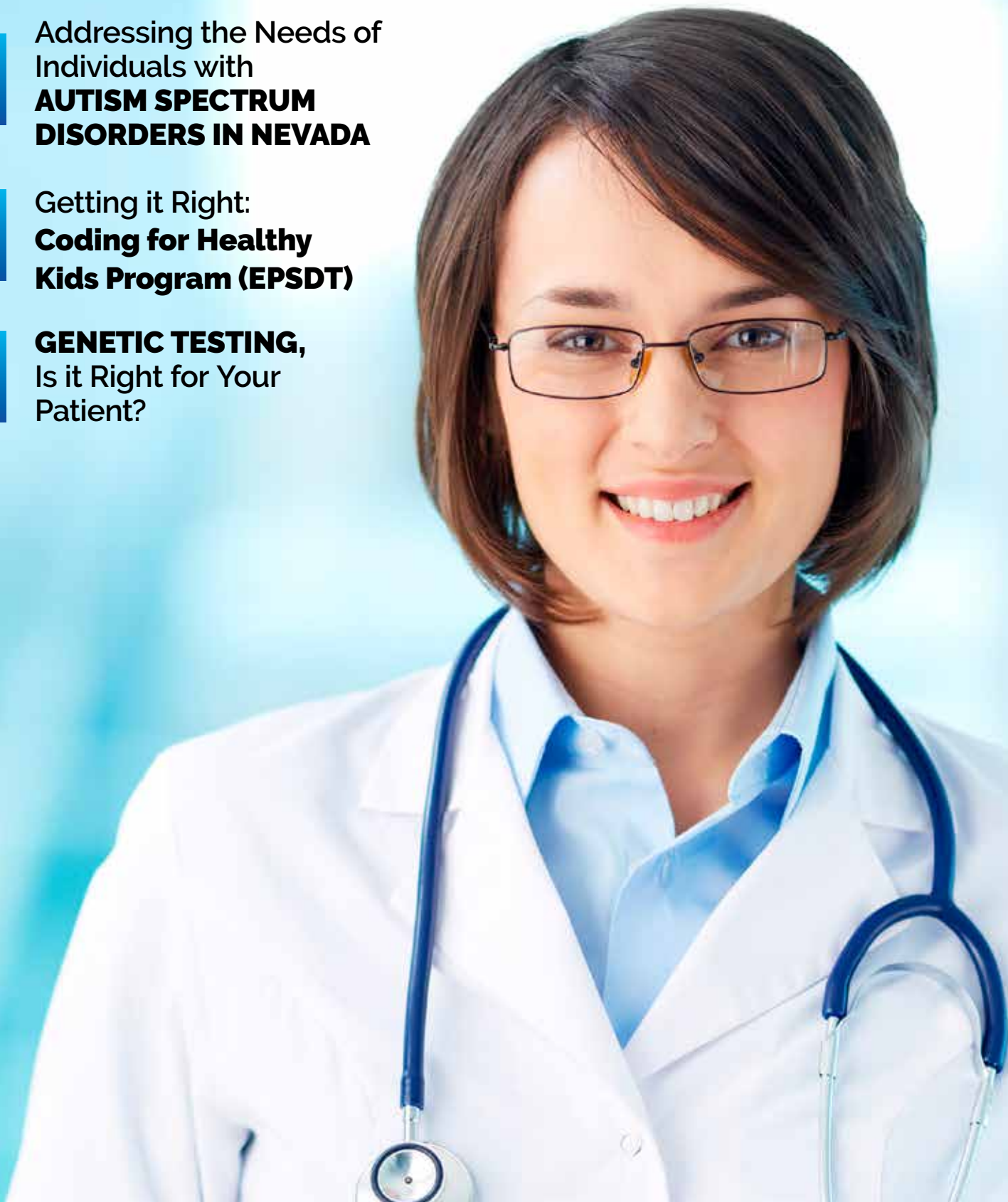
Addressing the Needs of
Individuals with
**AUTISM SPECTRUM
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Getting it Right:
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GENETIC TESTING,
Is it Right for Your
Patient?



