



Welcome to the
community.

Nevada

Health Plan of Nevada
Nevada Check Up

Revised February 2020



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Health Plan of Nevada does not treat members differently because of sex, age, race, color, disability or national origin. We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call **toll-free 1-800-962-8074, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m. PT.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130
UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call **toll-free 1-800-962-8074, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m. PT.

You must send the complaint within 60 days of the event. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-962-8074 (TTY: 711).

Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-962-8074 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-962-8074 (TTY: 711).

繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-962-8074 (TTY: 711)。

한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-962-8074 (TTY: 711)번으로 전화해 주십시오.

Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-962-8074 (TTY: 711).

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ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-962-8074 (መስማት ለተሳናቸው: 711)።

ภาษาไทย

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-962-8074 (TTY: 711).

日本語

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-962-8074 (TTY: 711) まで、お電話にてご連絡ください。

العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-962-8074 (رقم هاتف الصم والبكم: 711).

Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-962-8074 (телетайп: 711).

Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-800-962-8074 (ATS : 711).

فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-962-8074 (TTY: 711) تماس بگیرید.

Gagana fa'a Sāmoa

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auauunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-962-8074 (TTY: 711).

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-962-8074 (TTY: 711).

Ilokano

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-800-962-8074 (TTY: 711).

This document is also available in other formats like large print.
To request the document in another format, please call
1-800-962-8074, TTY 711, Monday through Friday, 8:00 a.m.
to 5:00 p.m.

Welcome.

Welcome to Health Plan of Nevada.

Health Plan of Nevada is the largest and most experienced health plan in Nevada. Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. You can find answers to most questions at myhpnmedicaid.com. Or you can call Member Services at **1-800-962-8074, TTY 711**, 8:00 a.m. – 5:00 p.m., Monday – Friday.

You can also use our concierge, or personalized, in-person services. Stop by our offices and a member of our team would be happy to assist you.

Our offices are located at:

2720 N. Tenaya Way, Suite 102
Las Vegas, NV 89128

This handbook is not a Certificate of Insurance and shall not be construed or interpreted as evidence of insurance coverage between the Managed Care Organization (MCO) Health Plan of Nevada and the member.



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Getting started.

We want you to get the most from your health plan right away.

Start with these three easy steps:

1

Call your Primary Care Provider (PCP) and schedule a checkup. Regular checkups are important for good health. Your child's PCP phone number should be listed in the PCP assignment letter that you recently received in the mail. The PCP listed in this letter is not the only provider that you can see. You can access care at any participating provider. If you don't know your child's PCP number, or if you'd like help scheduling a checkup, call Member Services at **1-800-962-8074, TTY 711**. Or stop by our offices for concierge, personalized, in-person services. We're here to help.

2

Take your Health Survey. This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. Go to myhpnmedicaid.com to complete the Health Survey today. Also, we will call you soon to welcome you to the Health Plan of Nevada. During this call, we can explain your health plan benefits. We can also help you complete the Health Survey over the phone. See page 14.

3

Get to know your health plan. Start with the Health Plan Highlights section on page 10 for a quick overview of your child's new plan. And be sure to keep this booklet handy, for future reference.

Oral interpretation services in languages other than English are available through our Member Services department. Please call **1-800-962-8074** for help.

Hearing impaired members may contact us at 1-800-962-8074 by calling through the 711 relay service.

Visually impaired members may call our Member Services department for help at **1-800-962-8074**. We can also give you documents in larger print for easier reading.

Thank you for choosing **Health Plan of Nevada** for your child's health plan.

We're happy to have you as a member. Health Plan of Nevada is the largest and most experienced health plan in Nevada. You've made the right choice for you and your family.

Health Plan of Nevada gives you access to many health care providers — doctors, nurses, hospitals and drugstores — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We're dedicated to improving your health and well-being.

Remember, answers to any questions you have are just a click away at myhpnmedicaid.com.

Or, you can call Member Services at **1-800-962-8074, TTY 711**, 8:00 a.m. – 5:00 p.m., Monday – Friday.

You can also use our concierge, or personalized, services. Stop by our offices and a member of our team would be happy to assist you.

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HEALTH PLAN OF NEVADA
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10 Health Plan Highlights

- 10 Health Plan ID Cards
 - 11 Nevada State Medicaid ID Card
 - 12 Discover Your Plan Online
 - 13 Benefits at a Glance
 - 14 Your Child's Health Survey
 - 15 Member Support
 - 16 Transitioning from Another Health Plan
 - 17 Using Your Pharmacy Benefit
-



19 Going to the Doctor

- 19 Your Primary Care Provider (PCP)
 - 20 Annual Checkups
 - 23 Making an Appointment with Your Child's PCP
 - 23 Preparing for Your Child's PCP Appointment
 - 24 Telephone Advice Nurse
 - 24 Referrals and Specialists
 - 25 Member Advocate
 - 25 Getting a Second Opinion
 - 26 Prior Authorizations
 - 26 Continued Care if Your PCP Leaves the Network
 - 27 Behavioral Health Services
 - 27 Virtual Visits
 - 28 Behavioral Health Virtual Visits
 - 28 Emergency Transportation
-



29 Hospitals and Emergencies

- 29 Emergency Care
 - 29 Maintenance Care and Post-Stabilization Care Services
 - 30 Urgent Care
 - 30 Hospital Services
 - 31 No Medical Coverage Outside of U.S.
 - 31 Out-of-Area Health Care Services
-



32 Pharmacy

- 32 Prescription Drugs
- 33 Over-the-Counter (OTC) Medicines
- 33 Injectable Medicines
- 33 Pharmacy Home



34 Benefits

- 34 Benefits Covered by Health Plan of Nevada
- 34 Medical Benefits
- 47 A Special Note About Family Planning Services
- 47 A Special Note About Mental Health and Substance Abuse Benefits
- 48 Special Added Benefits for Health Plan of Nevada Members
- 49 Pregnancy Care and Services
- 53 Disease and Care Management
- 53 Wellness Programs
- 54 Services You Receive Directly Through Nevada Check Up



55 Other Plan Details

- 55 Finding a Network Provider
- 55 Provider Directory
- 56 Medicaid Estate Recovery
- 56 If You Get a Bill for Services
- 56 Other Health Insurance (Coordination of Benefits – COB)
- 57 Updating Your Child’s Information
- 57 Your Opinion Matters
- 58 Informed Consent
- 58 Privacy of Records
- 58 How We Pay Our Providers
- 58 Utilization Management
- 59 Quality Program
- 59 Safety and Protection from Discrimination
- 60 Clinical Practice Guidelines and New Technology
- 61 Advance Directives
- 62 Fraud, Waste and Abuse (FWA)
- 63 What to Do if You Have an Appeal or a Grievance
- 63 Appeals
- 65 State Fair Hearing
- 65 Continuation of Service
- 66 Grievances
- 67 Your Child’s Rights and Responsibilities
- 68 If You No Longer Want Your Child to Be a Member of Nevada Check Up
- 69 If Your Child is No Longer on Nevada Check Up
- 69 When You Should Contact Us
- 70 When We Might Contact You
- 71 Health Plan Notices of Privacy Practices



Health Plan Highlights

Health Plan ID Cards

You will get a health plan ID card for each of your children who receive Nevada Check Up benefits. You should:

- Take both your child's health plan ID card and State Medicaid ID card to his/her appointments.
- Show it when you fill a prescription.
- Have it ready when you call Member Services; this helps us serve you better.
- Do not let someone else use this card(s). It is against the law.

HEALTH PLAN OF NEVADA
A Division of HealthCare Services

**Nevada
Check Up**

Health Plan (80840) 911-76342-01
Member ID: 000000000-00 Group Number: 00000000

Member:
SAMPLE ID CARD
Medicaid ID: 00000000000 Payer ID: 76342
Benefit Code: OPTUMRx

Medical	COVERED
Rx	COVERED
Vision	COVERED

Rx BIN: 610494
Rx GRP: SIE
Rx PCN: 9999

Effective Date: 01/01/2018

0511 Underwritten by Health Plan of Nevada, Inc.

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 01/31/18

Card does not guarantee coverage. Obtain prior authorization or verify benefits at myHPNmedicaid.com or call Member Services.

Member Services:	1-800-962-8074
TTY/TDD:	711
24 Hour Advice Nurse:	1-800-288-2264
Behavioral Health/Substance Abuse:	1-800-873-2246
NowClinic:	1-877-550-1515
Mobile Medical Center:	1-800-382-0870

For Providers: myHPNmedicaid.com 1-800-962-8074
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

HPN MEDICAID PROVIDER NETWORK
Pharmacy Claims: OptumRx, PO Box 29044, Hol Springs, AR 71903
For Pharmacists: 1-800-443-8197

Lost your child's Health Plan ID card?

If you lose your child's ID card, you can print a new one at myhpnmedicaid.com, or call Member Services at 1-800-962-8074, TTY 711.

Health Plan Highlights

Nevada State Medicaid ID Card

You will also get a Medicaid ID card from the State for each of your family members who receive Medicaid benefits.



If you need a replacement or have not received your child's Medicaid ID card, please contact the Division of Welfare and Supportive Services (DWSS) for assistance. Please see contact information below:

- For Northern Nevada: **775-684-7200**
- For Southern Nevada: **702-486-1646**
 - Option 1 for English, Option 2 for Spanish
 - Option 5 to speak to an Agent

Show both cards.

