

SUMMER 2025

PROVIDER**TALK**

PG.
4 Evidence-Based
Medical Resource

PG.
8 Pediatric Provider
Immunization Challenge

PG.
12 LARC and Family
Planning

PG.
18 Addressing Housing
Instability



Feeling **BETTER** Changes Everything!

Our Health Education and Disease Management programs are available at no additional cost to eligible members.



SUMMER 2025

CONTENTS

- 4** Our Evidence-Based Medical Resource
- 5** Virtual Healthcare for Students
- 6** Prescription Drug List Updates
- 8** Pediatric Provider Immunization Challenge
Mobile Pediatric Urgent Care
- 9** Diabetes Distress
- 10** Asthma
- 12** LARC and Family Planning
- 14** Birth Spacing
- 15** Supporting Steps Forward
- 16** Health-Related Social Needs and Social Drivers of Health
- 18** Addressing Housing Instability
- 20** Bulletin Board
- 21** Behavioral Health Cultural Competency Committee
- 22** Crossword Puzzle

Questions?

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

UHC HPN Medicaid:
1-800-962-8074

SHL:
1-800-888-2264

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

Evidence-Based Medical Resource

InterQual



The health plan uses InterQual as our evidence-based medical resource. When assessing our medical policies to determine whether a planned intervention will be covered, you may see a reference to InterQual (i.e., XYZ is proven and medically necessary in **certain circumstances**.)

UnitedHealthcare has made it possible for providers and all members of the public to access InterQual information. Here is a step-by-step description of how you can find if your request will be considered medically necessary for the patient's situation:

1. Go to **uhcprovider.com**
2. Select **Coverage and Payments**
3. Click on **Policies and Protocols**
4. Under **Additional Resources**, select **Clinical Guidelines**
5. Click on the **InterQual Clinical Criteria** link at the bottom of the list on the left side of the page
6. You will need your **One Healthcare ID** to access the information. If you don't have one, you can create it at that time.
7. The **InterQual Transparency Tool** will open to a search page, and you can look for information by entering a **CPT code or keyword**

Virtual Health Care for Students Hazel Health

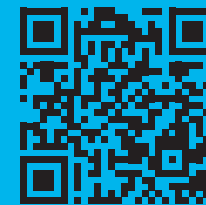
All children enrolled in the Clark County School District (CCSD) have access to Hazel Health at no cost.

- Mental Health services are available at every CCSD location and at home
- Physical health care services are available at select schools, and to all students from home

All services are free to families.

- One-on-one visits with a health provider or licensed therapist
- No doctor's referrals required and no waiting lists
- Join appointments online from any device

Scan the QR code to
find out more or visit
getstarted.hazel.co/district/ccsd.





Prescription Drug List Updates

UnitedHealthcare Health Plan of Nevada Medicaid

Effective April 1, 2025, UnitedHealthcare Health Plan of Nevada Medicaid made changes to its prescription drug list (PDL). Members who are affected by these changes were mailed a letter (30 days prior to the effective date) notifying them of the change and covered alternatives. The most common changes are listed below.

Drug Name	Type of Change	Alternative(s)
SGLT-2 (Steglatro®, Segluromet®, dapagliflozin)	Addition	Removed step, prior authorization (PA) only for diagnosis
DPP-4 (saxagliptin, alogliptin, alogliptin/metformin, alogliptin/pioglitazone)	Addition	Removed step, PA only for diagnosis
GLP-1 (Ozempic®, Mounjaro®, Rybelsus®, Victoza, liraglutide)	Addition	Removed step, PA only for diagnosis
Savaysa®	Removal	Eliquis
Zolmitriptan, eletriptan, naratriptan	Addition	PA/step removed
Clonidine ER/Guanfacine ER/Atomoxetine	Addition	PA removed
Tiotropium (generic Spiriva®)	Addition	PA removed
Biktarvy®/Genvoya®/Complera®	Addition	step removed
Ilumya®	Removal	Ustekinumab (Stelara) biosimilars
Ustekinumab (Stelara®) biosimilars	Addition	Preferred with PA
Tacrolimus, pimecrolimus	Addition	Step removed

Health Plan of Nevada/Sierra Health and Life Commercial

Effective May 1, 2025, Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) made changes to their PDL. Members who are affected by these changes were mailed a letter (60 days prior to the effective date) notifying them of the change and covered alternatives. The most common changes are listed below.

