

SUMMER 2023

PROVIDER TALK

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of Whole Person Care
into Practice**

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More Ways to Get Urgent Care
Women-Only Urgent Care
Orthopedic Urgent Care



POP QUIZ

Test your knowledge throughout the publication and check your answers on page 19.

1. What do we call the hierarchy of which animals eat?
Food Chain
 Food Tree
 Food Rope
 Food Lace

2. Synchronous diaphragmatic flutter is a medical term for what?
Blinking
 Cough
 Burp
 Hiccups

3. What is the major concern about overuse of antibiotics?
Resistance
 Expensive
 Storage space
 Addiction

4. Trachoma is a disease that affects what?
Heart
 Ears
 Brain
 Eyes

5. What does B stand for in BMI?
Base
 Back
 Background
 Body

6. The liver belongs to which system?
Reproductive
 Circulatory
 Digestive
 Respiratory

7. Lateral epicondylitis is the medical term for which condition?
Frozen shoulder
 Athlete's foot
 Tennis elbow
 Housemaid's knee

8. The aorta is the largest what in the body?
Astony
 Armev
 Artery
 Archery

9. How do new species evolve?
Natural finding
 Natural discovery
 Natural selection
 Natural choosing

10. How many bones in an adult human body?
206
 101
 325
 444

11. What is the medical name for the craving of bizarre foods that some women experience during pregnancy?
Pica
 Mica
 Zica
 Tica

12. Penicillin, an antibiotic to fight bacteria, belongs to which family?
Bacteria
 Herb
 Fungi
 Insect

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24/7



Questions? Contact Us.

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

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

SHL:
1-800-888-2264

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

Putting the PROMISE of Whole Person Care into Practice

As practitioners, we recognize that supporting an individual's wellness is about more than treating isolated issues. Addressing all aspects of an individual's physical, mental, and behavioral health and often the social determinants that influence them can be key to creating better outcomes. A whole person approach puts the patient first, but it requires seamless coordination and communication across care settings.

► What's behind the focus on integrated or whole person care

The brain-body connection is a foundational principle of whole person health. It requires us, as physicians and providers, to assess the potential contributing factors for illness—not just diagnose and treat individual organs or body systems.

Whole person health is generally a broader picture of what behavioral, social, and environmental factors may contribute to or detract from a person's health and well-being. It also recognizes each person is unique, and effective care must be relevant to individual needs and goals.

A whole person approach acknowledges that medical intervention isn't the only way to move the needle toward better health. Self-care, lifestyle changes and early behavioral intervention may also help people feel better — and perhaps, reduce what it costs to improve and maintain health.

► Health Plan of Nevada supports the whole person care model

We're responsible for supporting the health coverage and care needs of many Nevadans on commercial and Medicaid plans. For all of our members, we focus on creating a more coordinated, connected, and personalized health system with the goal of improving health outcomes, lowering costs, and creating more satisfied consumers and care professionals.

However, the health care system was designed to treat transactional episodes of care. That traditional system is under stress from more complex patient needs and those with multiple chronic conditions to manage at once. Patients like this are diverse in background and complexity of needs. They require extra attention to help them understand conditions, comply with care plans, and navigate complicated systems. Better serving them means considering social determinants and health equity. It means making real efforts to improve patient engagement and prioritizing care with the right information.

There are many opportunities to work together and focus on the "whole person"— to build a system of care that helps us get to know each person's care preferences, how they're managing their conditions, what struggles they face, and what can be done to support them. By understanding all of this, we can better care for patients and members.

► What's next

Optum recently sponsored a white paper on the value and challenges of implementing the whole person care model in medical practices. The report, "Paving a Path for Better Polychronic Care: How Collaboration, Prioritization, and Engagement Can Improve Outcomes," was produced in conjunction with Harvard Business Review Analytic Services. I encourage you to read it.



By **Laurine Tibaldi**
Chief Medical Officer
Health Plan of Nevada



Whole Person Care for Better Health

Join Our Network



Social Determinants of Health: Education Offering



Have you seen our new "Join Our Network" web page?

It includes helpful information about the contracting and credentialing process for medical, dental and mental health providers. Whether you're new to the network and need to submit a letter of intent or you're an existing provider and need to submit a provider add request, our new page includes tools and information to navigate you through the process.

Additionally, our credentialing page is a great resource to assist with the credentialing and re-credentialing process or to determine if your specialty type requires credentialing. You can also meet your provider advocate, who is here to support your practice with the tools and education needed to succeed.

Here's your opportunity to take advantage of a new medical education activity available through Optum Education. Health Equity Foundations addresses Social Determinants of Health (SDoH) and offers continuing education (CE) credits for those who attend.