Using NPS to Help Improve The Patient Experience

Your experience and the experience your patients have with us matters. How our members - your patients - view our relationship influences their perception and overall experience of their health care.

What's NPS?

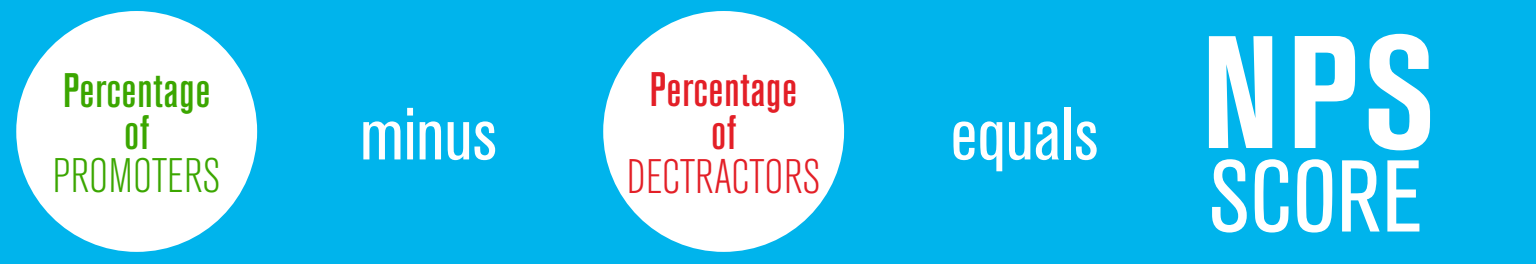
Net Promoter Score®, or NPS®, measures a consumer's experience and loyalty to a company.

How likely are you to recommend HPN or SHL to a friend or family member?

Consumers rate their likelihood from 0-10, where "0" is not at all likely and "10" is extremely likely. Based on their response, consumers are placed in one of three categories – promoters, passives or detractors.

Who conducts the survey?

Our NPS data is captured by an independent market research firm. Scores are determined by subtracting the percentage of members who are detractors from the percentage who are promoters.



Part of our work around NPS has been to identify a set of key drivers that influence a member's likelihood to recommend our plans, including:

- Access to care
- Plan features
- Ease of use
- PCP and specialist care
- Prescriptions
- Cost share

How do we use the NPS score and feedback?

NPS helps us gauge the quality of the experience our members have with their health care. We use the information to help identify pain points or areas of dissatisfaction with their plan or health care journey. We also keep track of areas our members rate us highly in.

Think Positive

Helping members and patients have a positive health care experience is our priority. Their perception of their health care providers and health plan contribute to their overall satisfaction.

If you have any questions about NPS and how you can help impact the patient experience, contact your provider advocate. Thank you for your partnership.

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A Visit to the Pediatrician Isn't Just for Sick Kids



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's Medicaid: **1-800-962-8074**

SHL: **1-800-888-2264**

Visit [HealthPlanofNevada.com](https://www.healthplanofnevada.com), [SierraHealthandLife.com](https://www.sierrahealthandlife.com), or [MyHPNMedicaid.com](https://www.myhpnmcaid.com) and sign in.



Meet Olivia J. Smith, HPN Medicaid Growth Leader

Olivia J. Smith joined the Health Plan of Nevada (HPN) Medicaid team in December 2021 as the new Medicaid Growth and Development Market Lead. Since moving to Las Vegas in 2017, she has been doing community outreach and has more than 20 years of health care operations experience.

The HPN Medicaid outreach team has been busy with community events due to the redistribution of members. The next open enrollment period will be in Q4, starting October 1 through October 31. To assist with the distribution of Change Forms to increase growth, the team has been working with UHC Medicare brokers in the community. Collaboration with UHC Medicare will be continuous throughout the year by sharing community events and tabling at the same time.

Addressing the Needs of Individuals with **AUTISM SPECTRUM DISORDERS IN NEVADA**



Navigating the health care system can seem like a daunting task, even more so for parents whose child receives a distressing diagnosis. Therefore, it's important for our members to know there are resources available to them. One group that has been identified as having a vital need for support are the parents of children who have received an Autism Spectrum Disorder (ASD) diagnosis.