Drug Name	Type of Change	Alternative(s)
Kiprogen® & Tolectin® 600 mg	Exclusion	diclofenac (generic Cataflam®, Voltaren®), flurbiprofen (generic Ansaid®), ibuprofen (generic Motrin®), naproxen tablets (generic Naprosyn®, generic Anaprox® DS), OTC ibuprofen (Advil/Motrin®), OTC naproxen (Aleve®)
Zituvimet® Sitagliptin/Metformin)	Exclusion	linagliptin/metformin (generic Kombiglyze® XR), Alogliptin/Metformin, Jentadueto
Baclofen 15 mg	Exclusion	baclofen 5 mg, 10 mg, 20 mg (generic Lioresal®)
Opsynvi®	Up-Tier	tadalafil (generic Adcirca) with Opsumit®
PEG 3350 powder	Addition	OTC MiraLAX®

If you have any questions or concerns about these changes, please reach out to your provider advocate or call Pharmacy Services at **702-242-7050** and select option **6**.

Pediatric Provider Immunization Challenge

In recent years, Nevada has reported a troubling decline in immunization rates, compounded by the spread of misinformation in the media. With the growing hesitancy in this climate, the best place we can combat this public health crisis is in provider's offices.

This year the Quality Improvement team is excited to recognize our valued pediatric providers who are making a positive impact on immunization rates. This opportunity will reward providers based on the following categories:

- Highest pediatric immunization rates (influenza rate not included)
- Highest influenza rates
- Most improved overall pediatric immunization rates

Winners will receive the following awards:

- A framed certificate to proudly display in your office
- An interview for the provider newsletter, the member newsletter and the UHC intranet
- If desired, your empanelment may be increased

Mobile Pediatric Urgent Care

IncrediCare Pediatrics is the first and only pediatric-specific mobile urgent care in Las Vegas. They are equipped to treat most things an urgent care center can and are contracted with all lines of business. Children receive care from a pediatric-trained provider.

Your patients can go online and schedule a same-day appointment (as available) at [incredicarepediatrics.com](https://www.incredicarepediatrics.com).

Pediatric immunizations

DTap (4 doses)	Influenza (2 doses)
Hepatitis A (1 dose)	Rotavirus (2-3 doses)
Hepatitis B (3 doses)	Varicella (1 dose)
IPV (3 doses)	PCV (4 doses)
MMR (1 dose)	Hib (3-4 doses)

Winners will be announced in Q2 2026.

For more information, contact

ClinicalQualityNV@uhc.com.

- No registration required.
- All immunizations must be completed before age 2.
- Limited to contracted pediatric providers with an empanelment over 40 as of March 1, 2025.
- The challenge evaluates immunizations given through December 31, 2025.

Scan the QR code for our provider resources:



Diabetes Distress

Severe diabetes distress affects one in five people. It is sometimes mistaken for, and is more common than, depression.* For patients living with diabetes, it can be overwhelming.

Diabetes distress is a term used to describe a person's experience with the challenges associated with diabetes. Six domains have been identified in relation to diabetes distress: treatment regimen, food and eating, future and complications, hypoglycemia, social and interpersonal relationships, and interactions with health care professionals. Despite the conceptual overlap with depression, diabetes distress is not considered a psychiatric disorder.

Support can be an absolute game changer. When identifying a patient's experience with diabetes distress, we can work together for their well-being and provide one-on-one support to self-manage their condition to improve their overall health. Patients can talk with a registered nurse who specializes in diabetes at no additional cost. They connect weekly by phone to help ease distress and overcome obstacles.

Referrals can be made through the online provider center, Epic, or call Disease Management at **702-242-7346**, Monday through Friday, 8 a.m. to 5 p.m. The referring category is Disease Management.

For more information about our diabetes resources, visit [HealthPlanofNevada.com](https://www.HealthPlanofNevada.com), [SierraHealthandLife.com](https://www.SierraHealthandLife.com) or [MyHPNMedicaid.com](https://www.MyHPNMedicaid.com) and select **Disease Management**.