Always show your child's health plan ID card and your State Medicaid ID card when he/she gets care. This helps ensure you get all the benefits available to you. And prevents billing mistakes.

Discover Your Plan Online



Manage your child's health care information 24/7 on myhpnmedicaid.com.

As a member of Health Plan of Nevada, you're just a click away from everything you need to take charge of your child's health benefits. Register on myhpnmedicaid.com. The tools and new features can save you time and help you stay healthy. Using the site is free.

Great reasons to use myhpnmedicaid.com.

- Look up your child's benefits.
- Find a doctor.
- Find a hospital.
- Take your Health Survey.
- Keep track of your medical history.
- View claims history.
- Learn how to stay healthy.

Register on myhpnmedicaid.com today.

Registration is easy and fast. Sign up today! Just visit myhpnmedicaid.com. Select "Register" on the Home Page. Follow the simple prompts. Have your child's State Medicaid ID card with you, as you enter in the information. You will need to provide your child's Medicaid ID number, in order to register for an account. You're just a few clicks away from access to all types of information. Get more from your child's health care.

Benefits at a Glance

As a Health Plan of Nevada member, you have a variety of health care benefits and services available to your child. Here is a brief overview. You'll find a complete listing in the Benefits section.



Primary Care Services.

Your child is covered for all visits to your Primary Care Provider (PCP). Your child's PCP is the main doctor he/she will see for most of their health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.



Large Provider Network.

You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and drug stores — giving you many options for your health care. Find a complete list of network providers at myhpnmedicaid.com or call **1-800-962-8074**, TTY 711.



Telephone Advice Nurse.

Our Telephone Advice Nurse Line gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern. Call **1-800-288-2264**.



Specialist Services.

Your child's coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 24.



Medicines.

Your child's plan covers prescription drugs with no copays for members of all ages. Also covered: insulin, needles and syringes, birth control, and select over-the-counter products.



Hospital Services.

Your child is covered for hospital stays. You're also covered for outpatient services. These are services you get in the hospital without spending the night.

Health Plan Highlights



Laboratory Services.

Covered services include tests and X-rays that help find the cause of illness.



Well-Child Visits.

All well-child visits and immunizations are covered by this plan.



Maternity and Pregnancy Care.

Your child is covered for doctor visits before and after the baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.



Family Planning.

Your child is covered for services that help manage the timing of pregnancies. These include birth control products and procedures.



Ocular Care.

Your child's vision benefits include routine eye exams and glasses. See page 41.

Your Child's Health Survey

A Health Survey is a short and easy survey that asks you simple questions about your child's lifestyle and health. When you fill it out and mail it to us, we can get to know your child better. And it helps us match your child with the many benefits and services available to him/her.

Please take a few minutes to fill out the Health Survey at myhpnmedicaid.com. Click on the Health Survey button on the right side of the page, after you register and/or log in. Or call Member Services at **1-800-962-8074, TTY 711** to complete it by phone.

Member Support

We want to make it as easy as possible for your child to get the most from his/her health plan. As our member, your child will have many services available to him/her, including transportation and interpreters, if needed. And if you have questions, there are many places to get answers.



Website offers 24/7 access to plan details.

Go to myhpnmedicaid.com to sign up for web access to your child's account. This secure website keeps all of your child's health information in one place. In addition to plan details, the site includes useful tools that can help you:

- Find a provider or pharmacy.
- Search for a medicine in the Preferred Drug List or Formulary.
- Get benefit details.
- Download a new Member Handbook.



Member Services is available 8:00 a.m. – 5:00 p.m., Monday – Friday.

Member Services can help with your questions or concerns. This includes:

- Understanding your child's benefits.
- Finding a doctor or urgent care clinic.
- Scheduling an appointment with your child's PCP.

Call **1-800-962-8074, TTY 711**. You can also use our concierge, or personalized, services. Stop by our offices and a member of our team would be happy to assist you.

Our offices are located at:

2720 N. Tenaya Way, Suite 102
Las Vegas, NV 89128



Disease Management program.

If your child has a chronic health condition, like asthma or diabetes, you may benefit from our Disease Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care your child gets. To learn more, call **1-877-692-2059**.

Health Plan Highlights



We speak your language.

If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Member Services at **1-800-962-8074, TTY 711**.

Si usted habla un idioma que no sea inglés, podemos proporcionar materiales impresos traducidos. O podemos proporcionar un intérprete que puede ayudar a entender estos materiales. Encontrará más información acerca de servicios de interpretación y asistencia lingüística en la sección Otros detalles del plan. O llame a Servicios para Miembros al **1-800-962-8074, TTY 711**.



Emergencies.

In case of emergency, call. **911**



Other important numbers.

Medical Benefits	1-800-962-8074
Telephone Advice Nurse Line (available 24 hours a day, 7 days a week) . .	1-800-288-2264
Pharmacy Benefits	1-800-962-8074
Mobile Medical Clinic	1-800-382-0870
Mental Health/Substance Abuse Hotline	1-800-873-2246
NowClinic	1-877-550-1515

Transitioning from Another Health Plan

When your child joins Health Plan of Nevada, be sure to check and see if their current doctor is part of our Network. If not, they may be able to continue seeing their doctor while you choose a new one. If they are currently receiving care, make sure to let us know so we help them transition to our plan. If your child is taking medicine that is not covered by our health plan, we may approve their prescription for the first 60 days on our plan. Be sure to discuss getting a new prescription from their doctor. For help or questions about treatment during the first 60 days, please contact Member Services at **1-800-962-8074, TTY 711**.

You Can Start Using Your Pharmacy Benefit Right Away

Your child's plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List or Formulary. The PDL is a subset of all drugs covered under the plan. Your child's doctor uses these lists to make sure the medicines your child needs are covered by their plan. You can find both the Preferred Drug List and the Formulary List online at myhpnmedicaid.com. You search for a medicine name on the website. It's easy to start getting your prescriptions filled. Here's how:

1

Are your child's medicines included on the Preferred Drug List or Formulary?



Yes.

If your child's medicines are included on the Preferred Drug List (PDL) or Formulary, you're all set. Be sure to show your pharmacist your child's State Medicaid ID card every time you get prescriptions filled.



No.

If your child's prescriptions are not on the Preferred Drug List (PDL) or Formulary, schedule an appointment with his/her doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List or Formulary. Your child's doctor can also help you ask for an exception if they think your child will need a medicine that is not on the list.



Not sure.

View the Preferred Drug List (PDL) or Formulary online at myhpnmedicaid.com. You can also call Member Services. We're here to help.

2

Do you have a prescription?

When you have a prescription from your doctor, or need to refill a prescription, go to a network pharmacy. Show the pharmacist your child's HPN health plan ID card and State Medicaid ID card. You can find a list of network pharmacies in the Provider Directory online at myhpnmedicaid.com, or you can call Member Services.

Attention Pharmacist

Please process this Health Plan of Nevada member's claim using:

BIN: 610494

Processor Control Number: 9999

Group: SIE

If you receive a message that the member's medication needs a prior authorization or is not on our formulary, please call HPN Medicaid Pharmacy Services at **1-800-443-8197, option #6**.



Going to the Doctor

Your Primary Care Provider (PCP)

We call the main doctor your child sees a Primary Care Provider, or PCP. When your child sees the same PCP over time, it's easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. Your child will see a PCP for:

- Routine care, including yearly checkups.
- Treatment for colds and flu.
- Coordinate your care with a specialist.
- Other health concerns.

You have options.

You can choose between many types of network providers for your child's PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) — cares for children and adults.
- Gynecologist (GYN) — cares for women.
- Internal medicine doctor (also called an internist) — cares for adults.
- Nurse Practitioner (NP) — cares for children and adults.
- Obstetrician (OB) — cares for pregnant women.
- Pediatrician — cares for children.
- Physician Assistant (PA) — cares for children and adults.

Choosing your PCP.

If your child has been seeing a doctor before becoming a Health Plan of Nevada member, check to see if his/her doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

What is a Network Provider?

Network Providers have contracted with Health Plan of Nevada to care for our members. You don't need to call us before your child sees one of these providers. There may be times when you need to get services outside of our network. If a needed and covered service is not available in-network, it will be covered out-of-network at no greater cost to you than if provided in-network. Call Member Services to learn if they are covered in full. You may have to pay for those services.

Going to the Doctor

Availability of services.

Your child can see a specialist, and get routine and preventive care services in addition to services provided by your child's PCP.

There are four ways to find the right PCP for your child.

1. Look through our Provider Directory.
2. Use the Find-a-Doctor search tool at myhpnmedicaid.com.
3. Call Member Services at **1-800-962-8074, TTY 711**. We can answer your questions and help you find a PCP close to you.
4. Stop by our offices for in-person assistance. We are located at:
2720 N. Tenaya Way, Suite 102
Las Vegas, NV 89128

Once you choose a PCP, call Member Services and let us know. We will make sure your child's records are updated. If you don't want to choose a PCP, Health Plan of Nevada can choose one for your child, based on your location and language spoken.

Changing your PCP.

It's important that you like and trust your child's PCP. You can change PCPs at any time. Call Member Services or stop by our offices and we can help you make the change.

Your provider directory.

You can search for a provider by logging onto our website at myhpnmedicaid.com. If the doctor you are seeing now is on the list, you can stay with him/her. If you want more information about any of the doctors in our network, or you need a hard copy of the provider directory to be mailed to you, call our Member Services staff at **1-800-962-8074**.

