

SUMMER 2024

PROVIDER TALK

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4

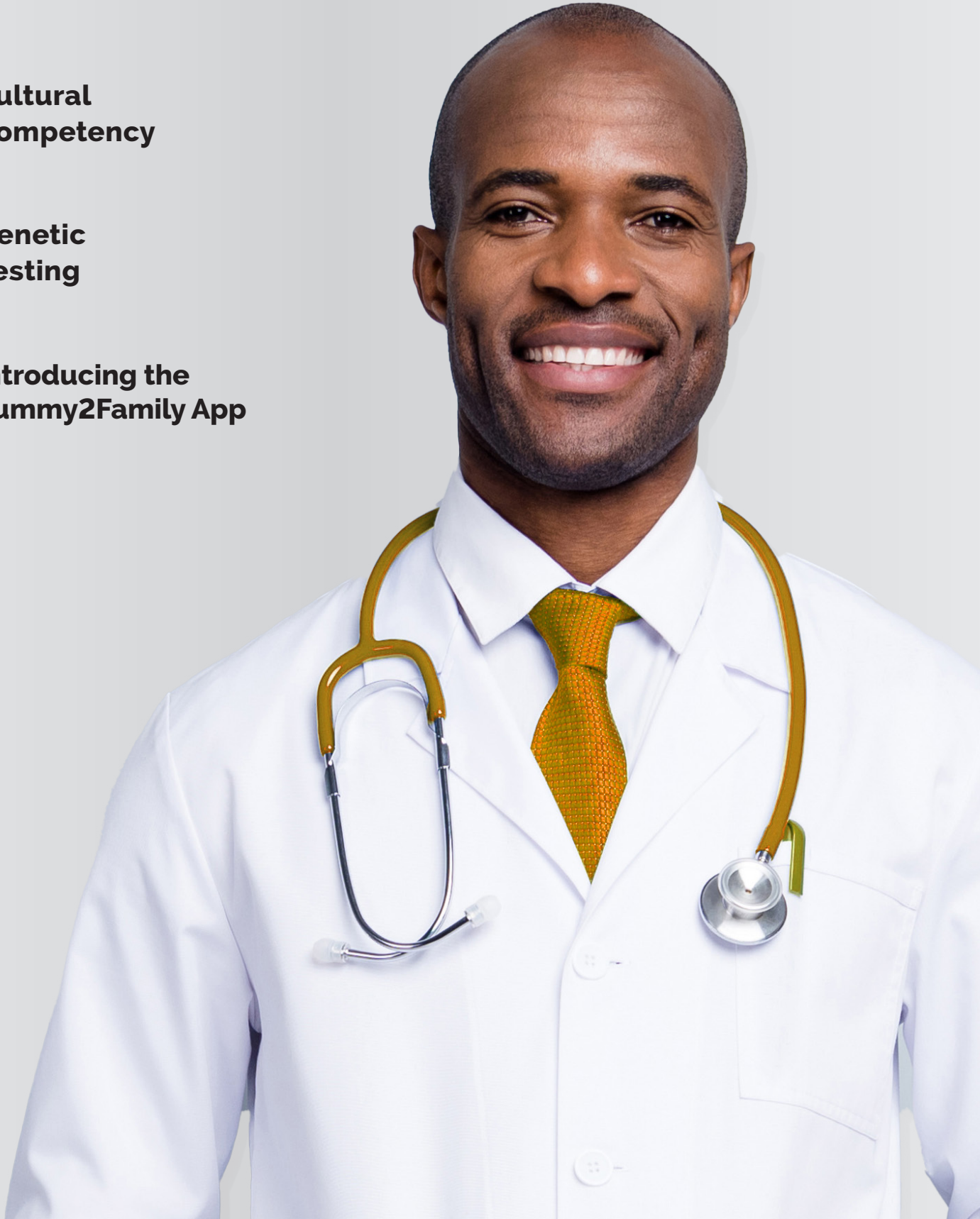
**Cultural
Competency**

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**Genetic
Testing**

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**Introducing the
Tummy2Family App**



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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](https://www.HealthPlanofNevada.com),

[SierraHealthandLife.com](https://www.SierraHealthandLife.com), or
[MyHPNMedicaid.com](https://www.MyHPNMedicaid.com) and sign in.