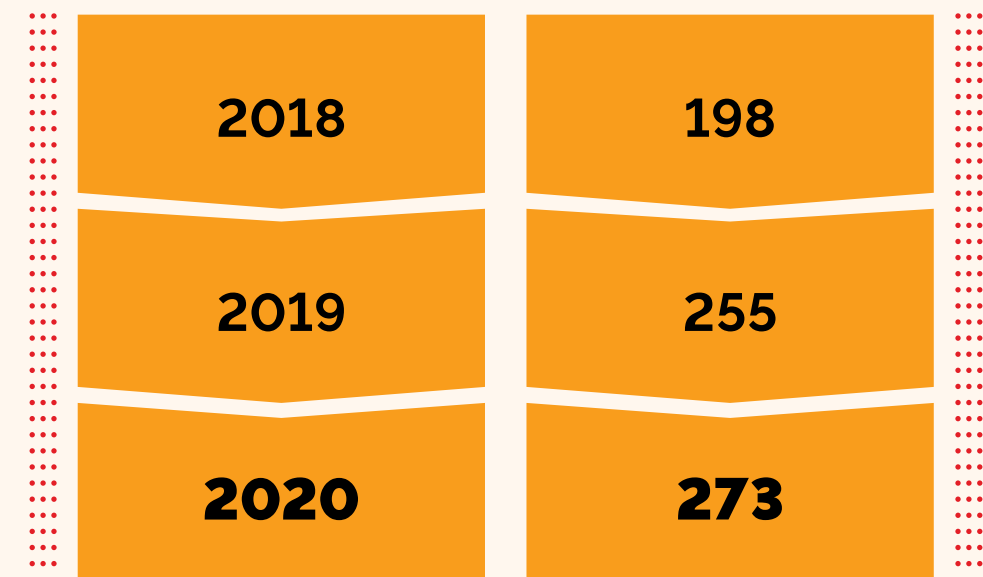
The American Academy of Pediatrics suggests that early identification of ASD, and other developmental disorders, is critical to the well-being of children and their families. Screening tests administered at the 9, 18, and 24 or 30-month visits are a pertinent component of early identification.

In 2019, we developed an initiative to focus on this population

1. Sixty days prior to a member's 2nd birthday, a reminder is mailed to parents urging them to schedule their 2-year well visit. Also included is an insert prompting parents to think about, and be ready to answer, questions about their child's development during the well visit.
2. If the child receives an ASD, or other developmental disorder diagnosis during the appointment, parents receive a roadmap, "Steps to Developmental Success." The roadmap guides parents through the diagnosis process and provides local resources to help improve the patient experience.
3. Providers also receive a roadmap, "Steps to Developmental Intervention," to use in conjunction with the parent roadmap to guide discussion and ensure appropriate referrals.

It's our goal to help our members and their families find the support they need early. Since 2018, we've seen a 15% increase in referrals; showing our roadmap to assist members and providers is successful.

Total Referral Count (Therapy) ages 2-3 yrs.





GETTING IT RIGHT

Coding for Healthy Kids Program (EPSDT)

When a screening service indicates the need for further evaluation and diagnosis, a referral or treatment is required without delay.

A dated written referral should be given to the recipient, parent/guardian or referral service provider that documents the need for referral or follow-up.

1. Use modifier TS to indicate that a referral or follow-up is indicated. When using modifier TS, be sure to complete field 21 on the CMS-1500 claim form with the appropriate diagnosis code to reflect the condition requiring follow up.
2. Report the following referral codes in box 10(d) on the CMS-1500 claim form.

YO - Other	YB - Behavioral
YV - Vision	YM - Medical
YH - Hearing	YD - Dental

Refer to this chart for EPSDT billing and coding

AGE OF CHILD	NEW PATIENT CPT CODE	ESTABLISHED PATIENT CPT CODE	ICD 10 CODES	MODIFIER(S)	
Infant (age under 1 year)	99381	99391	Z00.110 Z00.111 Z00.121 Z00.129	EP	TS
Early Childhood (age 1 through 4 years)	99382	99392		EP	TS
Late Childhood (age 5 through 11 years)	99383	99393	Z00.121 Z00.129	EP	TS
Adolescent (age 12 through 17 years)	99384	99394		EP	TS
Adult (age 18 through 20 years)	99385	99395	Z00.00 Z00.01	EP	TS

OTHER SERVICES		
CPT Code	CPT Description	Modifier
99401	Family Planning Services	FP
D1203	Flouride Varnish Application	No Modifier
90476	Vaccines	No Modifier

HPN Medicaid requires providers to bill for EPSDT services by utilizing the EP and/or TS modifiers in 24D on the CMS-1500 form.

