

WINTER 2024

PROVIDER TALK

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**Joint Contraceptive
Decisions**

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Sexual Health

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**Standards of Care
for Immunizations**



I SPEAK



Hello, Hallo, Salam, Marhaba, Bonjour, Aloha, Shalom, Ciao, Konnichiwa, Sain Baina UU, Namaste, Hei, Akkom, Salut, Talofa, Salaam Alaykum, Hola, Habari, Sawubona, Hej, Kamusta, Sawatdee, Merhaba, Salom, Xin Chao, Sawubona!

That means “hello” in 26 languages! We are proud to serve a culturally and linguistically diverse membership throughout the state. It’s our priority to ensure that ALL of our members have equitable access to inclusive and quality care. One way we support the diverse linguistic needs of our members is through the I Speak card.*

For example:

I Speak...

Io parlo italiano
I speak Italian

Nagsasalita ako ng pilipino
I speak Filipino

Ich spreche Deutsch
I speak German

Yo hablo español
I speak Spanish

This card is used to help members inform their providers and their staff what language they speak and get access to our translation services. If you or your staff would like an I Speak card delivered to your office, please reach out to your provider advocate.

Thank you for your partnership and collaboration with eliminating disparities and serving our members.

*The I Speak cards are part of the Limited English Proficiency programs offered by the Department of Homeland Security ([LEP.gov](https://www.dhs.gov/lep)).

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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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Engaging Patients in **Joint Contraceptive Decisions**



Shared decision making is a collaboration between the patient and their health care provider when making health-related decisions. Consider using a patient-centered approach involving a conversation.

How to prepare:

- **Before the visit:** Use a birth control questionnaire to assess the patient's preferences. For more information, visit Willyouaskher.com.
- **During the visit:** Review the completed birth control questionnaire with the patient along with their medical and sexual history. Then initiate a contraception counseling conversation consisting of open-ended questions. For example:
 1. Acknowledge your patient's reproductive life plan
 2. Understand your patient's contraceptive experience
 3. Understand your patient's preferences
 4. Review contraceptive options
 5. Assess your patient's understanding
- **After the visit:** Consider following up with your patient by phone call, text message, e-visit, portal app, telehealth, or in-office visit.

If you would like more information or are interested in training your practice on shared decision making, please reach out to your provider advocate. They can help connect you to our Quality team for training resources.



PROTECTING BABIES from Congenital Syphilis

Three easy steps

An untreated syphilis infection during pregnancy can be passed to the baby. This is known as congenital syphilis. Congenital syphilis can cause negative impacts to your patient's pregnancy and the health of her baby. Have a conversation with your expectant mothers and advise them:

1. Get treated right away.

Syphilis is completely curable. To prevent a baby from being born with congenital syphilis, treatment must be started as soon as possible. For treatment to work, it must be done at least 30 days prior to delivery. Once treated, babies can be safe from congenital syphilis. Expectant mothers can get treatment from the Southern Nevada Community Health Center at the Southern Nevada Health District (SNHD) at a low cost. Treatment at SNHD is never denied due to inability to pay. To find sexual health clinic locations or make an appointment, your patients can visit [SNCHC.org](https://www.snchc.org).

2. Prevent reinfection.

Once your patient finishes treatment, she and her baby will be free of syphilis. However, this doesn't mean she can't get it again. It's important for her partners to get tested and treated and to practice safe sex to make sure she doesn't get reinfected during her pregnancy.

3. Get information and support.

SNHD has a team of disease investigators that contact people who test positive and ensure they and their partners get treated. Remind your patients, if they receive a call from a SNHD disease investigator after getting tested, please answer their call. They are here to help. To verify your patient's identity, they will need to confirm their name and date of birth.

Your expectant mothers can get support from our congenital syphilis nurse case management program at no cost. They help them complete treatment, give them guidance in managing their own health, make home visits, accompany them to medical appointments if needed, and provide education and community referrals to overcome barriers to care.



**For more information
or to speak with a
congenital syphilis
nurse case manager,
your patients can
call 702-759-1111.**



SEXUAL Health

It's important to have conversations with your patients and their partner(s) about sexual health and sexually transmitted infections (STIs) even though it may not be easy. Many people who have STIs don't know it.