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Cultural Competency



Why cultural competency matters

- Reduces racial/ethnic health care disparities
- Fosters connections between patients and health care professionals
- Increases patient safety and eliminates miscommunications
- Improves health equity and care outcomes
- Increases patient satisfaction

Examples of cultural competency in health care

Cultural Awareness:

Considering cultures, values and beliefs in treatment which can positively impact health outcomes. Head over to optumhealtheducation.com/health-equity/group/health-equity for education opportunities you won't want to miss.

Social:

Addressing social determinants of health (SDoH) that negatively impact a patient's health and quality of life. Did you know you can refer UnitedHealthcare Health Plan of Nevada Medicaid members with SDoH needs to our community health worker team through the provider portal at <https://provider.healthplanofnevada.com>. Select the "Immediate Social Needs" drop down to refer.

Language:

Help your patients identify their preferred language and arrange for interpretation services. Use the UnitedHealthcare "I Speak" card to help you. You can find this in the provider summary guide at <https://healthplanofnevada.com/provider/provider-summary-guide>.

Showcase your cultural competencies by keeping your directory information up to date.

- Cultural competency training and certifications
- Languages spoken (provider and staff) and availability of interpreter services
- Specialties and areas of expertise
- Certifications, affiliations and licenses
- Telehealth services
- Hospital affiliations

Jumble

Unscramble these four jumbles, one letter to each square, to form four health insurance words.

TMAORRENADEIENT

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AGMOOYTDLER

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UWDON RECA

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YNPICAHSI

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Now arrange the circled letters to form the surprise answer as suggested by the above cartoon:

Why was the doctor perplexed when he looked at the x-ray?

Because he was reading it _____.

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ANSWERS:

R	E	D	E	T	E	R	M	I	N	A	T	I	O	N
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D	E	R	M	A	T	O	L	O	G	Y
---	---	---	---	---	---	---	---	---	---	---

W	O	U	N	D	C	A	R	E
---	---	---	---	---	---	---	---	---

P	H	Y	S	I	C	I	A	N
---	---	---	---	---	---	---	---	---

U	P	S	I	D	E	-	D	O	W	N
---	---	---	---	---	---	---	---	---	---	---

Population Health

We are here to help you. Think of us as part of your care team. Our daily focus is helping your patients achieve their goals and improve health outcomes. We can assist you with:

- Education and support with positive verifiable results
- Improved patient outcomes through prevention and chronic care management

Our team of nurses, dietitians and counselors are dedicated to improving the lives of our members. We offer individualized interventions in person or online in both English and Spanish at no additional cost. We welcome the opportunity to talk with you about preventive care and health risk management solutions.

Our health care outcomes exceed the national average.



Prediabetes: 90% of our prediabetes program participants have maintained or eliminated their prediabetes.



Diabetes: 2.23-point reduction in HbA1c



Tobacco cessation: quit rate of 67.11%

You can refer members to Health Education and Wellness through the **online provider center** at <https://provider.healthplanofnevada.com> or through TouchWorks (for SMA providers only). Our services are available to Health Plan of Nevada, Sierra Health and Life, and UnitedHealthcare Health Plan of Nevada Medicaid members.

For more information, call **702-877-5356**, Monday through Friday, 8 a.m. to 5 p.m.



GENETIC Testing



Genetic testing has been beneficial in reducing patient anxiety, developing effective preventive measures for high-risk patients, and refining treatment plans for multiple diagnoses. With tens of thousands of genetic tests available in the market, it's important to note that many genetic tests do not have strong scientific evidence demonstrating a positive impact on patient outcome. Therefore, it's imperative that patients and providers 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.

Counseling

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

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

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

Genetic counseling is a prerequisite for all genetic testing. It 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

- Telephone: **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 for routine requests: **760-203-1194**
- Fax for expedited/stat/urgent requests: **760-501-8522**

Quest laboratory and 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 **Quest Genomics Client Services** at **1-866-GENEINFO (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
- Verification of which genetic test(s) are proven to be safe and effective and improve patient outcomes
- Availability of specific tests at Quest
- Provide the correct lab codes for genetic tests
- Interpret genetic testing results

Quest Hereditary Cancer Professional Resources

Quest Hereditary Cancer Professional Resources at <https://www.questhereditarycancer.com/professional-resources-overview> has a number of 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.

UnitedHealthcare medical policies

UnitedHealthcare medical policies at <https://www.healthplanofnevada.com/Provider/Medical-Policies> provide guidelines 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 to be 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.