- EP to identify the visit as an EPSDT/well-baby/well-child exam
- FP to indicate family planning services were provided
- TS to indicate a referral to a specialist as a result of an EPSDT/well-baby/well-child exam

If you have any questions, contact your provider advocate.

When to Consider **Palliative Care**

A life-changing illness requires the right kind of care. Optum Care Palliative Care's mission is to provide compassionate, personalized service to patients and their families. Striving to manage symptoms and reduce the stress of a serious life-limiting illness as much as possible, palliative care can be provided alongside curative treatments. It also serves as a support to the patient's family, helping to address tough questions that may arise during the course of illness.



Palliative Care Benefits

- Patient remains in the care of their primary care provider and/or specialist
- Access to palliative care physicians, APRNs, RNs, LPNs, dietitians, social workers and spiritual care counselors
- Whole-person approach that considers psychological and spiritual aspects of care, reducing depression and anxiety
- Pain management available for cancer patients
- Social work to address social determinants of health
- Commitment to helping patients remain as active as possible
- Enhanced quality of life (which, in turn may positively impact the course of the illness)
- Fewer hospital visits
- Compatible with curative and life-prolonging treatment
- Stage III or stage IV cancer, or earlier stage cancer with comorbidities that will affect treatment choices
- New life-limiting illness for symptom control and goals of care review
- Unintentional and consistent weight loss over past 6 months
- Multiple chronic illnesses or any single chronic illness that remains symptomatic or limits function despite maximal treatment
- Dementia with inability to perform two or more activities of daily living
- Continued oxygen dependence, shortness of breath or adverse cardiac symptoms brought on by exertion despite continued treatment
- The patient is not a candidate for curative therapy or patient or family requests treatment with low probability of success
- Patient and family need assistance with advance care planning

Is Palliative Care Right for Your Patient?

- Patient unlikely to live beyond the next 12 months due to their illness
- Frequent ER or hospital visits over the past 3-6 months
- Progression of illness or ADL dependence over the past 6 months

Optum Care Palliative Care offers medical and emotional support when your patients need it. Palliative care referrals can be submitted by phone at **702-954-7505** or via **Palliative Care Referral Broadcast on Tiger Connect.**

HEW PREDIABETES PROGRAM

Successful in Stopping the Progression of Diabetes

Our Health Education and Wellness (HEW) and Disease Management (DM) teams offer a comprehensive, personalized program to help members learn more about prediabetes and what steps they can take to improve their health.



According to the CDC:

- 96 million adult Americans have prediabetes (38% of this population)
- 26.4 million Americans ages 65+ have prediabetes (48.8% of this population)

From July 1, 2020 to July 1, 2021, 189 members participated in the HEW/DM prediabetes program.

- For members with a documented A1c result before and after the program:
 - **65% reduced their A1c** with an average A1c reduction of .44
 - **21% reversed their prediabetes** by obtaining an A1c reading in the normal range
 - **ZERO members progressed from the prediabetes to the diabetes** range

This program is available to members with prediabetes. To submit a referral, providers can use the online provider center (network) or ARS (SMA), call HEW directly at **702-877-5356**, or fax referrals to **702-838-1404**.



KUDOS KORNER



To Dr. Nadeer Pirani

from the Care For Me program team:

Dr. Pirani saw a member, who currently resides at Willing Hands, on December 16, 2021. The patient's next scheduled appointment with Dr. Pirani was not until January 3, 2022. The RN at Willing Hands noticed the member exhibited some decline and showed complications. The RN tried to schedule an earlier appointment for this member but had to leave a message at the clinic. The RN then sent a text directly to Dr. Pirani who agreed to see the patient on December 28, 2021, even though the clinic would be closed for the holidays.