Annual Checkups

The importance of your child's annual checkup.

Your child doesn't have to be sick to go to the doctor. In fact, yearly checkups with your child's PCP can help keep him/her healthy. In addition to checking on your child's general health, your child's PCP will make sure he/she gets the screenings, tests and shots he/she needs. And if there is a health problem, it is usually much easier to treat when caught early.

Learn more about network doctors.

You can learn information about network doctors, such as board certifications, medical school and residency program attended, and languages they speak, at myhpnmedicaid.com, or by calling Member Services.

Here are some important screenings. How often your child gets a screening is based on his/her age and risk factors. Talk to your child's doctor about what's right for your child.

Checkup schedule.

It's important to schedule well-child visits for these ages:

3 to 5 days	15 months
1 month	18 months
2 months	24 months
4 months	30 months
6 months	3 years
9 months	4 years
12 months	Once a year after age 5

Well-child visits.

Well-child visits are a time for a PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's overall well-being, including:

- Eating.
- Sleeping.
- Behavior.
- Social interactions.
- Physical activity.

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevent two common liver infections.
- **Rotavirus:** protects against a virus that causes severe diarrhea.
- **Diphtheria:** prevents a dangerous throat infection.
- **Tetanus:** prevents a dangerous nerve disease.
- **Pertussis:** prevents whooping cough.
- **HiB:** prevents childhood meningitis and severe lung and throat infections.
- **Meningococcal:** prevents bacterial meningitis.
- **Polio:** prevents a virus that causes paralysis.
- **MMR:** prevents measles, mumps and rubella.
- **Varicella:** prevents chickenpox.
- **Influenza:** protects against the flu virus.
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis.
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men.

Going to the Doctor

Keeping your children healthy through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program.

One of the most important things you can do to keep your children healthy is to make sure they get regular checkups. Have your child seen early and often; after age 5, they should be seen yearly for a well-child exam and any shots he/she needs. Your child's doctor will help you arrange the checkups and shots that are right for each child's age group. These services are free of charge. If you need help scheduling an appointment, call Member Services at **1-800-962-8074, TTY 711**. Or you can come into our office for concierge/in-person services. Our office is located at:

2720 N. Tenaya Way, Suite 102
Las Vegas, NV 89128

Special checkups for children from the EPSDT program.

Children under the age of 21 may receive well-child doctor visits as part of Nevada Medicaid's EPSDT program. These visits are offered to help your children stay healthy, provide required shots and to catch and treat health problems early. Included in the visit are the following:

- A health history.
- A physical exam.
- Immunizations (shots).
- Laboratory tests.
- Health education.
- Vision services.
- Hearing services.
- Other needed health care services and treatment.

It is very important that you bring your children in to see the doctor when they are due for this special testing. Health Plan of Nevada will let you know when your children need to come in for these screenings. You will receive a postcard in the mail as a reminder.

Making an Appointment with Your Child's PCP

Call your child's doctor's office directly. When you call to make an appointment, be sure to tell the office what you're coming in for. This will help make sure your child gets the care he/she needs, when he/she needs it. This is how quickly you can expect your child to be seen:

How long it should take to see your PCP:

Medically necessary appointments — when you have an illness, injury or condition that is not urgent

Within two (2) calendar days.

Urgent (but not an emergency)

Same day or directed to an Urgent Care Clinic by your child's PCP.

Routine care — for appointments like wellness checkups, screenings, annual exams and vaccinations

Within 2 weeks or 14 days.

Preparing for Your Child's PCP Appointment

Before the visit.

- 1** Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).
- 2** Make note of any new symptoms and when they started.
- 3** Make a list of any drugs or vitamins your child takes on a regular basis.

During the visit.

When you are with the doctor, feel free to:

- Ask questions.
- Take notes if it helps you remember.
- Ask the doctor to speak slowly or explain anything you don't understand.
- Ask for more information about any medicines, treatments or conditions.



Telephone Advice Nurse – Your 24-Hour Health Information Resource

When your child is sick or injured, it can be difficult to make health care decisions. You may not know if you should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care. An experienced Telephone Advice Nurse can give you information to help you decide.

Nurses can provide information and support for many health situations and concerns, including:

- Minor injuries.
- Common illnesses.
- Self-care tips and treatment options.
- Recent diagnoses and chronic conditions.
- Choosing appropriate medical care.
- Illness prevention.
- Nutrition and fitness.
- Questions to ask your provider.
- How to take medication safely.
- Men's, women's and children's health.

You may just be curious about a health issue and want to learn more. Experienced registered nurses can provide you with information, support and education for any health-related question or concern.

The 24-hour Telephone Advice Nurse phone number is 1-800-288-2264. You can call the toll-free Telephone Advice Nurse number anytime, 24 hours a day, 7 days a week. And there's no limit to the number of times you can call.

Referrals and Specialists

A referral is when your PCP says your child needs to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This other doctor is called a specialist. It is a good idea to see your child's PCP before you see a specialist. Your child's PCP can help coordinate your medical needs. If your child's doctor wants your child to see a specialist that you do not want to see, you can ask him/her to give you another name. A couple of examples of specialists include:

- Cardiologist – for problems with the heart.
- Pulmonologist – for problems with the lungs and breathing.

You do not need a referral from your child's PCP for:

- Emergency services.
- Behavioral health.
- Sexually transmitted disease (STD) testing and treatment — includes annual exam and up to five gynecologist (GYN) visits per year.
- Routine eye exams.
- Education classes — including parenting, smoking cessation and childbirth.

Member Advocate

The Member Advocate is another person at Health Plan of Nevada who can help you.

The Member Advocate can:

- Help you figure out how things work at Health Plan of Nevada. This may be things like filing a grievance, changing Care Coordinators or getting the care you need.
- Refer you to the right Health Plan of Nevada staff.
- Help solve problems with your child's care.

To reach the Health Plan of Nevada Member Advocate, call Health Plan of Nevada at **1-800-962-8074, TTY 711**. Ask to speak with the Member Advocate.

Getting a Second Opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider or non-network provider for any of your child's covered benefits. This is your choice. You are not required to get a second opinion. If the type of doctor needed is not available in-network for a second opinion, we will arrange for a second opinion out-of-network at no more cost to you than if the service was provided in-network.

Prior Authorizations

In some cases, your child’s provider must get permission from the health plan before giving your child a certain service. This is called prior authorization. This is your provider’s responsibility. If they do not get prior authorization, your child will not be able to get those services.

You do not need prior authorization for advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay. You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women’s health care provider for women’s health services or if your child is pregnant.

A prior authorization may be needed.

Some services that need prior authorization include:

- Hospital admissions.
- Certain outpatient imaging procedures, including PET scan imaging procedures.
- Some Durable Medical Equipment services.
- Some prescription medications.
- Weight loss surgery.

Continued Care if Your PCP Leaves the Network

Sometimes PCPs leave the network. If this happens to your child’s PCP, you will receive a letter from us letting you know. Sometimes Health Plan of Nevada will pay for your child to get covered services from doctors for a short time after they leave the network. Your child may be able to get continued care and treatment when your doctor leaves the network if your child is being actively treated for a serious medical problem. For example, you may qualify if your child is getting chemotherapy for cancer or are at least six months pregnant when their doctor leaves the network. To ask for this, please call your child’s doctor. Ask them to request an authorization for continued care and treatment from Health Plan of Nevada.

Behavioral Health Services

As a Health Plan of Nevada member, your child is eligible for Behavioral Health Services. These can help with personal problems that may affect him/her or your family. These include stress, depression, anxiety, a gambling problem, or using drugs or alcohol.

To find a Behavioral Health provider, call the Behavioral Healthcare Options (BHO) team at **1-800-873-2246**.

Virtual Visits

Get care 24/7 without leaving your home! With the NowClinic, you can talk to a NowClinic provider just like you would in an exam room. Just connect by secure mobile app, webcam, chat or phone.

NowClinic providers can diagnose, provide care recommendations and prescribe medication, if appropriate*, for common illnesses. No appointment is necessary and you can connect from the comfort of your home, work or anywhere else that is convenient for you within the state of Nevada.

NowClinic is a part of your health plan benefits and there is no cost to you!

To enroll, visit [NowClinic.com](https://www.nowclinic.com) or download the NowClinic mobile app for iOS® and AndroidSM devices from the App StoreSM online store or Google PlayTM store. You will need your child's Nevada Check Up ID card to complete the enrollment process.

NowClinic may be able to help with common illnesses such as:

- Allergies.
- Headache.
- Bronchitis.
- Laryngitis.
- Cough, Cold.
- Nausea/Vomiting.
- Earache.
- Skin Inflammation, Rash.
- Eye Infection, Pink Eye, Sty.
- Sore Throat.
- Fever, Chills, Runny Nose.

For any additional assistance or if you have any questions, please call Member Services at **1-800-962-8074**.

**The conditions treated are subject to NowClinic provider discretion and may require a visual interaction such as a webcam. Video may be required for prescribing.*

Behavioral Health Virtual Visits

Behavioral health therapy is also available without leaving your home! With the NowClinic, you can talk to a Behavioral Healthcare Options NowClinic mental health therapist just like you would in an office setting. NowClinic mental health providers can diagnose, provide therapy and care recommendations for most mental health issues.

BHO NowClinic is also a part of your health plan benefits and there is no cost to you!