Patients can start a conversation with their partner(s). For example:

- ▶ "I really care about you. I want to make sure we're both healthy."
- ▶ "Most STIs don't have any symptoms and people don't know they have one."
- ▶ "I've been tested for STIs, including HIV. Are you willing to do that too?"
- ▶ "Let's get tested together."

There are great resources you can share with your patients. To learn more or find resources, they can visit [CDC.gov](https://www.cdc.gov) or [ODPHP.health.gov](https://www.odphp.health.gov).

Recommendations for patients that test positive for an STI

- ▶ **Make sure they receive treatment.** Untreated STIs can lead to serious health complications and some can be fatal if left untreated.
- ▶ **All STIs are treatable.** While not all STIs can be cured, treatment can reduce the infection in your patients and prevent them from passing it to others.
- ▶ **Encourage patients to notify their partner.** This may be hard if they are worried about stigma and judgement. If you don't have this conversation, their partner can pass the infection to others or can reinfect them after they have been treated. **If a conversation is not possible, there are anonymous text or email resources** they can use to notify a partner of exposure. Learn more at [TellYourPartner.org](https://www.tellyourpartner.org).

ACUTE UPPER RESPIRATORY INFECTIONS and Antibiotics

Acute upper respiratory infections (URIs) remain the category that antibiotics are most prescribed for. However, most URIs are caused by viruses which antibiotic therapy has no role in treatment. Inappropriate antibiotic use contributes to the development of antibiotic-resistant organisms that result in an estimated two million illnesses and 23,000 deaths annually in the U.S. Understanding antibiotic prescribing practices for URIs in outpatient settings is critical to designing strategies for reducing inappropriate antibiotic use.

In a study by the Centers for Disease Control and Prevention (CDC), antibiotics were prescribed inappropriately to a majority of the nearly 15,000 outpatients who presented during flu season with symptoms of a URI characterized by cough. Among all patients prescribed antibiotics, 41% lacked a diagnosis for which antibiotics are potentially indicated. Those with flu accounted for a substantial proportion (17%) of all antibiotics prescribed; fewer than one-third of patients with lab-confirmed flu were diagnosed with flu. Patients with the flu accounted for a substantial proportion of those given antibiotics for diagnoses where antibiotics weren't appropriate, including pharyngitis (12%), sinusitis (14%), and otitis media (11%),

although most patients with flu are unlikely to benefit from antibiotic treatment. In addition, among those patients given diagnoses for which antibiotic therapy may be appropriate, many prescribed antibiotics did not meet criteria for antibiotic therapy, including 47% with pharyngitis and 38% with sinusitis.

The CDC's study adds to the evidence of misuse of antibiotic therapy, by antibiotic overuse and inappropriate antibiotic selection, in the treatment of outpatient URIs. We must strengthen efforts to eliminate antibiotic treatment for viral URIs and acute bronchitis. The CDC study indicates this would make the largest contribution to decreasing unnecessary antibiotic prescriptions. Increased efforts to improve adherence to guidelines for antibiotic prescribing for common diagnoses, including pharyngitis and sinusitis are needed. In addition, the findings indicate that improved point-of-care flu diagnostics and increased recognition and appropriate treatment of flu virus infection may also aid in decreasing unnecessary antibiotic use for URIs. Improving antibiotic prescribing for URIs represents an important opportunity to improve the long-term quality of patient care.

Sources:

1. Centers for Disease Control and Prevention. Office-related antibiotic prescribing for persons aged ≤ 14 years—United States
2. Fleming-Dutra KE, Hersh AL, Shapiro DJ, et al. Prevalence of inappropriate antibiotic prescriptions among US ambulatory care visits, 2010-2011. *JAMA*. 2016;315(17):1864-1873. [ArticlePubMedGoogle](#); [ScholarCrossref](#)
3. Centers for Disease Control and Prevention. *Antibiotic Resistance Threats in the United States, 2013*



PRIOR AUTHORIZATION TOLERANCE

There are new prior authorization guidelines for Health Plan of Nevada, Sierra Health and Life, and UnitedHealthcare Health Plan of Nevada Medicaid members. Prior authorization will no longer be required for medically necessary professional services provided in an office setting (place of service 11) and billed at \$1,500 or less per CPT code (previously \$750) for services rendered on or after October 1, 2024. **Please note: Referral requirements still apply.**

Currently, the new guidelines do not apply to Sierra Health-Care Options.