*American Diabetes Association

ASTHMA

Asthma is a chronic inflammatory condition of the respiratory system, marked by symptoms like intermittent shortness of breath, coughing and wheezing. These symptoms can be nonspecific, making it challenging to differentiate asthma from other respiratory illnesses. A confirmed asthma diagnosis requires consistent respiratory symptoms and evidence of variable expiratory airflow obstruction on spirometry.



Clinicians should focus on controlling symptoms and preventing future exacerbations through personalized treatment plans, considering the frequency and severity of symptoms and potential risks in a stepwise approach. Early recognition and intervention of asthma exacerbations are crucial to prevent the condition from progressing to severe, life-threatening stages. Asthma-related fatalities often highlight missed opportunities in recognizing disease severity and escalating therapy. This underscores the importance of continuous patient education and regular assessment of symptom control for effective long-term management. (NIH)

Asthma medication ratio (AMR) is a HEDIS measure that is defined by the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. The tips below can help improve your quality scores for the AMR HEDIS measure.

- **Educate patients** about the difference between controller and rescue medications/ inhalers, the importance of controller medications in their treatment plan, and utilize more controller (preventive) medication instead of rescue medications to manage their asthma.
- **Monitor member's compliance** with medication and ensure the member is not using more rescue medications than controller medications.
- **Prescribe a long-term controller medication** with 90-day refills and prescribe the same day if a patient requires a rescue inhaler for multiple locations (school, home, daycare). All inhalers of the same medication dispensed on the same day count as one dispensing event. Limit the number of refills prescribed during a dispensing event.
- **Ensure proper coding** to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms are present.



If you have questions, please reach out to the Quality Improvement team or your assigned clinical practice consultant.

LARC and Family Planning



We want to help improve the health and wellness of women and infants in Nevada. In 2025, the state's priorities are to improve maternal and infant outcomes by providing education to pregnant women on family planning, the use of LARCs, and healthy birth spacing in Medicaid populations. We have set a goal to increase access to preventive services and decrease health disparities for our members.

Remind your patients

Take control of planning their future family. We can help by reviewing their benefits and our programs to support their choices and talk about what is suitable for them. They have options.

Option 1 - Not quite ready to start a family? Or recently had a child and not quite ready for pregnancy and childbirth again?

Family planning services are available as a covered benefit. Contraception, also known as birth control, can empower women to decide when they are ready to become pregnant and start a family of their own. Birth control is not one-size-fits-all. A variety of options are available to meet their lifestyle and personal preferences. These include pills, shots, patches, diaphragms, condoms and more. But if they don't care for pills or can't remember to take them at the same time every day, a long-acting reversible contraceptive (LARC) may be right for them.

LARC methods are very effective but also reversible.

- Intrauterine contraceptives (IUD)
 - Small, T-shaped device inserted into the uterus
 - Lasts up to 7 years and is 99.9% effective in preventing pregnancy
 - Removable anytime when ready to become pregnant
 - Example: Mirena®, Kyleena®, Paraguard®
- Implants
 - A thin, matchstick-sized plastic inserted under the skin of your upper arm
 - It lasts up to 5 years and is 99% effective in preventing pregnancy
 - Example: Nexaplanon®

When they're ready to learn more, they should schedule an appointment with a doctor to discuss what's right for them. If they need help finding a doctor, they can contact Member Services toll-free at **1-800-962-8074**, TTY **711**, 8 a.m. to 6 p.m., Monday through Friday.

Option 2 - Ready today? Planning a pregnancy?

Your patients can access a nurse through our obstetrical case management program. They can help them schedule their first prenatal appointment, review medications and guidelines for folic acid intake to prevent neural tube defects, offer support throughout the pregnancy, and assist in signing them up for member rewards. For more information, they can call our outpatient OB team at **1-844-851-7830**, TTY **711**, 8 a.m. to 5 p.m., Monday through Friday.

Open discussion with your patients:

- What are the standards of care for family planning in your practice?
- What barriers limit access to LARCs?
- What additional resources and support are needed to increase LARC uptake?
 - Training
 - Education
 - Tracking and monitoring family utilization
 - Adoption of "One Key Question" – would you like to become pregnant in the next year?