BHO NowClinic services are by appointment and are available to members that are 18 years of age or older who are seeking mental health services.* To secure an appointment, call the BHO Intake line at **702-364-1484** or 1-800-873-2246. Inform the BHO Intake staff member answering your call that you are interested in NowClinic services. BHO has staff that can help you enroll in the NowClinic and answer any questions you may have prior to scheduling an appointment.

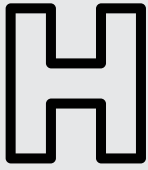
Once scheduled, you can connect from the comfort of your home, work or anywhere else that is convenient for you using a secure mobile app, webcam, chat or phone.

For any additional assistance or if you have any questions, please call Behavioral Healthcare Options at **702-364-1484** or 1-800-873-2246.

** The conditions treated are subject to NowClinic provider discretion. BHO NowClinic is not an appropriate format to address substance use or abuse issues. However, substance use or abuse issues can be addressed through our extensive network of providers in a traditional office setting through our Intake staff at **702-364-1484** or 1-800-873-2246.*

Emergency Transportation

Emergency transportation is a covered benefit for Health Plan of Nevada members. If you have a medical emergency, call 911. An ambulance will drive you to a hospital for emergency medical care. Remember to only call 911 for true medical emergencies.



Hospitals and Emergencies

Emergency Care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Reasons to go to the ER include:

- Serious illness.
- Broken bones.
- Heart attack.
- Poisoning.
- Severe cuts or burns.
- Difficulty breathing.

Don't wait.

If your child needs emergency care, call 911 or go to the nearest hospital.

Health Plan of Nevada covers any emergency care your child may need throughout the United States and its territories. Within 24 hours after your child's visit, call Member Services at **1-800-962-8074, TTY 711**. You should also call your child's PCP and let them know about his/her visit so they can provide follow-up care if needed.

What is an emergency?

Emergency services means covered inpatient or outpatient services that are as follows: (1) Furnished by a provider qualified to furnish these services under this title; (2) Needed to evaluate or stabilize an emergency condition.

Maintenance Care and Post-Stabilization Care Services

Post-stabilization care means covered services, related to an emergency medical condition, that are provided after a member is stabilized in order to maintain the stabilized condition, or, under the circumstances, to improve or resolve the member's condition.

Urgent Care

Urgent care clinics are there for you when your child needs to see a doctor for a non-life-threatening condition, but your child’s PCP isn’t available or it is after clinic hours. Your child can get care at a freestanding Urgent Care location, such as **Southwest Medical Associates (SMA)** or **University Medical Center (UMC)** Quick Care clinics. Common health issues ideal for urgent care include:

- Sore throat.
- Ear infection.
- Minor cuts or burns.
- Flu.
- Low-grade fever.
- Sprains.

If your child has an urgent problem, call his/her PCP first. The doctor can help you get the right kind of care for your child. Your doctor may tell you to take your child to an urgent care or the emergency room.

After office hours, call our Telephone Advice Nurse at **1-800-288-2264**. The nurse will help you decide the best place to get help.

Hospital Services

There are times when your child’s health may require you to go to the hospital. There are both inpatient and outpatient hospital services.

Outpatient services include X-rays, lab tests and minor surgeries. Your child’s PCP will tell you if he/she will need outpatient services. Your child’s doctor’s office can help you schedule them.

Inpatient services require your child to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Inpatient services require your child to be admitted (called a hospital admission) to the hospital. The hospital will contact Health Plan of Nevada and ask for authorization for your child’s care. If the doctor who admits your child to the hospital is not your child’s PCP, you should call your child’s PCP and let them know he/she is being admitted to the hospital.

Going to the hospital.

You should go to the hospital only if your child needs emergency care or if your child’s doctor told you to go.

No Medical Coverage Outside of U.S.

If you are outside of the United States and your child needs medical care, any health care services your child receives will not be covered by Health Plan of Nevada. Medicaid cannot pay for any medical services your child gets outside of the United States.

Out-of-Area Health Care Services

The Health Plan of Nevada service area covers metropolitan, Clark and Washoe Counties. When you are out of the service area during an emergency, you should seek attention at the nearest hospital emergency room or Urgent Care Center. Make sure you tell them your child is a Health Plan of Nevada member. Also, tell your child's doctor he/she went to an emergency room while your family was away.

If your child is being treated for a medical problem and going to be away for more than a few days, let your child's doctor know. If you have any questions while you are away, call Member Services at **1-800-962-8074**.



Pharmacy

Prescription Drugs

Your child's benefits include prescription drugs.

Health Plan of Nevada covers hundreds of prescription drugs from hundreds of pharmacies. A list of commonly covered drugs is on the Preferred Drug List (PDL) or Formulary. You can fill your child's prescription at any in-network pharmacy. All you have to do is show your child's HPN health plan ID card and State Medicaid ID card.

Generic and brand-name drugs.

Health Plan of Nevada requires all members to use generic drugs. Generic drugs have similar ingredients as brand-name drugs — they often cost less, but they work the same.

In some cases, a limited number of brand name drugs are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by Health Plan of Nevada.

What is the Preferred Drug List or Formulary?

The **Preferred Drug List (PDL)** is a list of covered drugs under your plan. The PDL is a subset of all drugs covered under the plan. The full list of covered drugs is called the **Formulary**. You can find both the Preferred Drug List and the Formulary online at myhpnmedicaid.com.

If the medicine your child's doctor is prescribing is not on the preferred drug list, Health Plan of Nevada may not pay for it or the medicine might require prior approval. If it does, your child's doctor may call our Pharmacy Services department at **1-800-443-8197, option #6**, or send a Prior Authorization Fax to 1-800-997-9672. The form can be found at myhpnmedicaid.com.

Changes to the Preferred Drug List or Formulary.

The list of covered drugs is reviewed by the State of Nevada on a regular basis and may change when new generic drugs are available.

Getting your prescription filled.

As a Health Plan of Nevada member, your child can get your prescriptions filled at any **Kmart, Walmart, Sav-On, Albertsons, Vons, Safeway, Smiths, CVS/Target** or **Walgreens stores**. If you need help finding a drug store or pharmacy, ask at the doctor's office or call Member Services at **1-800-962-8074**.

Pharmacy

Over-the-Counter (OTC) Medicines

Health Plan of Nevada also covers many over-the-counter (OTC) medications. An in-network provider must write you a prescription for the OTC medication your child needs. The supply is limited to 30 days. Then all you have to do is take your child's prescription, HPN health plan ID card and State Medicaid ID card into any network pharmacy to fill the prescription. OTCs include:

- Pain relievers.
- Cough medicine.
- First-aid cream.
- Cold medicine.
- Contraceptives other than birth control pills.

Injectable Medicines

Injectable medications are medicines given by shot, and they are a covered benefit. In some cases, your child will need to get a prior authorization for an injectable medicine. In some cases, you will need to fill the medication at one of our Specialty Pharmacies.

“**Specialty Drugs**” are high-cost oral, injectable, infused or inhaled Covered Drugs as identified by Health Plan of Nevada’s Pharmaceutical & Therapeutics Committee that are either self-administered or administered by a health care Provider and used or obtained in either an outpatient or home setting. Health Plan of Nevada may direct you to a Designated Plan Pharmacy with whom Health Plan of Nevada has an arrangement to provide those Specialty Drugs.

Pharmacy Home

Some Health Plan of Nevada members will be assigned a pharmacy home (Lock-in). In this case, members must fill prescriptions at a single pharmacy location. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at **1-800-962-8074, TTY 711**. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

Health Plan of Nevada
2720 North Tenaya Way, 1st Floor
Las Vegas, Nevada 89128



Benefits

Benefits Covered by Health Plan of Nevada

Medical Benefits

As a Health Plan of Nevada member, your child gets all the basic Nevada Check Up benefits at no cost to you. Your child's PCP will arrange for his/her care. You will need to use a Health Plan of Nevada approved health care facility and medical provider for most of these services, including:

Benefit	Services Included
Ambulance Services (for Emergency Services Only)	<ul style="list-style-type: none">• Medically necessary ground or air ambulance. <p>Excludes: Non-emergency medical transportation.</p>
Ambulatory Surgery Centers	<ul style="list-style-type: none">• Medically necessary surgeries that can be performed on an outpatient basis where the member can safely return home within 24 hours or less. <p>Excludes: Cosmetic surgeries, fabric wrapping of abdominal aneurysm, intestinal bypass surgery for treatment of obesity, transvenous catheter pulmonary embolectomy, extracranial-intracranial arterial bypass, breast reconstruction for cosmetic purposes only (allowed following mastectomy), stereotactic cingulotomy, LASIK and other eye surgeries to treat vision disorders, non-FDA approval implants, transsexual surgery, chochleostomy with neurovascular transplant for Meniere's Disease, non-medically necessary, non-effective or investigational surgeries or procedures.</p>

Benefits

Benefit	Services Included
Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> • Coverage for those under 21 years of age. • Must be diagnosed with Autism Spectrum Disorder (ASD) and medically necessary. • Must be prior authorized. <p>Excludes: <i>Services which do not meet medical necessity criteria, services used to reimburse parent/guardian for participation in the treatment plan, services given by the parent/guardian, services that are repetitive under an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP), vocational therapy, recreational therapy, respite services, child care services, services for education, equine therapy, hippotherapy, phone consultation services, care coordination and treatment planning billed independently of direct service and ABA services cannot be reimbursed on the same day as other rehabilitative mental health services. This is not an all-inclusive list.</i></p>
Botulinum Toxin Type A (Botox)	<ul style="list-style-type: none"> • Injections are covered for certain spastic conditions including cerebral palsy, stroke, head trauma, spinal cord injuries and multiple sclerosis.
Chiropractors	<ul style="list-style-type: none"> • Treatment limited to the following when referred through the Well-Baby/Well-Child (EPSDT) program: <ul style="list-style-type: none"> – Office visits. – Physical therapy. – X-ray. – Spinal manipulation.
Cochlear Implants	<ul style="list-style-type: none"> • Hearing evaluation, surgical implantation of the device, follow-up care and service. • Equipment and supplies with some limits. • Repairs, adjustments and replacement with some limits. • Damage or loss, insurance required at the time of implant.

