

TABLE OF CONTENTS

1. INTRODUCTION
2. OVERVIEW OF HEALTH PLAN OF NEVADA
3. FREQUENTLY CALLED NUMBERS
 - 3.1 Access Center
 - 3.2 Behavioral Healthcare Options
 - 3.3 Case Management
 - 3.4 Hospital Case Management
 - 3.5 Member Services
 - 3.6 Provider Services
 - 3.7 Pharmacy Services
 - 3.8 Prior Authorization
4. PROVIDER ADMINISTRATIVE REQUIREMENTS AND RESOURCES
 - 4.1 Provider Educational Materials
 - 4.2 Provider Additions, Changes and Terminations
 - 4.3 Access Standards
 - 4.4 Access to Records
 - 4.5 Non-discrimination
 - 4.6 Divorce of Patient Care
5. CREDENTIALING
 - 5.1 Credentialing Committee
 - 5.2 Providers Eligible for Credentialing
 - 5.3 HPN Credentialing Process
 - 5.4 Expired Credentialing
 - 5.5 Provider Rights
 - 5.6 Provider Credentialing Disapproval Reasons
 - 5.7 Operational Policy Decisions
 - 5.8 Provider Fair Hearing Procedure
 - 5.9 Confidentiality of Credentialing Information
 - 5.10 Office Site Visits
 - 5.11 Medical Record Standards
6. MEMBER RIGHTS AND RESPONSIBILITIES
 - 6.1 HPN Commercial HMO Members' Rights and Responsibilities
 - 6.2 HPN Federal Members' Rights and Responsibilities
 - 6.3 Members Access to Medical Records
 - 6.4 Confidentiality
 - 6.5 Member Complaints

7. BENEFITS AND ELIGIBILITY

- 7.1 Enrollee Benefits
- 7.2 Eligibility and Plan Coverage Verification
- 7.3 Interactive Voice Response System (IVR)
- 7.4 HPN Online Provider Portal
- 7.5 Health Plan of Nevada Website
- 7.6 Primary Care Physician (PCP) Changes
- 7.7 ID Cards

8. MEDICAID and NV CHECKUP

- 8.1 Medicaid Overview
- 8.2 Member Enrollment
- 8.3 Member ID Cards
- 8.4 PCP Assignment
- 8.5 PCP Reassignment (Divorce of Care)
- 8.6 Pharmacy Lock-Ins
- 8.7 HPN Medicaid Members' Rights and Responsibilities
- 8.8 Member Grievances
- 8.9 Referrals, Prior Authorizations and Utilization Management
- 8.10 Member Appeals
- 8.11 Provider Responsibilities and Network Information
- 8.12 Medical Records
- 8.13 Access Standards
- 8.14 Non-Discrimination
- 8.15 Cultural Competency
- 8.16 HPN Medicaid Network and Provider Advocates
- 8.17 EPSDT/ Well-Baby/Well-Child Visit – Infant & Adolescent
- 8.18 Vaccines for Children (VFC) Program
- 8.19 Nevada Division of Public and Behavioral Health's Immunization Registry
- 8.20 Children with Special Healthcare Needs (CSHCN)
- 8.21 Maternity Risk Screen Form & Obstetrical Case Management
- 8.22 Claims
- 8.23 Obstetrical Billing
- 8.24 Provider Claim Reconsideration
- 8.25 Quality Improvement

9. UTILIZATION MANAGEMENT

- 9.1 Prior Authorization
- 9.2 Notification
- 9.3 Medical Necessity Determination
- 9.4 Services That Require Prior Authorization
- 9.5 Prior Authorization Timeframes
- 9.6 How to Obtain Prior Authorization for Services
- 9.7 Patient and Provider Access Center
- 9.8 Inpatient Concurrent Review
- 9.9 Denial and Appeal Process (Commercial Plans)

- 9.10 Medicaid Action, Notice of Action & Appeals
- 9.11 Retrospective (Post-Service) Review

10. REFERRALS TO SPECIALISTS

11. SOUTHERN NEVADA REFERRAL GUIDELINES

- 11.1 Bariatric Surgery
- 11.2 Cardiology
- 11.3 Cardiovascular Surgery
- 11.4 Dermatology
- 11.5 Ear Nose and Throat
- 11.6 Endocrinology
- 11.7 Gastroenterology
- 11.8 Gastroenterology - Pediatric
- 11.9 General Surgery
- 11.10 Nephrology
- 11.11 Neurology
- 11.12 Ophthalmology
- 11.13 Orthopedic
- 11.14 Pain Management
- 11.15 Perinatology
- 11.16 Plastic Surgery
- 11.17 Podiatry
- 11.18 Rheumatology
- 11.19 Urology - Adults
- 11.20 Urology - Pediatric