Educational resources:

- [U.S. Postpartum Contraceptive Access Initiative \(acog.org\)](https://www.acog.org)
- [Tools & Materials | Beyond the Pill \(ucsf.edu\)](https://www.ucsf.edu)
- [Training and Consulting 2024 | Power to Decide](#)
- [Bedsider Birth Control Support Network](#)

Birth Spacing

According to Nevada Birth Registry and DWSS, in 2023 Nevada had a total of 31,794 births. Of those 42% were state and federally funded by Medicaid. In Nevada, 31% of births occur within 18 months of the previous birth.

Why birth spacing?

Becoming pregnant before 18 months increases the risk for infant morbidity and mortality, including:

- Premature birth
- Low birth weight
- Stillbirth
- Long-term health problems

March of Dimes* reports that the infant mortality rate decreased in the last decade. In 2022, 149 babies in Nevada died before their first birthday, putting our infant mortality rate at 4.5 per 1,000 live births. We ranked 11th in the U.S.

The Nevada infant mortality rate among babies born to black birthing people is 8.9 per 1,000 live births. That's two times the state rate. The leading causes of infant death are reported to be birth defects at 19.4 percent of total deaths, pre-term or low birth weight at 11.5 percent, accidents at 11.4 percent, and SIDS accounting for 7.5 percent.

*The 2024 March of Dimes Report Card: The State of Maternal and Infant Health for American Families



Supporting Steps Forward

Supporting Steps Forward is UnitedHealthcare Health Plan of Nevada Medicaid's justice and re-entry program. It is designed to serve members with justice involvement. This program acts as a vital bridge between the health care system and the justice-involved population.

Our Supporting Steps Forward team coordinates care management, facilitates timely access to medical and behavioral health services upon re-entry, and collaborates with correctional facilities, courts, probation, parole, and community-based organizations to ensure continuity of care. Additionally, they address social determinants of health, reduce recidivism, and support individuals in successfully transitioning back into the community following incarceration by navigating complex health care systems and promoting proactive, preventive health interventions.



For any questions or referrals, please reach out to our Supporting Steps Forward team at justiceHPN@uhc.com.

Health-Related Social Needs and Social Drivers of Health



The terms "health-related social needs" (HRSN) and "social drivers of health" (SDOH) refer to different aspects of the factors influencing health and well-being

Health-related social needs

- **Individual-level factors:** HRSN refers to the specific social and economic needs that individuals experience, which directly affect their ability to maintain their health and well-being
- **Examples:** These include financial instability, lack of access to healthy food, affordable housing, utilities, healthcare, and transportation
- **Impact:** Addressing HRSN involves understanding the immediate needs of individuals and connecting them with community-based services to improve their health outcomes

Social drivers of health

- **Community-level factors:** SDOH refers to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes
- **Examples:** These include economic stability, access to quality education and healthcare, neighborhood and built environment, and social and community context
- **Impact:** SDOH influences the overall health and life expectancy of communities, affecting people before, during, and after they interact with the health care system

Key differences

- **Scope:** HRSN focuses on individual needs, while SDOH encompasses broader community-level factors
- **Intervention:** Addressing HRSN involves direct support to individuals, whereas addressing SDOH requires systemic changes to policies and structures that impact community health

Understanding these differences is crucial for developing effective strategies to improve health equity and outcomes.

- Social needs
- Social risks
- Social barriers
- Social determinants of health

These terms are often used interchangeably to describe the strengths, challenges and barriers related to the health and well-being of our communities. However, when it comes to advancing health equity these terms can be confusing, alienating, and even demeaning.

When addressing the policies, systems and structures that fuel racial inequities in areas influencing a person's health—such as health care, housing and access to healthy food and transportation— "social drivers of health" is a more accurate term. The term "determinants" can imply a sense of finality, stripping individuals of their agency to manage their own health and well-being and minimizing accountability among policymakers and those in power for the social and political decisions that create these inequities. It suggests that struggles to access food or housing are predetermined and unchangeable.

Recent research indicates that "drivers" is a more accessible and understandable term that communities prefer. By using appropriate and inclusive terminology, we can better address the complex factors that contribute to health inequities and work towards more effective and equitable solutions.