Health equity is achieved when every person, regardless of race, place or circumstance, has the opportunity to live their healthiest life. Some of the known barriers to health equity are referred to as social determinants of health and are determined by the conditions in which people are born, grow, live, work, play and age.

These barriers, driven by structural racism, discrimination and stigma, include poverty and the lack of access to quality education, housing, good jobs and comprehensive, high-quality health care. Communities that are overwhelmingly impacted by these obstacles are underserved, including communities of color, people with disabilities, members of the LGBTQ+ community, women and those who live in rural settings.

This activity will define health equity; distinguish between equity, equality and justice; discuss health equity and inequities; and identify individual strategies to promote health equity. It is designed to meet the educational needs of case managers, physicians, nurse practitioners, nurses, pharmacists, optometrists, pharmacy technicians, PAs, psychologists, social workers and other health care professionals who have an interest in learning about health equity.



Join Our Network

13. What do food chains always start with?

Producer
Consumer
Carnivore
Herbivore



14. On average, most people have fewer friends than their friends have; this is known as what?

Lonely
Quiet
Friendship paradox
Socially awkward



Health Equity Foundation

15. What is the shortest complete English sentence?

I ate.
Go.
I care.
Leave.



16. In ancient Greece, throwing an apple at someone was a declaration of what?

War
Peace
Love
Hate



Helping Members Live Healthier Lives. We're Here for Your Patients.



► HEW weight management offerings include:

- A live virtual 4-part weight management class led by a registered dietitian.
- A live virtual weight management support group led by a registered dietitian specializing in weight management and obesity.
- A 12-week telephonic weight program where the member is paired with a registered dietitian providing weekly customized education and lifestyle support.

HEW also supports the needs of parents with overweight kids through a one-on-one consult with a registered dietitian.

For more information on our programs,
members can call HEW directly at:
702-877-5356
or toll-free: **1-800-720-7253**, TTY **711**
Monday through Friday 8 a.m. to 5 p.m.



HPN



Medicaid



SHL

Our Health Education and Wellness (HEW) programs and services are available to members by **phone**, **virtual visit** or **in-person** at **no additional cost**.

When your patients are considering a weight loss program, we can help. HEW offers a variety of options at no additional cost to any of your patients with a Health Plan of Nevada or Sierra Health and Life plan.

When you place a weight management referral to HEW, you can trust our wellness advocates to help your patient find the program that best fits their needs.





Good, Better, BEST Documentation for Your Patients

Currently, there is a shift in providers taking a more active role in population health management to better care for their patients. Providers play a crucial role in determining the overall health risk for each patient, which supports health plan programs and benefits. Detailed and specific documentation makes the best clinical sense and supports quality reporting and appropriate payment.

Risk adjustment takes into consideration the underlying health status and costs for patients, while taking into account their health outcomes and costs. Risk adjustment patient scores are based on their demographics (age, gender, health status, etc.) and Hierarchical Condition Categories (HCCs). HCC coding is a way to communicate clinical complexity and paint a holistic picture of the patient.

How best can a provider help capture a clear picture of a patient's health status and predict future health care costs?

- Take a comprehensive health status for each patient
- Ensure accurate and complete ICD-10-CM coding for every patient, every time
- Make sure your medical record documentation is sufficient to support your coding
- Code to the highest level of intensity
- Remember that if there's no code, the patient does not have it
- Ensure the provider's signature is present for claim validation

Good clinical documentation ensures all of the patient's medical conditions are addressed, improves communication between health care providers and clarifies the needs of our members. Accurate medical charting and coding also supports proper claim payment, decreasing denials and appeals. For more information on this topic, visit [AAPC.com](https://www.aapc.com).



AAPC

Provider Signature Requirements

It seems simple enough and not too important, right? No, the provider's signature is very important. It validates the claim by stating who provided the service, what was done and when. It's required for all Medicare, Medicaid and commercial claims processing.

The provider signature is an important part of the medical record. For a medical record to be complete, the chart must:

1. Be legible in both readability and content
2. Use only medically accepted terms and abbreviations
3. Contain patient identifiers on each page
4. Detail all professional services rendered, including dates of service
5. Include each patient condition or diagnosis with an assessment, current status, course of treatment patient's progress, and medical necessity
6. Contain a list of medications prescribed, dispensed or administered and the quantity and strength of each
7. Include appropriate and accurate CPT and ICD-10 codes

Per Medicare, if a medical record is missing a provider signature, a signature attestation is acceptable, except for orders. Any signature attestation must be linked to the medical record and created by the author. A printed signature below an illegible signature is acceptable.

Completeness of medical records has led to improved patient outcomes, is vital to claims processing, improves quality assurance, and can be a defense against malpractice. For more information on this topic, visit [NGSMedicare.com](https://www.ngsmedicare.com) and/or [CMS.gov](https://www.cms.gov).