Benefits

Benefit	Services Included
Diabetic Services	<ul style="list-style-type: none">• Diabetes management training.• Diabetic supplies with some limits.• Insulin pump.
Durable Medical Equipment	<p>Equipment and supplies for medical purposes.</p> <ul style="list-style-type: none">• May include, but are not limited to: oxygen tank concentrators, ventilators, wheelchairs, crutches and canes, orthotic devices, prosthetic devices, pacemakers, incontinence and medical supplies.• Prior authorization may be required. <p>Excludes: <i>Deluxe equipment when standard equipment meets the need, motorized scooters, liquid oxygen, breast pumps, air conditioners, dehumidifiers, humidifiers, car seats, elevators, stair lifts, exercise equipment, household equipment, hygiene equipment, motorized lifts for vehicles, ramps, traction devices, TENS units and reachers. Replacement of lost, damaged or stolen equipment. This is not an all-inclusive list.</i></p>
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	<ul style="list-style-type: none">• Limited to members under age 21.• Includes health and development history, unclothed exam, immunizations, lab procedures, health education, vision and hearing screenings.
Emergency Room Services (Plan and Out-of-Plan)	<ul style="list-style-type: none">• Hospital and physician services for medical emergencies.• Post-stabilization services for medical emergency.

Benefit	Services Included
End Stage Renal Disease	<ul style="list-style-type: none"> • Hemodialysis, peritoneal dialysis and other dialysis procedures. • Certain nutritional supplies.
Family Planning Services and Supplies	<ul style="list-style-type: none"> • Medical office visits. • Counseling. • Physical examinations. • Birth control devices and supplies. • Tubal ligations and vasectomies for eligible persons 21 years of age or older. • Missed abortions. <p>Excludes: <i>Infertility services, undoing of sterilization services, hysterectomies and abortions unless the mother's life is in danger if the fetus is carried to term or the pregnancy resulted from rape or incest.</i></p>
Gastric Bypass Surgery	<ul style="list-style-type: none"> • Coverage for members who meet the criteria. <p>Excludes: <i>Coverage for pregnant women, women less than 6 months partum, or women who plan to become pregnant within 18 – 24 months post gastric bypass surgery.</i></p>
Hearing Aids and Services	<ul style="list-style-type: none"> • Hearing aid(s) and related supplies. • Hearing aid testing and repairs. • Replacement of broken/lost hearing aid(s) only if covered by insurance purchased with original hearing aid(s). • Replacement of lost or damaged ear mold(s). <p>Excludes: <i>Eyeglass/hearing aid unit combined, replacement of lost/broken hearing aid(s) if replacement is not covered by insurance purchased with original aid.</i></p>

Benefits

Benefit	Services Included
Home Health Care	<ul style="list-style-type: none">• Skilled nursing services with limits.• Physical therapy visits, occupational therapy visits, speech therapy visits, respiratory therapy visits.• Registered dietician visits.• Limited personal care services with a skilled service as ordered by a physician. <p>Excludes: <i>Respite, homemaker, companion, social work or sitter service, and routine personal supplies.</i></p>
Immunizations — Ages 0 – 21	<ul style="list-style-type: none">• All childhood immunizations covered under EPSDT including Varicella, TDaP, Flu, Hepatitis A, B and C, HiB MMR, HPV, Pneumonia, Polio, Rotavirus and Meningitis.
Inpatient Hospital Services	<ul style="list-style-type: none">• Acute care admissions including all necessary physician care, testing, surgery and anesthesia when ordered by a physician.• Out-of-state inpatient hospital services for emergencies and when care is unavailable in service area.• Observation stays up to 48 hours.• Swing bed stays up to 45 days. <p>Excludes: <i>Swing bed stays over 45 days, when medical condition or treatment needs do not meet acute care guidelines or services can be provided in a less restrictive setting, certain administrative days, residential treatment center placement after the first month.</i></p>
Inpatient and Outpatient Rehabilitation Services	<ul style="list-style-type: none">• Physical, occupational or speech evaluations.• Medically necessary physical, occupational or speech therapy with limits.• High-dose oxygen treatment for wounds. <p>Excludes: <i>Non-medically necessary therapy and personal comfort items.</i></p>

Benefit	Services Included
Laboratory Services	<p>Includes all medically necessary diagnostic tests.</p> <ul style="list-style-type: none"> • There are some tests that may require prior authorization. • Genetic testing will require prior authorization. It is limited to only certain genetic testing specifically for breast cancer (BRCA I and II only). • You do not need prior authorization for emergencies. • You do not need prior authorization to see a women's health provider for women's health or if you are pregnant. <p>Excludes: Post death exams, fertility tests and genetic testing for BRCA I and II only.</p>
Medical Nutrition Therapy (MNT)	<p>This therapy is provided by a Registered Dietitian to help manage diseases based on diet.</p> <p>You do not need prior authorization. A referral is needed and must include labs, medicines and information about current conditions.</p> <p>Includes the following benefits:</p> <ul style="list-style-type: none"> • Initial nutrition and lifestyle assessment. • One on one or group nutrition counseling. • Follow-up intervention visits to monitor progress in managing diet. • Reassessments as necessary during the 12 rolling month episode of care to assure compliance with the dietary plan. • Four hours maximum in the first year. • Two hours maximum per 12 rolling month period in subsequent years. • Services may be provided in a group setting. The same service limitations apply in the group setting. • MNT is only covered for the management of diabetes, obesity, heart disease and hypertension related conditions. • MNT may be provided through Telehealth services. • Additional service limitations may apply.

Benefits

Benefit	Services Included
Medical Supplies	<ul style="list-style-type: none">• Disposable medical supplies to treat a medical condition including diabetic syringes and needles, dressings, pads, diapers for members over age 3 (use of multiple types of briefs, diapers, pullons, or protective underwear in any size combination cannot exceed the maximum limit either 100 units or 186 units per month, depending on the item, without prior authorization), catheter and irrigation items, ostomy supplies, saline, sterile and nonsterile gloves.• Authorize one month's supply at a time. <p>Excludes: <i>Sanitary napkins, band-aids, cosmetics, personal hygiene items, rubbing alcohol, hydrogen peroxide, Neosporin and other topical preparations.</i></p>
Mental Health and Substance Abuse Services	<ul style="list-style-type: none">• Inpatient Mental Health Services.• Substance use disorder treatment services.• Rehabilitative services.• Outpatient counseling.• Psychological testing and/or evaluation prescribed by a physician.• Crisis intervention therapy.• Case management services for some illnesses.

Benefit	Services Included
Ocular Care	<ul style="list-style-type: none"> • Exam and glasses every 12 months. • Repairs and replacement for damaged eyeglasses. • Lightweight lenses to balance the weight of the glasses. • Glass or plastic lenses. • Bifocals and trifocals in some instances. • Contact lenses for treatment of a medical condition. • Plastic or metal frame. <p><i>Excludes: Sunglasses or cosmetic lenses; contact lenses; replacement of lenses; blended or progressive multifocal lenses; ultra-lightweight plastic lenses for adults; cost of an extended warranty to repair/replace glasses/frames with ornamentation, eyeglass frames which attach to or act as a holder for hearing aids; any surgical procedure to improve vision, when vision is OK using glasses.</i></p>
Orthotics	<p>Items needed to straighten or correct a deformity such as braces, special shoes, elastic stockings, back support/corsets, splints, cervical collars and burn garments.</p>

Benefits

Benefit	Services Included
Parenteral Therapy	<ul style="list-style-type: none">• Fluids with vitamins and nutrients given through veins.• Infusion pump one at a time.• One supply kit and one administration kit per day. <p>Excludes: <i>Nutritional aids for the elderly, infants with allergies who can use soy formula, diabetic diets and supplements to ulcer diets.</i></p>
Personal Care Services	<p>Medically necessary help with:</p> <ul style="list-style-type: none">• Bathing, grooming or dressing.• Toileting needs.• Transferring and positioning persons who can't or have trouble walking.• Help with eating. <p>Services require prior authorization.</p> <p>Services may be provided in the home, locations outside the home or wherever the need for the service occurs.</p> <p>Must be performed in accordance with the approved service plan.</p> <p>Any changes that do not increase the total authorized hours can be made, for the member's convenience, within a single week without an additional authorization.</p> <p>Excludes: <i>Tasks a person is able to perform on their own, services given by legally responsible individuals, tasks that are not on the approved service plan, services to maintain a household and services given to a person other than the planned receiver.</i></p>