"Dr. Pirani is a pleasure to work with and he cares so much about our members. He is ALWAYS very accommodating and ALWAYS answers our texts and requests."

"KUDOS to you, Dr. Pirani – we appreciate all you do for our members."

Do you know a provider who goes above and beyond? Contact your provider advocate or the team at provideradvocate@uhc.com to make a nomination for Kudos Korner!



Achieving MULTICULTURAL HEALTH CARE DISTINCTION



Health Plan of Nevada Medicaid is pleased to share that we have achieved the NCQA Multicultural Health Care Distinction. This multi-faceted credential demonstrates our commitment to our diverse membership and provider network. Expect to see some impact from activities as we further support our members in their goal towards achieving better health.

We now have available language support services for your patients via our contracted language line vendor. These highly trained translators can facilitate patient appointments. Simply contact a member services team member who will verify the member's eligibility and connect you with the service.

You will also notice additional information in your Provider Summary Guide about free CMEs for attending cultural competency training, tools such as the "I speak..." cards and an expanded Medicaid

chapter. If you are a PCP, the Gap in Care reports will now include the preferred language for your empaneled patients.

We sincerely thank you for your support of this expansion of the plan's cultural competency. For any questions, please feel free to contact Kimberly Johnson, Director of Quality Improvement at **702-242-7735** or **Kimberly.johnson12@uhc.com**.

Does your practice participate in the HealthIE?

Our state certified health information exchange, HealthIE Nevada (HIE), provides electronic connection among physicians, hospitals, labs and other health care organizations. Patient encounters, medication information, medical images, test results and care summaries are delivered instantly, accurately and securely, instead of waiting for faxes or mail.

We're requesting your support to improve health data interoperability and data quality by participating in HIE. Our experience throughout the pandemic has shown that improving how we share patient and member clinical data is critical to our collective success. It's imperative to us that HIE is a service we should all use to accomplish this.

Participation with HIE will:

- Strengthen collaboration amongst payers, hospitals, providers, state public health agencies and HIE.
- Provide up-to-date patient information available at the time of care delivery and immediately afterwards.
- Become the source of truth for quality data that drives patient safety and improved quality outcomes.
- Help align performance expectations among providers and payers.
- Make it easier for providers to submit data and obtain accurate, on time evaluation of clinical performance.
- Reduce office burden for both payers and providers by eliminating or dramatically reducing manual data capture.
- Improve data collection that will allow reporting of quality measures and drivers of cost reduction.
- Allow MCO nurses to work to their license, helping providers improve workflow related to clinical care and capturing quality measures.
- Enhance end user experience with HIE for both providers and payers.
- Improve quality scores across providers, payers, and the State of Nevada Medicaid Division.
- Improve Nevada Health Outcomes for all Nevadans by reducing morbidity and mortality rates.

Participation in HIE is a patient-centered public service that benefits all participants. Please contact Chuck Dorman, Director of Outreach at HIEmail@HealthIENevada.org to complete an interest form.



SAVE THE DATE
for this year's event:
OCTOBER 22, 2022

We appreciate our community and how they give back. Thank you to our 2021 sponsors!

Premier Sponsors:

Center for Sight
The Center for Child and Family
Development
Nevada Orthopedic & Spine Center
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Gold Sponsors:

Desert Perinatal Associates
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Interested in supporting the next UnitedHealthcare Children's Foundation Teddy Bear 5K Run and 1 Mile walk? Email us at TBR.Sponsorship@sierrahealth.com.

GENETIC TESTING, Is it Right for Your Patient?



Genetic testing has been gaining popularity among the public since the 1950s. With tens of thousands of genetic tests now available on the market, people have unprecedented access to information about their health, before symptoms even occur. However, does knowing one's risk ahead of time equate with a positive outcome?

While genetic testing may be beneficial in reducing patient anxiety, developing effective preventive measures for high-risk patients and refining treatment plans for multiple diagnoses, many tests do not have strong scientific evidence demonstrating a positive impact on patient outcome. Therefore, it's imperative that patients work together with their provider to make informed decisions about genetic testing.