14th Annual UnitedHealthcare Children's Foundation
TEDDY BEAR RUN



The cutest race is back! The 14th annual UnitedHealthcare Children's Foundation Teddy Bear 5K Run and 1 Mile Walk is Saturday, October 19 at 8 a.m. in Tivoli Village.

Get a team together or be a sponsor!

- Help support the UnitedHealthcare Children's Foundation by becoming an event sponsor. A variety of sponsorship levels are available. Email tbrs@uhc.com for more information.
- Get employees together as a group to support a great cause. Create a team name, encourage participation and come together on event day to support UHCCF.

Make sure to take advantage of our discount code **DR2024TBR** to receive 10% off the registration price. Offer good through 7/31/2024. Visit UHCCFTeddyBearRun.com for more information.

Together, we can take steps to help kids and change lives.

REPRODUCTIVE Health

We have some important information to share with you. In **Nevada, 52%** of all pregnancies were unintended in 2010*. Births resulting from unintended or closely spaced pregnancies are associated with adverse health outcomes for mother and baby, including **delayed prenatal care, preterm birth, morbidity, mortality, and negative physical and mental impacts on children.**

Supporting patient autonomy

Health Plan of Nevada offers contraception and family planning services as a covered benefit to empower people's choices and allow them to decide when they are ready to start a family. We understand each patient has unique needs that impact health decisions, such as health care access or difficulty remembering to take a pill. This is why we cover an array of contraception products, including safe and effective options like long-acting reversible contraception (LARC). One benefit of LARCs is efficacy lasting three months to 10 years, depending on the product. At any time, a patient may choose to stop using an LARC and may become pregnant.

Take action

As a provider caring for populations of reproductive age, you can become a champion and spark meaningful conversations about contraception and birth control in your practice. Resources to support you and your practice include:

- **One Key Question training** - <https://powertodecide.org/one-key-question>
- **Beyond the Pill** - Contains clinic tools and educational resources <https://beyondthepill.ucsf.edu/tools-materials>

- **Reproductive Health Access Project** - Clinical protocols, documentation/procedure notes, information on coding, saving programs <https://www.reproductiveaccess.org/programs/hartcenter/getting-started/>
- **Bedsider** - Information on the different types of birth control <https://www.bedsider.org/birth-control>

Increase your skill set

LARCs may be administered in various settings, including federally qualified health care centers (FQHCs), family practice offices, OB/GYN offices, health districts, colleges/universities, hospitals, mental health clinics, and jails. Not only are medical doctors or doctors of osteopathy qualified to insert LARCs, but it is also within the scope of nurse practitioners (NPs). Evidence-based clinical training is available and provided by many organizations. For more information, please visit <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/brochures-flyers/larc-resource-digest-clinicaltrainingopportunities.pdf>

*Source: State Facts About Unintended Pregnancy: Nevada (gutmacher.org)

COUNT THE KICKS

for Providers



Count the Kicks is an evidence-based campaign that utilizes a fetal movement monitoring app for expectant parents to track daily movements in the third trimester. Health Plan of Nevada has made FREE materials available for Nevada. They include app reminder cards, brochures, and posters.

A provider's influence is **STRONG**. Expectant parents need to hear from you why fetal movement monitoring is so important to understanding how their baby is doing.

Engage and educate ALL team members:

- Provide training about Count the Kicks for all staff members, including front office, nutritionists, MAs and RNs
- Review and order Count the Kicks materials
- Develop talking points for your patients
- Use data
- Engage and educate expectant parents by:
 - Sharing materials with participants
 - Downloading the app together and answering questions
 - Talking about Count the Kicks at every touchpoint in the third trimester



Additional resources include Provider Academy <https://countthekicks.org/providers/provideracademy/> and NV Baby Saves Dean. <https://countthekicks.org/babysaves/meet-dean/>

Introducing the Tummy2Family App



Formerly Tummy2Toddler, Tummy2Family is an expanded app that works as a personal assistant and trusted guide for all things health and health care. Manage the health needs of moms, dads, kids and aging parents on one shared app. Tummy2Family supports families at every age and stage, connecting them with resources throughout their health journey - from pregnancy to daily health.