The following services are not included in the \$1,500 Prior Authorization Tolerance Policy update effective October 1, 2024:

Behavioral Health

- Sierra Health-Care Options
- Non-contracted providers
- Non-covered benefits (i.e. experimental/investigational services)
- Basic Skills Training
- Neurofeedback/Biofeedback
- Day Treatment
- Esketamine, Vivitrol, and Sublocade
- Intensive Outpatient
- Partial Hospitalization
- Psychosocial Rehabilitation
- Transcranial Magnetic Stimulation Treatment

Medical

- Sierra Health-Care Options
- Non-contracted providers
- Non-covered benefits (i.e. cosmetic or experimental/investigational services)
- Durable Medical Equipment/Orthotics & Prosthetics – these services have a separate policy. Additional information starts on page 13 of this communication.
- Chiropractic visits if patient is 21 years old or older (Medicaid only)
- Complex Diagnostic testing (excluding cap agreements, such as SMA Radiology or SDMI (MRI Only))
- Capitation arrangements that require authorization for overflow services, such as PT/OT for HPN (Commercial and Medicaid)
- Genetic Testing
- ABA Therapy after max benefit is reached
- ABA Therapy without an autism diagnosis

DME - no prior authorization required

Item

Codes

Breast Pumps

*Southern NV
HPN HMO-
Must come from
Southwest
Medical Pharmacy
and HME

E0603 Breast pump, electric (AC and/or DC), any type

Compression Stockings

CA6534 Gradient compression stocking, thigh length, 30-40 mm Hg, each
A6535 Gradient compression stocking, thigh length, 40-50 mm Hg, each
A6544 Gradient compression stocking, garter belt
A6549 Gradient compression stocking/sleeve, not otherwise specified
A6539 Gradient compression stocking, waist length, 18-30 mm Hg, each
A6540 Gradient compression stocking, waist length, 30-40 mm Hg, each
A6541 Gradient compression stocking, waist length, 40-50 mm Hg, each
A6530 Gradient compression stocking, below knee, 18-30 mm Hg, each
A6531 Gradient compression stocking, below knee, 30-40 mm Hg, each
A6532 Gradient compression stocking, below knee, 40-50 mm Hg, each
A6533 Gradient compression stocking, thigh length, 18-30 mm Hg, each
A6536 Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each
A6537 Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each
A6538 Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each
A4500 Surgical Stockings Below Knee Length, Each
A4510 Surgical Stockings Full Length, Each
A4495 Surgical Stockings Full Length, Each

Diabetic Shoes and Inserts

**Must have a
diagnosis of
diabetes. If not,
then requires
PA and HME

A5500 Shoes
A5512 Inserts
A5513 Inserts

Mastectomy Supplies

L8000 Bra
L8010 Sleeve
L8030 Breast prosthesis
L8015 Camisoles

Item

Codes

**Crutches,
walkers,
commodes
*Southern NV
HPN HMO-
Must come
from Southwest
Medical
Pharmacy
and HME**

Crutches

E0110 Crutches, Forearm, Includes Crutches of Various Materials, Adjustable
E0111 Crutch Forearm, Includes Crutches of Various Materials, Adjustable or Fixed, each
E0112 Crutches Underarm, Wood, Adjustable or Fixed, Pair, with Pads, Tips
E0113 Crutch Underarm, Wood, Adjustable or Fixed, Each, with Pad, Tip and Hangrip
E0114 Crutches Underarm, Aluminum, Adjustable or Fixed, Pair, with Pads, Tips
E0116 Crutch Underarm, Aluminum, Adjustable or Fixed, Each, with Pad, Tip and Handgrip
E0117 Crutch, Underarm, Articulating, Spring Assisted, Each
E0118 Crutch substitute, lower leg platform, with or without wheels, each ***For Medicaid-only covered when supplied by Physical Therapy-Provider Type 34