Reconsiderations vs. Appeals

► Reconsiderations

A reconsideration is not an appeal. A reconsideration is a request for payment of a claim that has been denied, submission of additional requested information, or if there is a question on a payment that was made.

- 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 (OPC) 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 on to OPC at <https://provider.healthplanofnevada.com>.

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



Provider Health Plan of Nevada

Health Plan of Nevada
702-242-7300 or
toll-free 1-800-777-1840

Sierra Health and Life
702-242-7700 or
toll-free 1-800-888-2264

HPN Medicaid/Nevada Check Up
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.
- **Remember:** *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. If you prefer, you may submit your request via fax at 702-286-8813.

Submit your written request to:
HPN/SHL Appeals
P.O. Box 15645
Las Vegas, Nevada 89114-5645

Or, file orally by contacting **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
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.



Cultural Competency

The Office of Minority Health offers **free cultural and linguistic competency courses**. These continuing education courses are aligned with the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

Physicians, physician assistants, nurse practitioners, registered nurses and social workers can earn:

- Up to nine American Medical Association (AMA) Physician's Recognition Award (PRA) Category 1 Credit™ for physicians and physician assistants
- Up to nine contact hours of American Academy of Physician Assistants (AAPA) Category 1 Continuing Medical Education (CME) credits for nurse practitioners
- Up to nine contact hours for registered nurses and social workers

We encourage you to take advantage of this opportunity. These courses are designed to help you better serve and care for Nevada's diverse population.

- To access program information, visit HealthPlanofNevada.com or SierraHealthandLife.com, select **Quality Corner** and then select the link under **Cultural Competency Training**.
- If you have any questions, please call **702-242-7735**, Monday through Friday, 8 a.m. to 5p.m.

Bulletin Board

Health Plan of Nevada and Sierra Health and Life offer a broad spectrum of plans for our clients and members to choose from.

Please review the chart below. It includes our most popular plans.

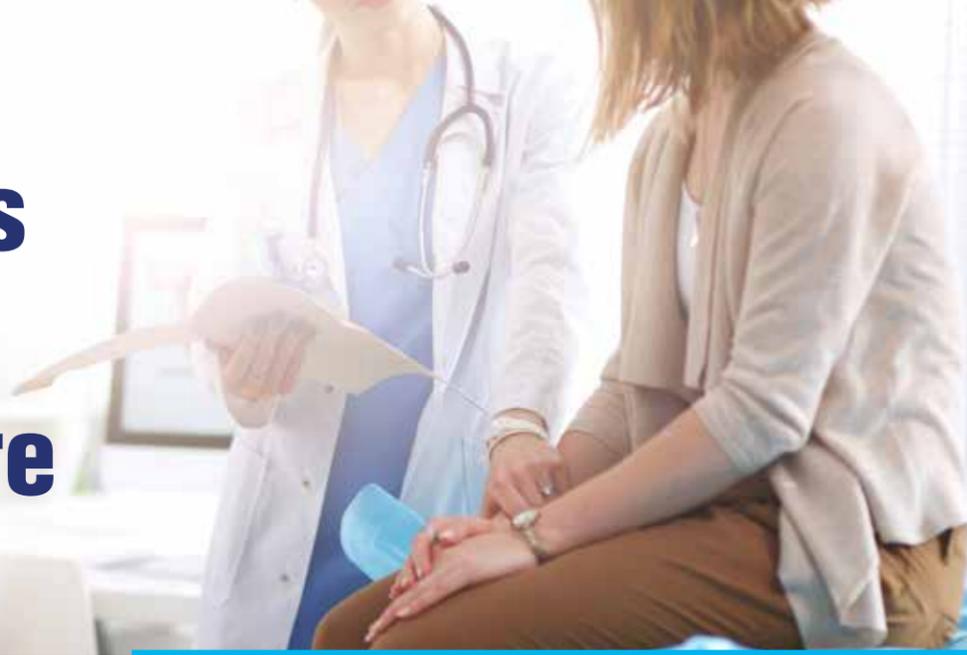
HMO	POS	EPO	PPO
HPN Network	HPN & SHL Networks	SHL Network	SHL Network
<ul style="list-style-type: none"> • PCP selection required • PCP gatekeeper • Referral to specialists • HPN network capitation • No out of network 	<ul style="list-style-type: none"> • PCP selection required • Referrals based on tier • Network based on tier • Cap and fee for service • Out of network 	<ul style="list-style-type: none"> • No PCP required • No referral required • Fee for service • No out of network 	<ul style="list-style-type: none"> • No PCP required • No referral required • Fee for service • Out of network

Reminders

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) cover certain medical services under the **preventive care services benefit**. The federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain "recommended preventive services" as identified by PPACA under the preventive care services benefits without cost-sharing to members when provided by network providers. HPN and SHL consider the procedures and diagnostic codes in determining whether preventive care benefits apply. Please refer to the Preventive Care Services policy.