12. SUPPORT SERVICES

- 12.1 Radiology
- 12.2 Laboratory
- 12.3 Speech Therapy
- 12.4 Physical Therapy/Occupational Therapy
- 12.5 Optometry
- 12.6 Home Health Care
- 12.7 Hospice
- 12.8 Durable Medical Equipment (DME): Specialty Rehabilitation and Home Infusion Services
- 12.9 Durable Medical Equipment (DME): Large DME and Respiratory Equipment
- 12.10 Transitional Care Unit
- 12.11 Breast Care Program
- 12.12 Wound Care
- 12.13 Closed Observation Unit

13. CLAIMS

- 13.1 Claims Adjudication and Payment
- 13.2 Risk Adjustment Data

- 13.3 Billing Procedures
- 13.4 Dental Predetermination of Benefits
- 13.5 National Provider Identifier (NPI)
- 13.6 Imaging, Batch Processing, Claims Processing
- 13.7 Altered Claim Images
- 13.8 Electronic Claims Submission
- 13.9 Electronic Explanation of Payment (EOP) Requests
- 13.10 Electronic Funds Transfer (EFT's)
- 13.11 HIPAA 5010
- 13.12 Timely Filing Period
- 13.13 Coordination of Benefits
- 13.14 Claim Reconsideration Process
- 13.15 Filing a Provider Dispute for a HPN Medicaid and Nevada CheckUp Claim
- 13.16 Clean Claim Elements

14. QUALITY ASSURANCE / RISK MANAGEMENT

- 14.1 Quality Review Structure
- 14.2 Quality of Care Reviews
- 14.3 Tracking for Trends/Patterns

15. QUALITY IMPROVEMENT PROGRAM

- 15.1 HPN's NCQA Accreditation
- 15.2 QI Program Structure
- 15.3 QI Initiatives
- 15.4 Member and Practitioner Satisfaction Surveys
- 15.5 HEDIS® Measures
- 15.6 Quality and Patient Safety Reminders
- 15.7 Population Health Management (PHM) Program
- 15.8 Complex Case Management Program

16. MEDICAL DIRECTOR

- 16.1 On-Call Medical Director

17. MENTAL HEALTH/SUBSTANCE ABUSE

18. HEALTH EDUCATION AND WELLNESS

- 18.1 Southern Nevada Health Education Program Offerings
- 18.2 Northern Nevada Health Education Program Offerings
- 18.3 Provider Communication
- 18.4 Online Learning

19. NEW MEDICAL TECHNOLOGY

20. PHARMACY SERVICES

- 20.1 Prior Authorization of prescription drugs
- 20.2 How to obtain Prior Authorization or an Exception for Prescription Drug Coverage
- 20.3 Prior Authorization Time Frames
- 20.4 Denial/Appeal Process
- 20.5 Pharmacy Services Call Center
- 20.6 After-hours Call Center
- 20.7 Pharmacy and Therapeutics Committee
- 20.8 Changes to the Preferred Drug List
- 20.9 Published Preferred Drug List
- 20.10 Moratorium
- 20.11 Incentives
- 20.12 Generic Substitution for Commercial Plans
- 20.13 Direct Member Reimbursement of Prescription Drugs
- 20.14 Drug Utilization Reviews
- 20.15 Frequently Used Forms
 - Medical Necessity Request Form
 - MedWatch

21. ADVANCE DIRECTIVES

- 21.1 Nevada
- 21.2 Arizona

22. FRAUD WASTE AND ABUSE COMPLIANCE POLICY

23. MEDICAL RECORD RETENTION

24. FREQUENTLY USED FORMS

- 24.1 Request for Allowables Form
- 24.2 Online Provider Center Forms
 - A. Terms of Use Acknowledgement Form
 - B. Penalties for Violations of Terms of Use
- 24.3 Provider Add Request Form
- 24.4 Complaint Form - Health Plan of Nevada
- 24.5 Grievance Form - Medicaid
- 24.6 Maternity Risk Screen Form – Medicaid
- 24.7 Claim Reconsideration Request Form
- 24.8 Nevada Universal Prior Authorization and Referral Form

For Southern Nevada Providers Only:

- 24.9 SMA Imaging Services Expectation Sheet
- 24.10 SMA Routine Imaging Services Order Form
- 24.11 SMA Screening Mammography Imaging Services
- 24.12 SMA Diagnostic Mammography Imaging Services

2020 HPN Provider Summary Guide

- 24.13 SMA Imaging Order Form for Bone Density (DEXA Scan)
- 24.14 SMA Imaging Services Expectation Sheet – Bone Density (DEXA Scan)
- 24.15 SMA Imaging Order Form for Cat Scan
- 24.16 SMA Imaging Services Expectation Sheet – Cat Scan
- 24.17 SMA Imaging Order Form for FLOURO
- 24.18 SMA Imaging Services Expectation Sheet – Fluoroscopy
- 24.19 SMA Imaging Services Expectation Sheet – HSG
- 24.20 SMA Imaging Services Expectation Sheet – IVP
- 24.21 SMA Imaging Services Expectation Sheet – Myelogram
- 24.22 SMA Ordering Form for Ultrasound
- 24.23 SMA Imaging Services Expectation Sheet – Ultrasound