Benefit	Services Included
<p>Pharmacy (Generic drug required unless physician requests a brand name with prior authorization request)</p>	<ul style="list-style-type: none"> • Drugs approved by the Food and Drug Administration and part of the Health Plan of Nevada Medicaid Drug List. • Family planning items, such as condoms, diaphragms, oral contraceptives, foams and jellies. • Over-the-counter drugs ordered by the doctor. • Prenatal vitamins. • Smoking cessation products. <p><i>Excludes: Appetite suppression or weight loss drugs, fertility drugs, drugs used for cosmetic purposes or hair growth, experimental drugs, replacements for lost, stolen, broken or destroyed medications, medications for the treatment of erectile dysfunction or sexual dysfunction, non-FDA approved medications, or unit dose packaging of prescription drugs.</i></p>
<p>Physician, Physician Assistant and Nurse Practitioner Services and Consultations (Surgical and Non-Surgical)</p>	<ul style="list-style-type: none"> • Medically necessary primary care and specialist office visits. • Urgent care services. • Emergency room services. • Services to diagnose and treat an illness or injury. • Preventive services covered under EPSDT. • Well-child care. • Immunizations. • Sports physicals. • Well-woman care. <p><i>Excludes: Investigational or experimental procedures not approved by the FDA, clinical trials and investigational studies.</i></p>

Benefits

Benefit	Services Included
Podiatry	<ul style="list-style-type: none">• Office visits, home visits, hospital visits, emergency room visits and nursing home visits.• Surgical Procedures.<ul style="list-style-type: none">– Multiple surgeries.– Fungal infection procedures.– Casting/strapping/tapping. <p>These procedures are covered when performed by a podiatrist for the treatment of fractures, dislocations, sprains, strains and open wounds (related to podiatrist's scope of practice).</p> <ul style="list-style-type: none">• Infection and inflammation services.<ul style="list-style-type: none">– Trimming of nails, cutting or removal of corns and calluses are allowed if either infection or inflammation is present. <p>Excludes: Preventive care such as cleaning and soaking of feet, applying creams and routine foot care. Routine foot care in the absence of infection or inflammation.</p> <ul style="list-style-type: none">• Routine foot care includes the trimming of nails, cutting or removal of corns and calluses.• Preventive care and routine foot care can be provided by Outpatient Hospitals, APRN, M.D., D.O., PA/PA-C.
Pregnancy and Maternity Services	<ul style="list-style-type: none">• Doctor or certified nurse midwife visits for prenatal care and testing.• Specialist care for complications.• Delivery services in hospital or birthing center (excludes delivery at home).• After-delivery care.• Treatment for pre-term labor.• Treatment of incomplete, missed or septic abortions, when medically necessary.• Abortions to end pregnancies resulting from rape or incest.

Benefit	Services Included
Prostheses and Prosthetic Supplies	<ul style="list-style-type: none"> • Items necessary to replace missing body parts, such as false limbs and eyes. • Adjustments and repairs. • Replacement when ordered by a doctor. <p>Excludes: <i>Routine testing and cleaning.</i></p>
Radiology (X-Ray) Services	<ul style="list-style-type: none"> • Medically necessary X-ray services ordered by a doctor such as MRI or PET scans, ultrasounds.
Skilled Nursing Facility Care	<ul style="list-style-type: none"> • All medically necessary care for the first 45 days. Nevada Medicaid covers the cost of care as of the 46th day.
Substance Use Disorder Services	<ul style="list-style-type: none"> • Inpatient substance use disorder treatment. • Office/clinic visits provided by medical personnel. • Outpatient counseling. • Methadone therapy. <p>Excludes: <i>Some services are excluded. For more information, please contact Behavioral Healthcare Options at 1-800-873-2246.</i></p>
Surgical Services	<ul style="list-style-type: none"> • Medically necessary surgeries. • Inpatient/Outpatient/Ambulatory facility services. • Physician services. • Surgical assistant services. • Anesthesia services including nurse anesthetist. • Circumcisions for newborns under 1 year of age, no prior authorization required. • Circumcisions for non-newborns, prior authorization is required. <p>Excludes: <i>Medically unnecessary cosmetic procedures to improve appearance.</i></p>

Benefits

Benefit	Services Included
Transgender Services	<ul style="list-style-type: none"> Coverage for members who meet the criteria. <p>Excludes: Surgery for members under 18 years of age, reversal surgeries or cosmetic surgeries or procedures.</p>
Transportation	<ul style="list-style-type: none"> Emergency transportation only (see Ambulance Services). <p>Excludes: Non-emergency transportation to medical services, transportation to non-covered services, travel to visit a hospitalized patient, transport of a deceased person, transports between facilities and cost of a car rental.</p>
Transplants (Organ)	<ul style="list-style-type: none"> Medically necessary organ transplants that are not experimental. Familial and unrelated bone marrow donor search and match services are covered. Meals and lodging to and from, and while receiving medical services and transportation to and from medical services. <p>Excludes: Transplants for some illnesses and stages of illnesses, experimental organ transplants, organ transplants that will not make a difference in the patient's health, and unsafe organ transplants.</p>

This is just a basic list of the covered medical services your child may receive from Health Plan of Nevada. Services that are not allowed by the State of Nevada Medicaid Program are excluded from coverage.

The Nevada Medicaid webpage provides a fee-schedule search option to view a list of services the State of Nevada Medicaid Program covers. The website can be accessed at: <https://www.medicaid.nv.gov/hcp/provider/Resources/SearchFeeSchedule>.

Keep in mind, you must have approval from your child's PCP and Health Plan of Nevada before your child receives some health services. These include specialist visits and hospital stays. Your child's PCP or our Member Advocates are available to answer questions you may have about these services. Feel free to call Member Services at 1-800-962-8074 or stop by our offices for concierge, in-person assistance. Our offices are located at 2720 N. Tenaya Way, Suite 102, Las Vegas, NV 89128.

A Special Note About Family Planning Services

Family planning services help people of childbearing age who do not want to get pregnant.

These services include:

- Counseling.
- Various kinds of birth control, including over-the-counter and prescription birth control supplies.

You can get family planning services:

- From your child's PCP, or
- From any doctor, clinic or family planning center that takes Nevada Check Up patients.

You do not have to get family planning services from a doctor in the Health Plan of Nevada Provider Directory. You do not need a referral from your child's PCP, but please bring your child's Nevada Check Up ID card with you. **Always tell your child's PCP when he/she is using birth control pills or other family planning methods.** Infertility services are not covered for Medicaid members.

A Special Note About Mental Health and Substance Abuse Benefits

Mental health is as important as physical health. Behavioral Healthcare Options (BHO) provides Mental Health, Substance Abuse services and online resources for members to maintain a balanced and healthy life.

Some of the services provided by BHO include:

- Mental health and substance abuse services.
- Inpatient and outpatient services.
- Crisis intervention services 24-hours-a-day, 7-days-a-week.

To access services and to obtain help in locating a provider near you, please contact us at **702-364-1484** or toll-free at **1-800 873-2246**.

It's important that you like and trust your therapist. You can change your therapist at any time. Call us and we can help you make the change.

If you are currently experiencing a life-threatening emergency, please call 911 or proceed to your nearest emergency room immediately.

Special Added Benefits for Health Plan of Nevada Members

Health Plan of Nevada provides several added benefits to assist each of our plan members in staying healthy and well. The following are examples of benefits for you.

- **Member Services: 1-800-962-8074.**
Office Address: 2720 N. Tenaya Way, Suite 102, Las Vegas, NV 89128
Our friendly staff will help with any questions you have about your benefits. They can help if you have a problem getting health care. You should also tell them about any suggestions or grievances you have.
- **24-hour Telephone Advice Nurse: 1-800-288-2264.** Having a sick child or getting sick yourself can be very frightening in the middle of the night. But as a Health Plan of Nevada member, you can call our Telephone Advice Nurse. The nurse can tell you what you need to do for your problem and whether you need to follow up with your PCP. Also, you can call the nurse with questions that you don't think are serious enough to ask your doctor.
- **Smartphones:** You can apply to receive a free smartphone with free monthly minutes. Depending on the plan you choose, you will have unlimited text messages and calls made to the 24-hour Telephone Advice Nurse will not count toward your free minutes. From time to time, you will receive text messages from us with Health Tips and Reminders. For more information, call Member Services at **1-800-962-8074**.
- **NowClinic:** Get care 24/7 without leaving your home! With the NowClinic, you can talk to a NowClinic provider just like you would in an exam room. Just connect by secure mobile app, webcam, chat or phone. You do not need an appointment and you can easily connect from the comfort of your home, work or anywhere else that's convenient for you. For more information about the NowClinic, call Member Services at **1-800-962-8074**.
- **Health education classes.** As a Health Plan of Nevada member, you can take special classes to help you learn good health habits and manage illnesses. We have the following classes to help people with health problems take better care of themselves so they can stay as active as possible:
 - Asthma – Child (ages 5 – 15).
 - Cancer Nutrition.
 - Chronic Obstructive Pulmonary Disease.
 - Diabetes (ages 18 and up).
 - Exercise.
 - Heart Failure.
 - Heart Health.
 - Lactation.
 - Lifestyle Management.
 - Nutrition and Fitness.
 - Pregnancy.
 - Preventive Health Care.

- Tobacco Cessation Program.
- Weight Management – Adult.
- Weight Management Support Group.
- Healthy Nutrition Toddlers and Preschoolers (ages 2 – 6).
- Healthy Nutrition Children (ages 7 – 13).
- Healthy Nutrition Teen (ages 14 – 17).