Why you should recommend this app to your patients:

- Resources and health benefits available for Health Plan of Nevada, Sierra Health and Life, UnitedHealthcare Health Plan of Nevada Medicaid and UMR members
- Personalized clinical content for a week-by-week guide and daily to-dos in a personal feed
- A health profile for each family member to track health milestones and reminders, including:
 - Pregnancy - Movement tracker to count baby's kicks, ultrasound videos, pregnancy weight tracker
 - Newborn - Growth tracker, diaper tracker, feeding tracker
 - Family health - To-do list personalized to health needs and recommended preventive care tasks, vaccination tracker, height tracker
- Trusted health articles and guidelines from the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the National Institutes of Health (NIH) and more



Clinical Overview

Optum OBRN

Homecare

Why Optum OBRN homecare?

We partner with health plans and obstetricians and perinatologist providers to provide OBRN home nursing, remote monitoring, and telephonic appointments to achieve results for at-risk patients.

Our services include:

- Nausea and vomiting management
- Diabetes in pregnancy program
- Gestational diabetes program
- Hypertensive disorders in pregnancy

Opportunities with the preeclampsia service:

- Allow earlier intervention by monitoring twice daily data trends
- Decreases morbidity and mortality rates in pregnancy
- Provides access and equity to all with ability to start up virtually anywhere. Duration is 20 weeks - 28 days postpartum
- Trained and experienced OBRNs assess, triage and act on clinical status changes alleviating the burden from the patient to eliminate disparity gaps
- Remote monitoring telemetry equipment includes blood pressure, heart rate, signs and symptoms check, and fetal kick counts reported via transition to telemedicine clinical platform Vivify
- Outcomes are monitored and reported to allow for improved birth outcomes



CONTACT

For more information or to request an in-service for your practice please contact one of the individuals below.



Optum OB

- Schedule a visit: **480-209-6061**
- Call in a referral: **1-800-950-3963**
- Fax: **1-866-252-4293** or **1-866-731-9011**

Optum Regional Managed Care

- Phone: **559-203-5899**



Medicaid

Health Plan of Nevada's Medicaid Plan is now UnitedHealthcare Health Plan of Nevada Medicaid

What changed?

Health Plan of Nevada's Medicaid Plan changed its name and logo to UnitedHealthcare Health Plan of Nevada Medicaid. You'll also see a new look to our materials.

Why did HPN make this change?

We want to better communicate to our members and the community that we are part of the UnitedHealthcare family.

When was this change effective?

The change was effective October 1, 2023; however, it will take time to update our materials. You may see materials with the old plan name and logo throughout 2024.

Will this plan name change affect my provider contract?

No change. Your provider contract is with Health Plan of Nevada, Inc. which remains the legal entity.

Who will provide plan benefits and services to members?

No change. Our local team will continue to support our members.

Will members get new ID cards?

No. Existing members will not receive new health plan ID cards. However, ID cards with the new plan name and logo are available for new members starting January 1, 2024.

Spotlight

What does the new logo look like?



Where will I send claims?

No change. You will still submit your claims as you do today.

Where will I call for plan assistance?

No change. You will still call our Member Services team as you do today.

Where will I call for provider contracting or credentialing?

No change. You will continue to contact our Provider Services team as you do today.

Where do I access online information?

No change. You will continue to access our online information as you do today.

Where do I send referrals or prior authorizations?

No change. You will continue to submit referrals and prior authorizations as you do today.

If you have questions about this plan name and logo change, please contact your provider advocate.

Nevada Medicaid Started Redeterminations for Medicaid and Nevada Check Up Program Eligibility

Help your Medicaid patients update their contact information.

Nevada Medicaid is asking providers, partners, MCOs, and others to encourage Medicaid members to update their contact and demographic information with Nevada Medicaid now, so they are ready to renew their coverage or be prepared to transition to other health insurance.

How can your patients update their information?

There are a variety of ways your patients can update their contact and demographic information.

- UHC HPN Medicaid members can call Member Services at **1-800-962-8074**, TTY **711**, to report their address and phone number changes.
- Online at **dhcftp.nv.gov/updatesmyaddress**.
- Visit a Nevada Welfare office.
- Call DWSS at **702-486-1646** in Southern Nevada and **775-684-7200** in Northern Nevada.
- Sign in to the Access Nevada portal at **accessnevada.dwss.nv.gov**.

What tools are available for you to communicate with your patients?

UHC HPN Medicaid has developed flyers, posters, handouts and other materials to help our contracted providers communicate this information. If you'd like to use these materials, reach out to your provider advocate.

Help your Medicaid patients prepare for their redeterminations

There are a variety of ways your patients can complete their renewal.