Walkers

E0130 Walker, Rigid (Pickup), Adjustable or Fixed Height
E0135 Walker, Folding (Pickup), Adjustable or Fixed Height
E0140 Walker, with trunk support, adjustable or fixed height, any type
E0141 Walker, Wheeled, Without Seat
E0143 Folding Walker, Wheeled, Without Seat
E0144 Enclosed framed folding walker wheeled w/posterior seat
E0147 Heavy Duty, Multiple Breaking System, Variable Wheel Resistance Walker
E0148 Walker, heavy duty, without wheels, rigid or folding, any type, each
E0149 Walker, heavy duty, wheeled, rigid or folding, any type each

Commodes

E0160 Sitz Type Bath or Equipment, Portable, Used With or Without Commode
E0161 Sitz Type Bath or Equipment, Portable, Used With or Without Commode,
E0162 Sitz Bath Chair
E0163 Commode Chair, Stationary, with Fixed Arms
E0165 Commode Chair, Stationary, with Detachable Arms
E0167 Pailor Pan for Use with Commode Chair
E0168 Commode chair, extra wide and/or heavy duty, stationary or mobile, with or w/o arms, any type each
E0170 Commode chair, extra wide and/or heavy duty, stationary or mobile, with or w/o arms, any type each
E0171 Commode chair non-electric
E0172 Seat lift mechanism toilet
E0175 Foot Rest, for Use with Commode Chair, Each

Knee Walker

E0118 Crutch substitute, lower leg platform, with or without wheels, each

Item

Codes

Orthotics & Prosthetics
Billed charges must be under \$750

L1620 HO, Abduction Control of Hip Joints, Flexible, Pavlik Harness
L1650 HO, Abduction Control of Hip Joints, Static, Adjustable, Custom Fitted
L1810 HO, Abduction Control of Hip Joints, Static, Adjustable, Custom Fitted
L1820 KO, Elastic with Condylar Pads and Joints
L1830 KO, Immobilizer, Canvas Longitudinal
L1832 KO, Adjustable Knee Joints, Positional Orthosis, Rigid Support, Custom
L1902 AFO, Ankle Gauntlet, Custom Fitted
L3650 Shoulder Orthosis, (So), Figure of 8 Design Abduction Restrainer
L3660 So, Figure of 8 Design Abduction Restrainer, Canvas and Webbing
L3670 SO, Acromio/Clavicular (Canvas and Webbing Type)
L3760 Elbow orthosis with adj position locking joint(s), prefab, item trimmed, bent, molded, assembled, or otherwise customized to fit a specific pt by indiv with expertise
L3762 Elbow orthosis with adj position locking joint(s), prefab, item trimmed, bent, molded, assembled, or otherwise customized to fit a specific pt by indiv with expertise
L3807 WHFO extension assist w/inflatable Palmer air support w/or w/o thumb extension
L3906 WHFO, Wrist Gauntlet, Molded to Patient Model
L3908 WHFO, Wrist Extension Control Cock-Up, Non Molded
L3915 WHO w nontor jnt(s) prefab
L3982 Upper Extremity Fracture Orthosis, Radius/Ulnar
L3984 Upper Extremity Fracture Orthosis, Wrist
L3995 Addition to Upper Extremity Orthosis, Sock, Fracture or Equal, Each
L4350 Pneumatic Ankle Control Splint (E.G., Aircast)
L4360 Pneumatic Walking Splint (E.G., Aircast)
L4361 Pneuma/vac walk boot pre ots
L4396 Ankle Contracture Splint
L4397 Static or dynamic foot orthosis, prefabricated, ots
L4386 Non-Pneumatic Walking Splint, With Or Without Joints, Prefabricated
L3995 Non-Pneumatic Walking Splint, With Or Without Joints, Prefabricated
L3980 Upper Extremity Fracture Orthosis, Humeral



If you have any questions, please contact Provider Services at **702-242-7088**, toll-free **1-800-745-7065**, or email **ProviderAdvocateTe@uhc.com**.

Health Plan CARE MANAGEMENT

The health plan offers a variety of care management programs to meet our members' unique needs. Members can be referred to these programs by providers or self-refer. All of the health plan care management programs screen for and address Social Determinants of Health (SDoH) gaps and strive to use a whole person health approach.

