

TABLE OF CONTENTS

1. INTRODUCTION
2. OVERVIEW
3. FREQUENTLY CALLED NUMBERS
 - 3.1 Access Center / 24/7 Advice Nurse
 - 3.2 Behavioral Healthcare
 - 3.3 Case Management
 - 3.4 Hospital Case Management
 - 3.5 Member Services
 - 3.6 Provider Services
 - 3.7 Pharmacy Services
 - 3.8 Prior Authorization
4. PROVIDER ADMINISTRATIVE REQUIREMENTS AND RESOURCES
 - 4.1 Provider Education Materials
 - 4.2 Provider Additions, Changes and Terminations
 - 4.3 Access Standards
 - 4.4 Dental Access Standards
 - 4.5 Access to Records
 - 4.6 Non-discrimination
 - 4.7 Divorce of Patient Care
 - 4.8 Provider Grievance
 - 4.9 Government Mandated Price Transparency and Disclosure
 - 4.10 Sign Language Interpretation Services
5. CONTRACTING AND CREDENTIALING
 - 5.1 Contracting
 - 5.2 Credentialing
 - 5.3 Credentialing Committee
 - 5.4 Providers Eligible for Credentialing
 - 5.5 SHL Credentialing Process
 - 5.6 Expired Credentialing
 - 5.7 Provider Rights
 - 5.8 Provider Credentialing Disapproval Reasons
 - 5.9 Operational Policy Decisions
 - 5.10 Confidentiality of Credentialing Information
 - 5.11 Office Site Visits
 - 5.12 Medical Record Standards

6. BENEFITS & ELIGIBILITY

- 6.1 Enrollee Benefits
- 6.2 Eligibility and Plan Coverage Verification
- 6.3 Interactive Voice Response System (IVR)
- 6.4 SHL Online Provider Center
- 6.5 Sierra Health and Life Web Site
- 6.6 ID Cards

7. UTILIZATION MANAGEMENT

- 7.1 Prior Authorization (Pre-service Determinations)
- 7.2 Notification
- 7.3 Medical Necessity Determination
- 7.4 Services that Require Prior Authorization
- 7.5 Prior Authorization Timeframes
- 7.6 How to Obtain Prior Authorization for Services
- 7.7 Patient and Provider Access Center
- 7.8 Inpatient Concurrent Review
- 7.9 Transition of Care (TOC) / Continuity of Care (COC) Process
- 7.10 Denial and Appeal Process
- 7.11 Retrospective (Post-Service) Review

8. MEDICAL DIRECTOR

- 8.1 On-Call Medical Director

9. QUALITY ASSURANCE/RISK MANAGEMENT

- 9.1 Quality Review Structure
- 9.2 Quality of Care Reviews
- 9.3 Tracking for Trends/Patterns

10. QUALITY IMPROVEMENT PROGRAM

- 10.1 Sierra Health and Life NCQA Accreditation
- 10.2 QI Program Structure
- 10.3 QI Initiatives
- 10.4 Member and Practitioner Satisfaction Surveys
- 10.5 HEDIS® Measures
- 10.6 Quality and Patient Safety Reminders
- 10.7 Complex Case Management Program

11. CLAIMS

- 11.1 Claims Adjudication and Payment
- 11.2 Risk Adjustment Data
- 11.3 Billing Procedures
- 11.4 Dental Predetermination of Benefits

- 11.5 National Provider Identifier (NPI)
- 11.6 Imaging, Batch Processing, Claims Processing
- 11.7 Altered Claim Images
- 11.8 Electronic Claims Submission
- 11.9 Electronic Explanation of Payment (EOP) Requests
- 11.10 Electronic Funds Transfer (EFT's)
- 11.11 HIPAA 5010
- 11.12 Timely Filing Period
- 11.13 Coordination of Benefits
- 11.14 Claim Reconsideration Process and Correction of Claims Payment
- 11.15 Improper Claims Payment and Payment Corrections
- 11.16 Clean Claim Elements

12. MEMBERS' RIGHTS AND RESPONSIBILITIES

- 12.1 SHL Commercial PPO
- 12.2 Medical Records
- 12.3 Confidentiality
- 12.4 Member Complaints

13. NEW MEDICAL TECHNOLOGY

14. PHARMACY SERVICES

- 14.1 Prior Authorization of prescription drugs
- 14.2 How to Obtain Prior Authorization or an Exception for Prescription Drug Coverage
- 14.3 Prior Authorization Timeframes
- 14.4 Denial/Appeal Process
- 14.5 Pharmacy Services Call Center
- 14.6 After-Hours Call Center
- 14.7 Pharmacy and Therapeutics Committee
- 14.8 Changes to the Preferred Drug List
- 14.9 Published Preferred Drug List
- 14.10 New to Market Exclusions
- 14.11 Incentives
- 14.12 Generic Substitution for Commercial Plans
- 14.13 Direct Member Reimbursement of Prescription Drugs
- 14.14 Drug Utilization Reviews
- 14.15 Frequently Used Forms
 - Medical Necessity Request Form
 - MedWatch

15. MENTAL HEALTH/SUBSTANCE ABUSE

16. HEALTH EDUCATION & WELLNESS/POPULATION HEALTH

- 16.1 Nevada Health Education Program Offerings
- 16.2 Population Health Program

17. ADVANCED DIRECTIVES

18. FRAUD WASTE AND ABUSE COMPLIANCE POLICY

19. FREQUENTLY USED FORMS

Claim Reconsideration Form

Nevada Universal Prior Authorization and Referral Form

Oncology Step Therapy Exception Prior Authorization Form

Online Provider Center Forms

- Penalties for Violations of Terms of Use
- Terms of Use Acknowledgement Form

Request for Allowables Form

SHL Complaint Form

SHL "I Speak" Card

SHL Provider Grievance Form

SHL TOC/COC Form