- ▶ **Make sure their address is up to date.** Make sure DWSS has their current contact information.
- ▶ **Renew by email.** To renew by email, they can scan or photograph their completed and signed form and return it to **renewmymedicaid@dwss.nv.gov**. The email will be sent from the email account associated with the mobile device or computer.
- ▶ **Renew by mail.** DWSS will mail them a letter about their coverage. This letter will also let them know if they need to complete a renewal form to see if they still qualify for Nevada Medicaid or Nevada Check Up. If they get a renewal form, they should fill it out and return it to DWSS right away. This will help them avoid a gap in their coverage. Mail the renewal to:
Document Imaging Center
P.O. Box 15400, Las Vegas, NV 89114
- ▶ **Renew by phone.** To renew their Nevada Medicaid or Nevada Check Up by phone, they can call DWSS toll-free. Representatives are available Monday through Friday from 8 a.m. to 4:30 p.m. They can assist them in any language.
Southern Nevada **702-486-1646**, TTY **711**
Northern Nevada **775-684-7200**, TTY **711**
- ▶ **Renew in person.** They can visit their local DWSS office or make an appointment with a representative in their community to help them renew their Nevada Medicaid or Nevada Check Up coverage. Representatives are available Monday through Friday from 8 a.m. to 4:30 p.m. They can assist them in any language.
Southern Nevada **702-486-1646**, TTY **711**
Northern Nevada **775-684-7200**, TTY **711**

► **Renew online.** They can also visit accessnevada.dwss.nv.gov to renew their Nevada Medicaid or Nevada Check Up coverage.

Need help? Your patients can call us toll-free at **1-800-962-8074**, TTY **711**, if there's anything we can do to help them renew their coverage.

Will you know which of your patients are at risk of losing their Medicaid or Nevada Check Up coverage?

UHC HPN Medicaid is providing member lists to providers so they can communicate to their patients about the risk of losing Medicaid coverage. Providers who receive an empanelment for Medicaid (PCPs and pediatricians) can see their lists in the Online Provider Center (OPC). If you are a specialist interested in getting this list, please contact your provider advocate directly.

What is UHC HPN Medicaid doing to help members with renewals?

UHC HPN Medicaid will contact members throughout the process to educate them on the importance of renewing their plan on time. We will also make them aware of HPN On Exchange plans on Nevada Health Link so they can continue with health coverage should they lose eligibility.

What if a patient didn't take action, lost their coverage, but is still eligible for Medicaid?

If this happens, your patient has 90 days after their termination date to send in their renewal for review of eligibility. They can mail in the form, as well as call or visit the Division of Welfare and Supportive Services. Providers will receive this information for their patients on a monthly basis. We have added a tab listing members who have terminated for not returning their redetermination paperwork or "failed to respond." The tab includes the termination date, termination reason and claim count for the last 12 months. These members have 90 days after their termination date to turn in their redetermination paperwork for an evaluation of their eligibility.

What if a Medicaid beneficiary becomes ineligible for Medicaid in the future?

If you have a patient who may be losing their Medicaid eligibility in the future, they can shop for an individual or family plan on Nevada Health Link. Some Nevada Health Link plans provide financial assistance with monthly premiums and out-of-pocket costs to individuals who qualify. For information about Nevada Health Link, your patients can visit nevadahealthlink.com. Before they lose their Medicaid coverage, they can learn more about HPN plans on Nevada Health Link by calling our Sales office at **1-800-873-0004**, TTY **711**.

UHC HPN Medicaid will continue to update our Medicaid providers as new information becomes available. If you have specific questions about this notice, please email the provider advocate team at ProviderAdvocateTe@uhc.com.

Value-Added Benefits (VABs)

UnitedHealthcare Health Plan of Nevada Medicaid may help members save money with no-cost extra benefits like:

- ▶ FREE SAM'S CLUB™ membership
- ▶ FREE rides to medical and mental health appointments, pharmacy and social services
- ▶ FREE bus passes
- ▶ FREE gym membership including Anytime Fitness®, Planet Fitness, Club Pilates®, virtual classes, YMCA Family Plan (Southern Nevada only), and more
- ▶ FREE Boys & Girls Club membership
- ▶ FREE \$25 healthy food card
- ▶ FREE WW® (Weight Watchers) membership
- ▶ FREE home delivered meals for diabetic management
- ▶ FREE cell phone with unlimited talk, text and data
- ▶ FREE gift cards for certain wellness visits and immunizations
- ▶ FREE gift cards for healthy pregnancy rewards
- ▶ FREE \$75 Baby Essentials gift card
- ▶ FREE electric breast pump
- ▶ FREE diapers for pregnant mothers who complete smoking cessation classes and quit smoking
- ▶ FREE Nevada high school test preparation class and exam
- ▶ FREE Nevada ID card, driver's license, Social Security card or birth certificate assistance
- ▶ FREE Cox internet and device access navigation (Southern Nevada only)
- ▶ DISCOUNTED Haircuts

Some benefits are only available to those who qualify. For more information, call **1-800-962-8074**, TTY **711** or visit **myhpnmedicaid.com**.