The Care for Me Program (CFMP) is a high-touch care coordination program staffed by senior RN case managers. This program typically engages with members for approximately 30 days to assist with care coordination needs post-discharge. The CFMP team focuses on adult members with new diagnoses, such as CHF, COPD and hypertension. They provide health education and assist members with becoming established with specialty providers and ensure appropriate services such as home health and DME are in place. Health Plan of Nevada (HPN), Sierra Health and Life (SHL) and UHC HPN Medicaid members are eligible for this program. Referrals can be sent through the online provider center (OPC) or emailed to CareForMeProgram@uhc.com.

The Adult Complex Case Management (CCM) team provides two tiers of service, both care coordination and case management, to members with complex health care needs. The CCM program focuses on members living with complex and/or multiple chronic diagnoses such as cancer or end stage renal disease. The CCM program follows National Committee for Quality Assurance (NCQA) guidelines and typically engages with members for 60-90 days. HPN, SHL and UHC HPN Medicaid members are eligible for this program. Referrals can be sent through OPC or emailed to Outpatientcm@uhc.com.

The High-Risk Case Management team also provides two tiers of service (care coordination and case management) to our pediatric members with complex health care needs. The pediatric complex case management team is also NCQA driven and typically engages with pediatric members and their families for 60-90 days. HPN, SHL and UHC HPN Medicaid pediatric members are eligible for this program. Referrals can be sent through OPC or emailed to Outpatientcm@uhc.com.

The High-Risk OB commercial team follows members ages 18-35 years with multiple gestations, in-vitro fertilization (IVF) pregnancies, those with history of substance use disorder, and/or fetal anomalies. HPN and SHL pregnant members are eligible for this program. Referrals can be sent through OPC or emailed to Outpatientcm@uhc.com.

The High-Risk OB Medicaid team provides support to Medicaid members throughout their pregnancy. They can assist with health education, coordinating medical services, connecting members with community assistance agencies, such as Women, Infants, and Children (WIC), registration for no-cost pregnancy classes, and assistance with finding no-cost transportation to medical services. UHC HPN Medicaid pregnant members are eligible for this program. Referrals can be emailed to **HPNOBTeam@uhc.com** or call **1-844-851-7830**, TTY **711**.

The Sickle Cell Disease Outreach program (SCDOP) supports members of all ages living with sickle cell disease. The SCDOP provides health education on the disease process, support in health promotion activities (such as necessary health screenings), and care coordination. The RNs are available 24/7 and can assist with in-home mobile urgent care visits for hydration to avoid crisis episodes and with facilitating appointments with hematologists. HPN, SHL and UHC HPN Medicaid members are eligible for this program. Referrals can be emailed to **SCDOutreachProgram@optum.com** or call **702-240-8775**.

The Health Education and Wellness (HEW) and Disease Management teams support members with a variety of topics such as nutrition, diabetes/prediabetes, weight management, asthma, kidney health and tobacco/nicotine cessation. Classes are offered both in-person and virtually. One-on-one consultations can be scheduled with registered dietitians, registered nurses or a health educator. HPN, SHL and UHC HPN Medicaid members are eligible for this program. Referrals can be sent through OPC or by calling **702-877-5356**. Referrals can also be faxed to **702-838-1404**.





Health Plan Care Management continued

The Supportive Care Program (SCP) is a health plan care management program that functions in collaboration with Nathan Adelson/Elaine Wynn or SMA Palliative Care. The SCP supports health plan members with end-stage chronic or terminal illnesses requiring frequent symptom management. The program focuses on in-home symptom management and the development of end-of-life goals. HPN, SHL and UHC HPN Medicaid members are eligible for this program. Referrals can be sent through OPC or emailed to Outpatientcm@uhc.com.

The Whole Person Care Model assists members with serious co-morbid physical and behavioral and/or substance use disorder diagnoses. HPN, SHL and UHC HPN Medicaid members are eligible for this program. Referrals can be sent through OPC or emailed to Outpatientcm@uhc.com.

The Behavioral Health Case Management team provides complex case management support for members with a behavioral health and/or substance/alcohol use disorder diagnosis. This team also provides care coordination services for commercial members living with these diagnoses. HPN, SHL, UHC HPN Medicaid, and select SHO group members are eligible for this program. Referrals can be emailed to BHCM@uhc.com.