Addressing Housing Instability

Stable housing is a key driver of health, directly influencing health outcomes and quality of life. At UnitedHealthcare Health Plan of Nevada Medicaid, we have an innovative approach to deploy housing navigators. They address housing instability and related social drivers of health (SDOH) by connecting members to stable housing, coordinating with community resources, and supporting access to essential needs such as health care, food security, transportation, employment, and social support. By proactively addressing these factors, our housing navigator initiative improves member health, reduces hospital utilization, lowers healthcare costs, and enhances overall member wellbeing.

Please reach out to our housing team at nevadahousing@uhc.com if you are interested in collaborating or have any questions.



We are interested in partnering with you to address housing insecurity in your patient population.

Bulletin Board



UnitedHealthcare Health Plan of Nevada Medicaid Enrollment and Revalidation Reminder

To remain compliant with Nevada Medicaid and Nevada Check Up terms and conditions, all UnitedHealthcare Health Plan of Nevada Medicaid network providers are required to maintain valid enrollment and credentialing. Failure to remain in compliance results in termination from the UnitedHealthcare Health Plan of Nevada Medicaid's network.

Requirements:

- To ensure compliance, the National Provider Identifier (NPI) used by the group or facility for billing purposes **must be** enrolled with Nevada Medicaid.
- When an individual provider bills with their personal NPI instead of the group NPI, that individual NPI must be registered with Nevada Medicaid.



Hey there, don't let those emails slip through the cracks!

Stay in the know. Our electronic communications (eComs) are packed with important information. But if you ever need a quick update, go to **HealthPlanofNevada.com/Provider** and click on **Provider News**.



Behavioral Health Cultural Competency Committee

Our UnitedHealthcare Health Plan of Nevada Medicaid Behavioral Health Cultural Competency committee is a diverse group of individuals with an interest in behavioral health who meet quarterly to conduct an ongoing review of our cultural competency plan. We invite you to participate in the meetings and share your insights, feedback and suggestions as we work together to promote health equity.

2025 meetings:

- Tuesday, June 17 at 10 a.m.
- Tuesday, September 16 at 10 a.m.
- Tuesday, December 16 at 10 a.m.

Any interested parties are welcome to attend. Meetings are held virtually. To receive the meeting link, please email **Rachel.Rosensteel@uhc.com**