If you want your child to take a class, call the Health Education and Wellness department at **1-800-720-7253**. The classes are free. You may find more information about these programs on our website, myhpnmedicaid.com. Click on the “I Need Help With” link and then click on “Health Education and Wellness.”

If your child has asthma.

Health Plan of Nevada has a special program called the Pediatric Asthma Program, to help children with asthma and their families. This is offered to children between the ages of 5 and 18, whose parents would like to know how to control their asthma by using a Peak Flow Meter. The meter is provided for free and it is monitored by a registered nurse that has a certification in asthma education. Fun printed material and incentives can also be won if your child follows the program accordingly.

Pregnancy Care and Services

Your child’s unborn baby is very special. We are here to help your child during her pregnancy and after the baby is born so both mom and baby will be strong and healthy. It is very important to your child’s health and her baby to see a doctor early in her pregnancy. The best way to give your child’s baby a good start in life is to get prenatal care right away.

Take care of your child during her pregnancy.

Tell your child’s PCP if she is pregnant. If you think your child might be pregnant but are not sure, the PCP can give your child a quick, easy test to find out. If your child is pregnant, choose an obstetrician from the HPN Provider Directory for the Nevada Check Up program. If you need help, call Member Services at **1-800-962-8074**. We will help you choose an obstetrician. These specially trained doctors provide care during pregnancy and deliver babies.

Benefits

Make an appointment to see your child’s obstetrician right away for a complete checkup. A referral or prior authorization is not required for your child to see the obstetrician. The doctor will tell your child what to expect during her pregnancy and how to take care of herself and her unborn baby. The obstetrician will check to see if your child’s unborn baby might need special care. The obstetrician will stay in touch with your child’s PCP in case she has other health needs.

Educational programs for moms-to-be.

If your child is pregnant, call our Obstetrical Case Management team at **1-877-487-6659**. The registered nurses will answer any questions you may have and send you information on having a healthy pregnancy. She may also attend a free Healthy Pregnancy class, “Healthy Expectations.” During the class, the health educator provides information on:

- Nutrition.
- Exercise.
- Safety for you and the baby.
- Proper weight gain.
- Stress, emotions and hormonal changes.
- Breastfeeding and formula feeding.

Prizes for getting prenatal care.

Your child may receive a gift of baby goods for completing her prenatal care. **The number of needed prenatal visits is based on when she became a member of Health Plan of Nevada.** If she joined Health Plan of Nevada in her:

9th month of pregnancy	1 prenatal visit is needed
8th month of pregnancy	5 prenatal visits are needed
7th month of pregnancy	7 prenatal visits are needed
6th month of pregnancy	8 prenatal visits are needed
5th month of pregnancy	9 prenatal visits are needed
4th month of pregnancy	11 prenatal visits are needed
3rd month of pregnancy	12 prenatal visits are needed
2nd month of pregnancy	13 prenatal visits are needed
1st month of pregnancy	14 prenatal visits are needed

Avoiding a premature birth.

Premature babies have lots of health problems from birth and for many years later. To avoid having a premature baby, it is important to know about premature labor. Premature labor occurs before the 37th week of pregnancy. The signs of premature labor are:

- Menstrual-like cramping.
- Contractions.
- Lower backache.
- Abdominal, thigh or back pressure.
- Increase or change in vaginal discharge.
- Amniotic fluid (bag of water).

If you are having signs of pre-term labor, call your child's obstetrician right away. There are treatments available to stop pre-term labor which will help your child have a full-term, healthy baby.

Delivering the baby.

Your child will probably have the baby in the hospital. The obstetrician your child usually works with will deliver the baby. Some mothers want to have a certified nurse-midwife deliver the baby. If your child wants her baby to be delivered this way, ask the obstetrician to help you find a certified nurse-midwife, who is in the HPN Provider Directory for the Nevada Check Up program. You can search for a provider by logging onto our website, myhpnmedicaid.com.

Baby blues.

Babies need lots of care, but so does the new mom. Some women have postpartum depression after the baby is born. Some signs of postpartum depression are feeling sad, crying a lot, having trouble sleeping or just not feeling like yourself. If the new mom has any of these symptoms, please call her doctor or call Behavioral Healthcare Options at **1-800-873-2246**.

Birth control after the baby is born.

A new mom's body needs to rest after pregnancy. Pregnancies too close together increase the chance of having a premature or low-birth-weight baby. It is recommended that your child wait at least one year before becoming pregnant again. Talk to your child's doctor about birth control methods that are right for her.

A healthy start for your child's new baby.

Your child's baby may become an HPN member from the date of birth if the pregnancy is reported to both the Welfare Office and HPN prior to and within 14 days of the baby's birth. If this notification is not provided to both offices, the baby will not be a member as of the date of birth. Instead, the baby may become a member the first day of the next month following the birth. **Make sure you call our Member Services department at 1-800-962-8074 and the Welfare Office at 1-877-543-7669 to report the pregnancy and birth of the child.**

If your child is pregnant and has other children on Nevada Check Up, the Welfare Office needs to be informed that she is pregnant. Please call **1-877-543-7669** to inform that office. If your child has other health insurance, the baby will be covered under that health insurance for the first month of life. The baby will be covered by Nevada Check Up after the first month. If your child does not have other health insurance, the baby will be covered by Nevada Check Up from the date of birth, but only if you inform the office of the pregnancy prior to the birth of the baby or within 14 days of the baby's birth.

One of the most important things your child will need to do right after childbirth is to choose a PCP for her baby. The baby should receive a checkup within the first week after birth and circumcisions for baby boys are usually a part of this visit. If your child needs help choosing a PCP for the baby, call Member Services at **1-800-962-8074** or visit our website, myhpnmedicaid.com. Your child may choose either a pediatrician or a family practice doctor. Please let us know your child's choice by calling **1-800-962-8074**. If we don't hear from your child, we will assign the baby to a PCP. Your child can change the PCP by calling Member Services.

Disease and Care Management

If your child has a chronic health condition like asthma or diabetes, Health Plan of Nevada has a program to help you live with your child's condition and improve the quality of your child's life. These programs are voluntary and available to you. The programs give you important information about your child's health condition, medications, treatments and the importance of follow-up visits with your child's physician.

A team of registered nurses and social workers will work with your child, your child's PCP, other health care providers and community resources to design a plan of care to meet your child's needs in the most appropriate setting. They can also help your child with other things like weight loss, stopping smoking, making appointments with your child's doctor and reminding you about special tests that your child might need.

You or your doctor can call us to ask if our care management or disease management programs could help your child. If you or your doctor thinks a Care Manager could help your child, or if you want more information about our care management or disease management programs, call us at **1-877-692-2059**.

Wellness Programs

Health Plan of Nevada has many programs and tools to help keep your child healthy, including:

- Classes to help quit smoking.
- Pregnancy care and parenting classes.
- Nutrition classes.
- Well-care reminders.

Your child's provider may suggest one of these programs for him/her. If you want to know more, or to find a program near you, talk to your child's PCP or call Member Services at **1-800-962-8074, TTY 711**.

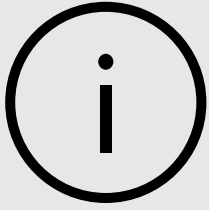
Services You Receive Directly Through Nevada Check Up

Some services that Nevada Check Up pays for are not part of your HPN benefit package. You do not have to see your child's PCP or dentist first.

Some services you get directly through Nevada Check Up are:

- **Indian Health Services and Tribal Clinics.**
- **Non-emergency medical transportation** — for transportation to medical and dental care when it is not an emergency.
- **School-based health services** — for certain children who have an Individual Education Plan so they can get special care in the school.
- **The cost of care in a special facility** — like an institution for people who are intellectually disabled or a residential treatment facility for alcoholism, drug abuse or behavioral health conditions.
- **Services for people who need long-term care** — like staying in a nursing home longer than 45 days.
- **Dental Services** — services to check for and correct problems with your teeth.

If you have questions about these services, please contact Nevada Check Up at **1-877-543-7669**.



Other Plan Details

Finding a Network Provider

We make finding a network provider easy. To find a network provider or a pharmacy close to you:



Visit myhpnmedicaid.com for the most up-to-date information. Click on “Find a Doctor/Pharmacy.”



Call Member Services at **1-800-962-8074, TTY 711**. We can look up network providers for you. Or, if you'd like, we can send you a Provider Directory in the mail.

Provider Directory

You have a directory of providers available to you in your area. The directory lists names, addresses, phone numbers, professional qualifications, specialty and board certification status of our in-network providers.

Provider information changes often. Visit our website for the most up-to-date listing at myhpnmedicaid.com. To search for a provider, click on “Find a Doctor/Pharmacy” to use our online searchable directory.

If you would like a printed copy of our directory, please call Member Services at **1-800-962-8074, TTY 711**, and we will mail one to you.

Medicaid Estate Recovery

When you enroll in a Managed Care Organization (MCO), are age 55 or older and are subject to Medicaid estate recovery upon death, please note that all premium payments (capitation fees) made by Medicaid to the MCO are subject to recovery by Medicaid per Section 3810 of the Center for Medicaid and Medicare's State Medicaid Manual, and will be included in addition to any other Medicaid payments as a claim against your estate. Medicaid cannot recover from the estates of deceased Medicaid recipients if there is a surviving spouse, a child under the age of 21, or a disabled or blind child of any age. Also Medicare Part A and B copayments paid after January 1, 2010, are not recoverable.