The Community Health Worker (CHW) team provides care coordination support to UHC HPN Medicaid members. This team is community-based and will meet members where they are to assist with SDoH gaps, transportation needs, navigating the health care system, as well as coordination of care. UHC HPN Medicaid members are eligible for this program. Referrals can be placed in OPC under the "Immediate Social Needs" category or can be emailed to CHW@uhc.com.

The Licensed Social Worker (LSW) team supports members with financial, housing and transportation needs, accessing community resources, advanced directive education, as well as care coordination. The LSW team supports members of all ages. HPN, SHL and UHC HPN Medicaid members are eligible for this program. Referrals can be sent through OPC or emailed to Outpatientcm@uhc.com.

The SHO Complex Case Management (CCM) team provides high-touch case management and care coordination support to self-funded members who have experienced a critical event or diagnosis that requires the extensive use of resources. All SHO members are eligible for this program. Referrals can be sent to NVCOCSHOOPCM@optum.com.

STANDARDS of Care for IMMUNIZATIONS

As we navigate the constantly changing landscape of public health, we acknowledge the significant impact that 2020 had on vaccination rates in Nevada. Nevada has seen a 10.55% decline in vaccination rates for commercial lines (Nevada's average for HMO/POS and PPO) from 2022 to 2023 with Nevada's rates being lower than the national rates. As we approach the 2024 flu season, we continue to work on recovering from this decline. Health Plan of Nevada is committed to working with our provider partners to safeguard the health of our community and the people we serve with the following steps:

1. Make a strong recommendation

Health care providers play a crucial role in promoting vaccinations. It's been shown that your advice to vaccinate against the flu and other illnesses is one of the most important recommendations you can make.

2. Discuss their concerns

If a patient or family member refuses any vaccine, discuss what the specific concern is. If the patient or family member still refuses, ensure they sign a declination form that highlights the potential consequences of not vaccinating. Document the conversation; be prepared to discuss again at the next visit. It's recommended that the declination form be filled out in front of the provider, not a nurse or medical assistant.

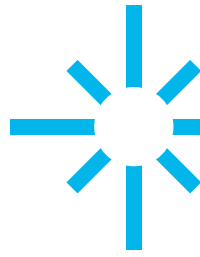
3. Standardized messaging

It's essential that the office team deliver a consistent message about vaccinations. Hold meetings to communicate the importance of this positive messaging and address any concerns from the staff. Offer to answer questions or concerns from any member of the team who have doubts to ensure staff does not undermine vaccination efforts.

Together, we can cultivate an environment where vaccination is recognized as a vital part of public health. You can find declination forms at [Immunize.org](https://www.immunize.org) or [AAP.org](https://www.aap.org). We thank you for your efforts and commitment to helping our members live healthier lives.



References: [CDC.gov](https://www.cdc.gov);
[Immunize.org](https://www.immunize.org)



Medicaid

Social Determinants of Health (SDoH)

UnitedHealthcare Health Plan of Nevada Medicaid is working on many projects to address the health-related social needs of our members. One way we are doing this is by accessing and utilizing Z-code data. When Z-codes are submitted to the health plan, we take the information and review for trends by member, zip code or provider office. Z-code data enables us to work alongside our providers and create innovative solutions for complex problems that may be trending within provider practices or groups, or among patient populations. If you would like more information on Z-code trends or on how to use Z-codes, please reach out to your provider advocate.

Do you have a patient who has immediate social needs? We welcome your referrals to our community health workers through the online provider center (OPC). Just select "Immediate Social Needs" and complete the referral form. We will respond within 24 hours. For questions about our community health worker program, please reach out to us at CHW@uhc.com.

Referrals for SDoH for Medicaid Patients - Coding SDoH

When you code and refer, we will link your patient to resources and support. Using the Z codes below, submit with 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

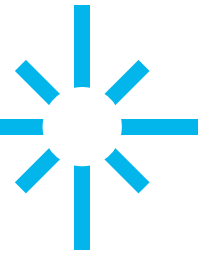
Z62 - Problems related to upbringing

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

Spotlight



How can I refer a Medicaid patient with immediate social needs for assistance?