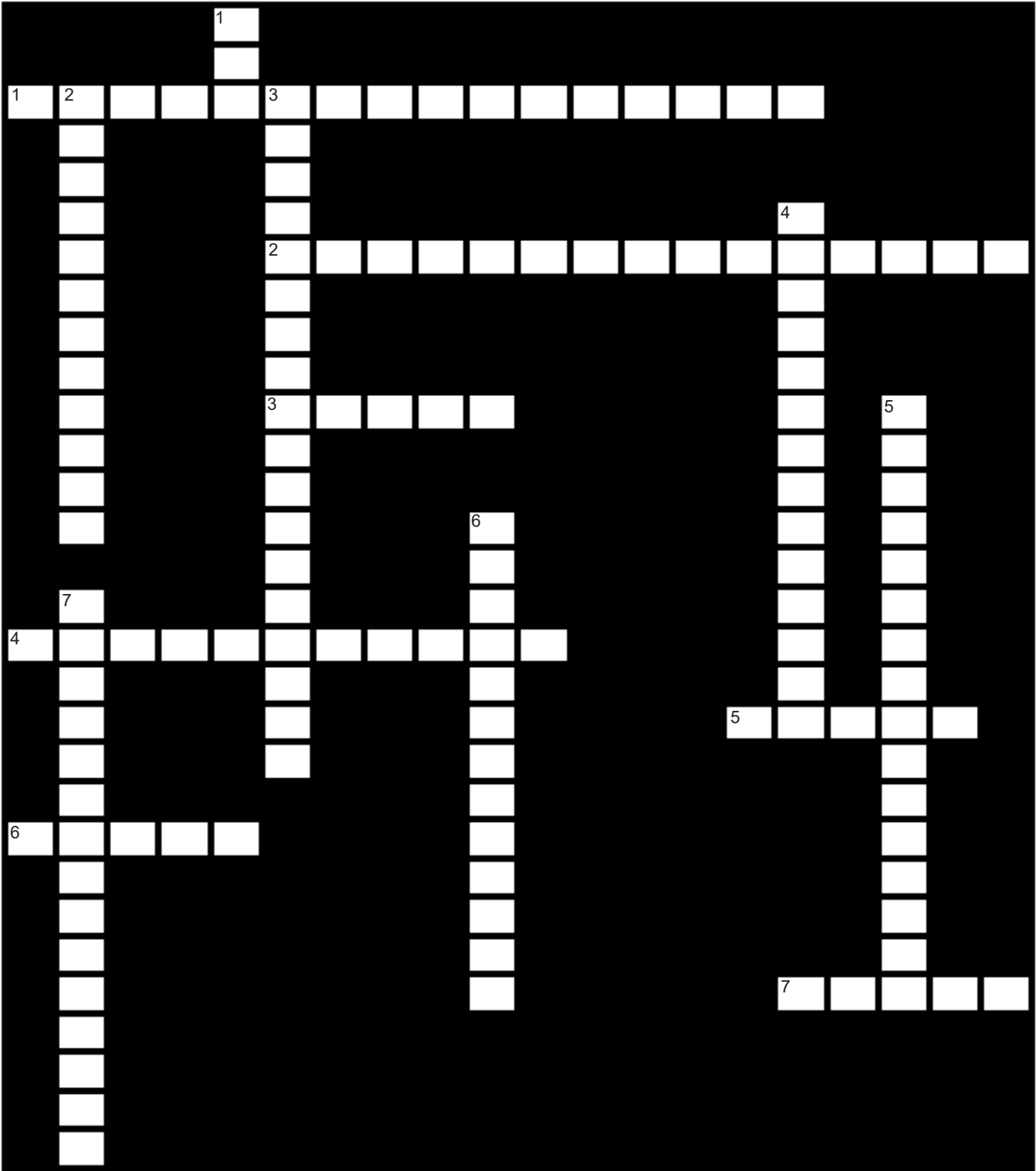
Crossword Puzzle

Down

- 1. A type of managed care health plan that combines features of both Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs), offering flexibility to see network or out-of-network providers, but with potentially higher costs for out-of-network care.
- 2. Deals with auto-immune disorders, soft tissues and joints.
- 3. Cases or services that must be approved in advance, in whole or part, to members obtaining medical care or services.
- 4. This service supports patients while they continue treatments that may cure or heal. It helps patients and families cope with the stress of a serious illness, manage symptoms and engage in meaningful goals of care conversations.
- 5. The fear of being ignored or forgotten.
- 6. Focuses on glands and hormonal disease.
- 7. The tiniest muscle in the body at only one-fifth of an inch long.

Across

- 1. Requires that hospitals publicly disclose the rates they negotiate with payers for all items and services, along with other pricing information, in a machine-readable file format.
- 2. Disputing a decision made by the health plan or any follow-up clearly identified and submitted within one ear from the date of service for commercial claims. Typically submitted through the Online Provider Center portal.
- 3. This measure helps the health plan identify performance gaps and allow consumer transparency regarding the quality of care they may receive. Focusing on three main categories: effectiveness of care, access/availability of care, and experience of care.
- 4. A regulatory requirement of the Consolidated Appropriations Act of 2021 (CAA) and is also required by the Centers for Medicare and Medicaid Services (CMS) to review and update their records and verify the information available to our members on a quarterly basis.
- 5. Fastest growing hairs on the human body, it grows to nearly 30 feet long in lifetime.
- 6. This organ can regenerate itself completely even after being removed.
- 7. Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or premises) any of the money or property owned by, or under the custody or control of, any health care benefit program.



ANSWERS

Down

- 1. POS
- 2. RHEUMATOLOGY
- 3. PRIOR AUTHORIZATION
- 4. PALLIATIVE CARE
- 5. ATHAZAGORAPHOBIA
- 6. ENDOCRINOLOGY
- 7. STAPEDIUS MUSCLE

Across

- 1. TRANSPARENCY RULE
- 2. RECONSIDERATION
- 3. HEDIS
- 4. ATTESTATION
- 5. BEARD
- 6. LIVER
- 7. FRAUD

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