The health plan has multiple telephonic and web-based resources to maximize clinical outcomes and enhance the member/provider experience by providing support and education throughout the decision-making process.

Pre and Post-Test Counseling

Pre-test counseling begins with a discussion regarding why the patient is interested in genetic testing (clinical condition, family planning, etc.). Next, a thorough review of patient and family history is completed and recommendations for appropriate genetic test(s) are made. Post-test counseling improves patient understanding of genetic testing results based on their individual needs and educates the patient family on appropriate preventive measures.

Genetic Counselors

Genetic counselors support patients and families who are diagnosed with or at risk for genetic disorders by doing the following:

- Providing information about appropriate genetic tests
- Reviewing genetic testing results with patients and families based on personal, familial, cultural and geographic factors
- Working with patients and families to create effective plans for monitoring and preventive care

Authorization Process

Genetic counseling is a pre-requisite for all genetic testing. Genetic counseling does not require prior authorization **if** performed by Informed DNA. In addition to providing genetic counseling, Informed DNA can submit prior authorization requests for some genetic tests and include the genetic counseling notes required for prior authorization review.

Informed DNA Referral Process for Genetic Counseling

- Call **1-800-975-4819**, option **9**. Inform agent of expedited/stat/urgent status if applicable.
- Email **patientcare@informeddna.com**. Type "Expedited/Stat/Urgent status" in the subject line if applicable.
- Fax routine requests to **760-203-1194**.
- Fax expedited/stat/urgent requests to **760-501-8522**.

Quest Laboratory and Quest Genetic Testing Hotline

Quest is the capitated provider for all laboratory testing, including genetic testing. Please send all laboratory specimens to Quest to avoid testing delays and higher out-of-pocket costs for members related to non-contracted laboratories.

Providers can call the Quest Genomics Client Services Hotline at **1-866-GENE-INFO (1-866-436-3463)** to speak with staff members who can provide the following services:

- Guidance on the appropriate test(s) to order based on diagnosis and family history

- Verifying which genetic test(s) are proven to be safe and effective, and improve patient outcomes
- Information on whether specific tests are available at Quest
- Providing the correct lab codes for genetic tests
- Interpretations of genetic testing results

The Quest Hereditary Cancer Professional Resources website has many resources to educate providers on positive or negative results for individual genes, variants of uncertain significance, financial resources for patients, hereditary cancer reference guides, frequently asked questions, etc. Visit **QuestHereditaryCancer.com**.

UHC Medical Policies

UHC Medical Policies provide guidance on which tests are considered appropriate under certain circumstances, based on peer-reviewed literature. Reviewing them can help providers avoid delays related to ordering tests that are not proven safe and effective or tests ordered for inappropriate clinical conditions. Providers can use the search bar to look up tests by name or CPT code or they can scroll through medical policies, which are listed alphabetically.

To learn more, visit **HealthPlanofNevada.com**.

A Visit to the Pediatrician Isn't Just for SICK KIDS



Parents may be more apt to call the pediatrician when their child is not feeling well, but it's important to help parents understand that regular "well" visits to the pediatrician are just as important for healthy children.

THE BENEFITS OF WELL-CHILD VISITS

- **Prevention.** The child gets scheduled immunizations to prevent illness. The pediatrician may ask about nutrition and safety in the home and at school.
- **Tracking growth and development.** Growth measures and numbers at different visits may be compared. The pediatrician may take this opportunity to also discuss the child's development, like milestones, social behaviors and learning.
- **Raising concerns.** Parents may want to come prepared with a list of the top three to five questions or concerns they want to discuss with the pediatrician.

THE SCHEDULE OF WELL-CHILD VISITS

The American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care, known as the "periodicity schedule." This schedule sets forth the screenings and assessments recommended at each well-child visit from infancy through adolescence.

- The first week visit (3 to 5 days old)
- 1, 2, 4, 6, 9, 12, 15 and 18 months old
- 2 years old (24 months)
- 2 ½ years old (30 months)
- Annually from 3 years to 21 years old

TEAM APPROACH

Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The AAP recommends well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.

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