To help our members with immediate 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 OPC.

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

Referrals are managed by our team of 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**.



Important Lab Reminder

Quest Diagnostics is the designated laboratory provider for all Health Plan of Nevada (HPN), Sierra Health and Life (SHL) and UnitedHealthcare Health Plan of Nevada Medicaid plans. If a member needs labs, please send them to a Quest Diagnostic testing center. If a contracted provider sends a member to a non-contracted lab, the contracted provider may be liable for the charges. If you have any questions, please contact your provider advocate directly or call Provider Services at **1-800-745-7065**.

Quality Corner

Why are HEDIS measures important?

They help the health plan identify performance gaps and allow consumer transparency regarding the quality of care they may receive. HEDIS focuses on three (3) main categories:

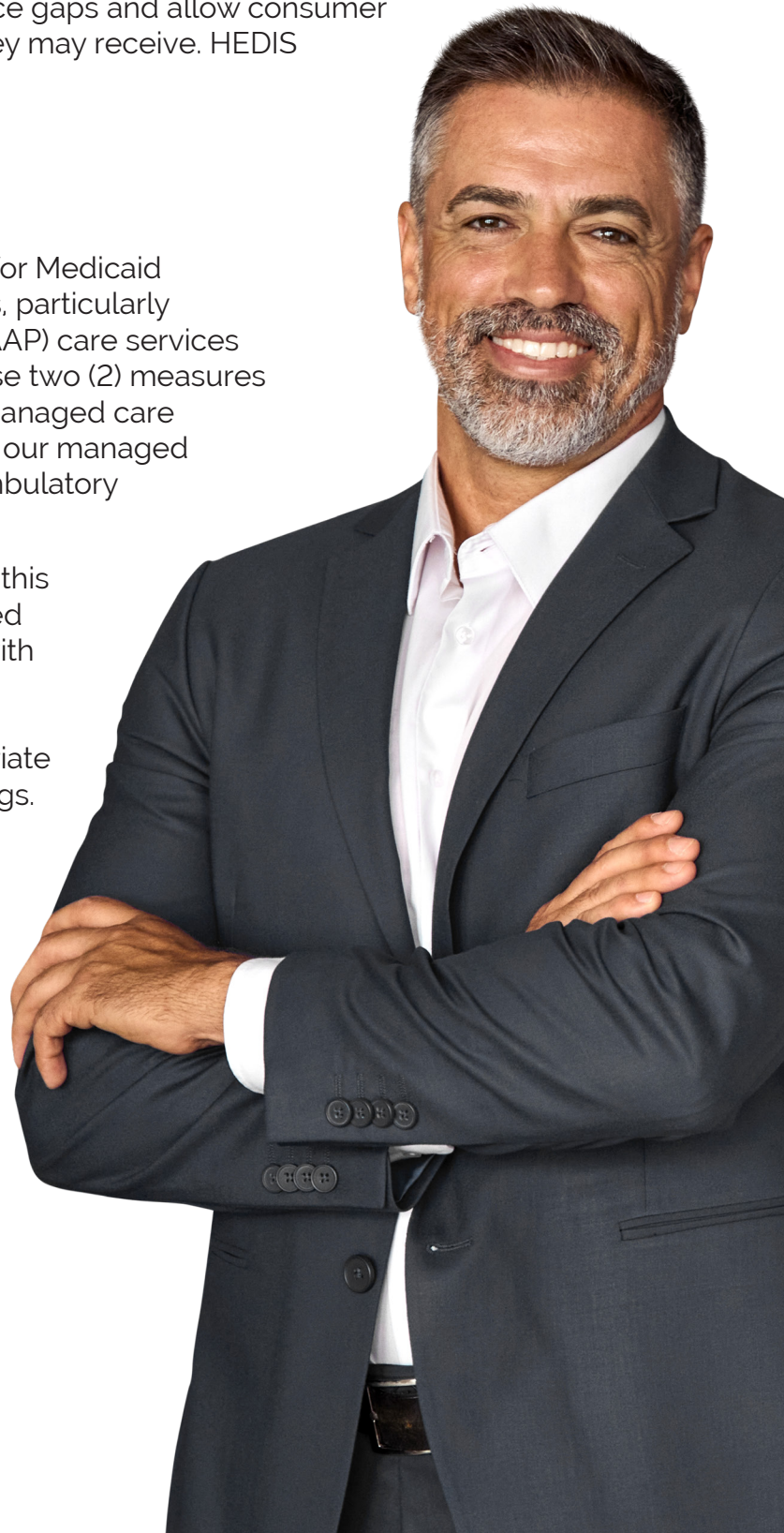
1. Effectiveness of care
2. Access/availability of care
3. Experience of care