[Learn more.](#)

More Ways to Get Urgent Care



WOMEN-ONLY URGENT CARE is now available to health plan members through Women's Health Associates of Southern Nevada (WHASN).

WOMEN'S URGENT CARE BY WHASN provides urgent care services for gynecology and pregnancy at four locations:

WHASN City Center

517 Rose St. Las Vegas, 89106

Hours: Monday through Saturday 8 a.m. to 8 p.m.

WHASN Skye Canyon

9810 W. Skye Canyon Park Dr., #120 Las Vegas, 89166

Hours: Monday through Friday 8 a.m. to 6 p.m.

Ultrasound services not available at this location.

WHASN Providence

6250 N. Durango Dr. Las Vegas, 89149

Hours: Monday through Thursday 8 a.m. to 5 p.m. (closed noon to 1:30 p.m.)

Friday 8 a.m. to noon

WHASN Aliante

3930 W. Ann Rd. Las Vegas, 89031

Hours: Monday through Thursday 8 a.m. to 5 p.m. (closed noon to 1:30 p.m.)

Friday 8 a.m. to noon

ORTHOPEDIC URGENT CARE is now available

to health plan members through Nevada Orthopedic & Spine Center.

FAST TRACK CLINIC

provides care for acute orthopedic injuries at two locations:

Northwest Las Vegas Fast Track Clinic

7455 W. Washington Ave, #150 Las Vegas, 89128

Hours: Monday through Saturday 10 a.m. to 7 p.m.

Henderson East Fast Track Clinic

1505 Wigwam Parkway, #161 Henderson, 89074

Hours: Monday through Saturday 10 a.m. to 7 p.m.



Information is subject to change without notice.

To learn more about urgent care options, including urgent care at home and 24/7 urgent care, members can visit [HealthPlanofNevada.com](https://www.healthplanofnevada.com) or [SierraHealthandLife.com](https://www.sierrahealthandlife.com).

Urgent cares are not intended to address emergency or life-threatening medical conditions. Please call 911 or go to the emergency room under those circumstances.

Medicaid Member Advisory Council

We have quarterly Member Advisory Council meetings, where Medicaid members provide us with ideas and improvements that we can make as their health plan. We want to learn more about their experiences using health care and the ways we can improve. If you have a Medicaid patient who would like to participate in a Member Advisory Council meeting, please have them call Member Services at: **1-800-962-8074**, TTY **711**.

Behavioral Health Update

The health plan team has provider advocates dedicated to behavioral health practices, servicing both Northern and Southern Nevada. Your advocate is your liaison with the health plan, providing relevant information and education materials. They can address issues and answer any claims and contract questions you may have. Your advocate is here to support your practice with the tools and education needed to succeed.

To connect with your behavioral health provider advocate, email us at ProviderRelations@uhc.com.

Fun with Acronyms



HPN	Health Plan of Nevada
HMO	Health Maintenance Organization
SHL	Sierra Health and Life
PPO	Preferred Provider Organization
SHO	Sierra Health-Care Options
MAD	Medical Adjudication Department
LOS	Length of Stay
LOC	Level of Care
COC	Continuity of Care
DDFD	Denied Days Facility Delay
CIR	Claims Investigation and Recovery
CRR	Customer Response and Resolution
COB	Coordination of Benefits
TPA	Third Party Administrator
EFT	Electronic Funds Transfer
ERA	Electronic Remittance Advice
BH	Behavioral Health
CPC	Clinical Practice Consultant
DRG	Diagnosis Related Group
HEDIS	Healthcare Effectiveness Data and Information Set
UM	Utilization Management (Prior Auth Dept)



How Did You Do?

POP QUIZ ANSWERS

- | | |
|-------------------------|--------------------------------|
| 1 ▶ Food Chain | 9 ▶ Natural Selection |
| 2 ▶ Hiccups | 10 ▶ 206 |
| 3 ▶ Resistance | 11 ▶ Pica |
| 4 ▶ Eyes | 12 ▶ Fungi |
| 5 ▶ Body | 13 ▶ Producer |
| 6 ▶ Digestive | 14 ▶ Friendship Paradox |
| 7 ▶ Tennis Elbow | 15 ▶ Go |
| 8 ▶ Artery | 16 ▶ Love |

Health Plan of Nevada
Sierra Health and Life
PO Box 15645
Las Vegas, NV 89118-5645

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Las Vegas, NV
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