Referrals for Social Determinants of Health (SDoH)

Coding for SDoH is important. When you code and refer, we will connect your patient to resources and support. Use the Z codes below to submit your claim or encounter for the visit.

Z55 - Problems related to education and literacy

Z56 - Problems related to employment and unemployment

Z57 - Occupational exposure to risk factors

Z58 - Problems related to physical environment

Z59 - Problems related to housing and economic circumstance

Z60 - Problems related to social environment

Z62 - Problems related to upbringing

Z63 - Other Problems related to primary support group, including family circumstances

Z64 - Problems related to certain psychosocial circumstances

Z65 - Problems related to other psychosocial circumstances

How can I refer a Medicaid patient for assistance?

To help our members as efficiently as possible with social needs such as lack of food or impending homelessness, we have added an easy way to make a social needs referral to the health plan within the online provider center. For immediate social need referrals:

1. Go to the online provider center and sign in.
2. Select "Referrals/Prior Authorization" and then "Create New Referral."
3. Provide the members' contact phone number.
4. Under Category, select "Immediate Social Needs."
5. Under Subcategory, select all the social needs the member requires.
6. Answer questions on translation services and patient contact information.

Referrals are managed by our community health workers (CHWs). A CHW will reach out to the member and assist them with the identified need(s) within 24 hours.

For questions or assistance, contact Continuity of Care at **702-797-2100** or email to **chw@uhc.com**.

EPSDT Provider Responsibilities

Referrals and Diagnostics

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.

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

YO-Other	YV-Vision	YH-Hearing	YB-Behavioral	YM-Medical	YD-Dental
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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	Z00.121 Z00.129	EP	TS
Late childhood (age 5 through 11 years)	99383	99393		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	Fluoride varnish application		No modifier		
90476	Vaccines		No modifier		

UnitedHealthcare Health Plan of Nevada Medicaid requires providers to bill for EPSDT services by utilizing the **EP** and/or **TS** modifiers in box **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

STATE FAIR Hearings

Members, providers on behalf of the member, and providers on their own behalf (under certain circumstances), may access the State Fair Hearing process only after they have exhausted the Health Plan of Nevada (HPN) internal appeal process. Members/Providers are notified of the Fair Hearing process with the Notice of Decision for Service Authorization Request and the Appeal Decision letter. Grievances are not eligible for referral to the State Fair Hearing process. Members may request a Fair Hearing by contacting the Nevada Medicaid Hearings Unit within 90 days of the denial per the notification of Fair Hearing Rights. HPN participates in the State Fair Hearing process and is bound by the decision of the Fair Hearing Officer.

If HPN or the Fair Hearing Officer reverses an action to deny, limit, or delay services that were not furnished while the appeal was pending, HPN authorizes or provides the disputed services promptly and as expeditiously as the member's health condition requires.

Providers may request a State Fair Hearing on behalf of a member, with the written consent of the member, for the following circumstances:

- Denial or limited authorization of a requested service
- Reduction, suspension, or termination of a previously authorized service
- Denial, in whole or part, of payment for a service
- Demand for recoupment
- Failure of the contractor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution)

Providers may request a state fair hearing on their own behalf pursuant to NRS 422.306.

Bulletin Board



Update to UnitedHealthcare Health Plan of Nevada Medicaid Network

Renown Health is now part of UnitedHealthcare's Health Plan of Nevada Medicaid network for primary care and behavioral health services. UnitedHealthcare Health Plan of Nevada Medicaid members now have access to primary care, urgent care, behavioral health care, specialty care and hospital services with Renown Health. This change was effective January 1, 2024. If you have questions, please call **702-242-7088** option 2, option 5.

PO Box 15645
Las Vegas, NV 89118-5645

PRSR STD
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UHC8543_24.1 (05/24)