Access/availability of care has been a focus for Medicaid members in Nevada for the past two (2) years, particularly the adult access to ambulatory/preventive (AAP) care services and the well-child visit (WCV) measures. These two (2) measures are used to determine the adequacy of the managed care organization network and determine whether our managed members are receiving preventive care or ambulatory medical appointments and services.

Well-child visit (WCV) - The age group within this measure is 3-21 years of age. To be considered a qualifying visit, the visit must be in person with the patient and the empaneled primary care provider (PCP). The visit is not limited to but should include all the necessary age-appropriate wellness checkup assessments and screenings. For example, an unclothed physical exam, metabolic laboratory testing, developmental screenings, age-appropriate anticipatory guidance, vision/hearing/dental examination, and immunizations.

Access to ambulatory/preventive (AAP) - The age group within this measure is 20+ years old. AAP visits are preventive wellness checkups, and any evaluation and management (E/M) service provided to patients by a medical provider. These visits may occur in various settings, which include:

- In-person visit
- Telehealth
- E-visit or telephone encounter



How can you, as our network provider, play a crucial role in improving the quality of care?

Consider the following essential tips on how to maintain high-quality ratings and ensure your patients are receiving preventive care services:

- Monitor your empanelment monthly – reports are available on the online provider center (OPC).
- Engage and contact new members to welcome them to your practice.
- Send communication reminders to schedule annual preventive visits, by mailings, texts, emails, or calls.
- Availability - When growing your practice, ensure adequate patient-to-provider ratios to ensure appointment availability.
- Capacity - When a provider can no longer take new patients, notify your provider advocate.

If you are a Medicaid provider and would like to know how your practice ranks among peers or within the health plan's network for either of these measures, please reach out to your provider advocate. They can put you in touch with our Quality team to get detailed information and guidance on how to improve your practice's performance.

Language Line Services



As a provider in the UnitedHealthcare Health Plan of Nevada Medicaid network, you have access to our 24/7 Language Line, offering on-demand services in over 240 languages. If you need support with in-person interpretation or written translation services for our UHC HPN Medicaid members, please refer to our Community Health Worker team through the online provider center. If you need assistance with accessing or navigating the portal, please reach out to your local provider advocate.

FQHC WEEK APPRECIATION

UnitedHealthcare Health Plan of Nevada Medicaid recognized our Federally Qualified Health Centers (FQHC) with popcorn and cupcakes during National Health Center Week, August 4-10, 2024.



Service with a smile

In this crazy world, sometimes we forget what we are here for. Allow us to visit your practice. Schedule a staff meeting and we will be happy to present our slide show and promote healthy conversation, while sharing experiences on how to navigate through it all. Contact your provider advocate.

CHRISTMAS WORD SEARCH



S R T S D C R A A K E D C C R P
 A I F P O I N S E T T I A I N E
 N S I S L C H E I O I D C R L A
 T M A C L M E R R Y S K E R L C
 A I S H S G R I N C H I E S S E
 A S C N O E E G G N O G S R T L
 S T A M I R A C L E K E R R U O
 C L S S G S F R U I T C A K E R
 H E T R C T B C O O K I E S A A
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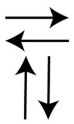
SANTA
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 MISTLETOE
 MERRY
 CHEERS
 MIRACLE

CARDS
 CANDYCANE
 SLEIGH
 SCROOGE
 BELLS
 CANDLES
 CAROL
 SNOWBALL

NORTHPOLE
 COOKIES
 TREE
 PEACE
 JACKFROST
 DECEMBER
 ANGEL
 HOLIDAY

NOEL
 POINSETTIA
 FRUITCAKE
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 NUTCRACKER

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