If You Get a Bill for Services

It is very important that you follow the rules when getting medical care for your child so you are not billed for services. Your child must get care from the doctors and other medical providers listed in the HPN Provider Directory for the Nevada Check Up program. You must get a referral from your child's PCP to see a specialist or get certain services. The only exception is during a medical emergency.

It is also important to know your child's benefits. If your child gets medical care that is not a benefit, you may be billed for those services. For example, if you pick a pair of glasses that cost more than the benefit, you will need to pay the difference.

You may also get a bill for medical care your newborn gets, if you don't tell the Welfare Office that the baby was born. Services received outside the country are not covered benefits. HPN will not pay for these services.

Other Health Insurance (Coordination of Benefits – COB)

If you or anyone in your family has other health insurance, you must call Member Services and tell us about it. For example, if you have a health plan at work or if your children have insurance with their other parent, call Member Services.

If you have other insurance, Health Plan of Nevada and your other plan will share the cost of your care. This is called **Coordination of Benefits**. Together, both plans will pay no more than 100 percent of the bill.

If we pay the full bill and another party should pay part, we will contact the other plan. For example, if you are hurt in a car accident, auto insurance may pay some of your bills. You will not get a bill for covered services. We get the bill. If you get the bill by mistake, call **Member Services at 1-800-962-8074, TTY 711**.

Updating Your Child's Information

To ensure that the personal information we have for your child is correct, please tell your DWSS eligibility worker if and when any of the following changes:

- Marital status.
- Address.
- Member name.
- Phone number.
- Your child becomes pregnant.
- Family size (new baby, death, etc.).
- Other health insurance.

Please call Division of Welfare and Support Services (DWSS) if any of this information changes. Health Plan of Nevada needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters and other important information.

- For Northern Nevada: **775-684-7200**
- For Southern Nevada: **702-486-1646**
 - Option 1 for English, Option 2 for Spanish
 - Option 5 to speak to an Agent

Other insurance.

If your child has any other insurance, call Member Services and let us know.

- If you are a Health Plan of Nevada member, your other health insurance will have to pay your health care bills first.
- When your child gets care, always show both your child's State Medicaid ID card and your member ID card from your other insurance.

Your Opinion Matters

Do you have any ideas about how to make Health Plan of Nevada better? There are many ways you can tell us what you think.

- Call Member Services at **1-800-962-8074, TTY 711.**
- Visit us or write to us at:

Health Plan of Nevada
2720 North Tenaya Way, Suite 102
Las Vegas, Nevada 89128

Informed Consent

Consent means you say “yes” to treatment. Informed consent means:

- The treatment was explained to you and you understand.
- You say yes before getting any treatment.
- You may need to say yes in writing.
- If you do not want the treatment, your PCP will tell you about other options.
- You have the right to say yes or no.

Privacy of Records

Health Plan of Nevada takes privacy issues and laws seriously. Safeguards are in place to protect information about your child. We don’t share private information without your written okay unless there is a legal reason.

How We Pay Our Providers

Health Plan of Nevada pays our network PCPs, specialists, hospitals and all other types of providers every time they see one of our members. This is known as fee-for-service. If you have any questions on provider reimbursements or incentive programs, you can call Member Services at **1-800-962-8074, TTY 711**.

Utilization Management

Health Plan of Nevada does not want your child to get too little care or care your child doesn’t need. We also have to make sure that the care your child gets is a covered benefit. Decisions about care are based only on appropriateness of care and coverage. We use a process called utilization management (UM). It helps us make sure your child gets the right care, at the right time and in the right place.

Only doctors and pharmacists do UM. We do not reward anyone for saying no to needed care. We do not give incentives to our reviewers for decisions that result in not enough care. If you have questions about UM, talk to our Medicaid Case Management staff. Call during normal business hours. TTY 711 and language help are available.

Quality Program

Our Quality program can help your child stay healthy by working with his/her doctor. It reminds you to get your child to complete preventive tests and shots. We send reminders to you and your child's providers. These include lead tests, Pap tests, mammograms and shots to prevent diseases like polio, mumps, measles and chickenpox.

Health Plan of Nevada uses HEDIS® (Healthcare Effectiveness Data and Information Set) standards to help measure how we are doing with our quality program. HEDIS gives performance scores to help people compare managed care plans. HEDIS studies many areas, such as prenatal care and disease prevention.

Health Plan of Nevada wants to make sure you and your child are happy with the services your child gets from his/her doctor and from us. To do this, we look at CAHPS® data. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. This survey asks questions to see how happy you are with the care your child gets. If you get a member survey in the mail, please fill it out and return it to us.

Health Plan of Nevada looks at the results of HEDIS and CAHPS. Then we share the results with our providers. We work with providers to make sure services add to your health care in a positive way.

If you want to know more about the Quality program, call Member Services at **1-800-962-8074, TTY 711**.

Safety and Protection from Discrimination

Patient safety is very important to us. Although we do not direct care, we want to make sure that our members get safe care. We track quality-of-care, develop guidelines on safe care and give information on patient safety. We also work with hospitals, doctors and others to improve coordination between sites of care. If you want more information, call Member Services at **1-800-962-8074, TTY 711**.

Clinical Practice Guidelines and New Technology

Health Plan of Nevada gives our providers clinical guidelines. These have information on the best way to provide care for some conditions. Each guideline is a standard of care in the medical profession. This means other doctors agree with that approach.

If you have any questions about Health Plan of Nevada's clinical guidelines or would like a copy of the guidelines, call Member Services at **1-800-962-8074, TTY 711**. You can also find the clinical guidelines on our website at myhpnmedicaid.com.

New Technology Assessment.

Some medical practices and treatments are not yet proven to be effective. New practices, treatments, tests and technologies are reviewed nationally by Health Plan of Nevada to decide on coverage. They are reviewed by a committee of Health Plan of Nevada doctors, nurses, pharmacists and guest experts. They make the final decision about coverage. If you want more information, call us at **1-800-962-8074, TTY 711**.

Advance Directives

Nevada law states your child has the right to make decisions about their health care if they are 18 years of age and older as long as they are able to do so. If your child becomes sick, their doctor will tell you what is wrong with them, the types of treatment your child can choose and what might happen if your child does not get care. A child that is 18 years of age or older has the right to refuse care, even if the doctor feels the child needs it in order to save their life.

Sometimes when people are very sick, they are not able to make decisions or tell doctors what they want. For example, if there is no hope that they will get well again, some people don't want the doctor to keep them alive by feeding them through a tube or putting them on machines. If your child feels this way, **it is very important that your child tells the doctor and the child's family what they wish while they are still healthy and able. This is done by a written "advance directive."**

There are different types of advance directives:

- **A "Living Will"** is a written statement that tells the doctor and family what kind of health care your child wants, or does not want, if they become unable to tell them.
- **A "Durable Power of Attorney for Health Care"** is a signed document that names someone your child chooses to make health care decisions for them if they cannot make their own decisions.
- **A Do Not Resuscitate (DNR) order** is an instruction given to the doctor that your child does not want life-saving measures taken on their behalf if their heart or breathing stops.

An advance directive must be in writing and your child must sign it. It must also be signed by a notary public or by two other people as witnesses. Make sure their family and their PCP have copies so they will know how to help your child. Your child's Advanced Directive will be kept in their medical record.

Your child may change their advance directive at any time. Your child must put the change in writing in the same way that they did the first time. Make sure your child's doctor and family know about the change. Make sure the date is on it so others will know which directive is the most recent. If your child needs to, they can have both types of advance directives. And if your child chooses, **they do not have to have an advance directive.** It is totally up to your child.

We want to know what kind of medical care your child wants. If your child wants to make an advance directive, a lawyer can write one for them. If your child can't see a lawyer, the people in their PCP's office have forms and can help. Or, your child can call our Member Services staff at **1-800-962-8074**.

Federal and State law allow your doctor, or even an entire institution, like a hospital, to object to your child's advance directive because of moral or religious beliefs. Each doctor or institution may object to different advance directives. If this happens, your child's doctor is required by Nevada law to inform them and transfer your child's care to a different doctor. If your child has questions or needs help finding a doctor, please contact Member Services at **1-800-962-8074**.

Other Plan Details

If you have a complaint about the Advance Directive information, please call the Division of Health Care Financing and Policy, **1-800-360-6044** or **1-877-453-7669**.

Health Plan of Nevada does not discriminate on the basis of whether members have or do not have advance directives.

Fraud, Waste and Abuse (FWA)

Fraud is lying with the knowledge that the lie could result in a benefit to someone. Waste and Abuse are practices that result in unnecessary cost to health programs, or payment for services that are not medically necessary. Health Plan of Nevada makes every effort to identify, prevent and investigate Fraud, Waste and Abuse (FWA). It is also your right and responsibility to inform us if you notice FWA. Please call our Health Care Fraud Tip Line at 1-866-242-7727 or email at HPNFWA@sierrahealth.com if you are aware of any of the following:

- Falsifying claims/encounters.
- Alteration of claim.
- Double billing.
- Billing for services not provided.
- Denying access to services/benefits.
- Failure to refer for needed services.
- Member eligibility fraud.
- Physical abuse.
- Mental abuse.
- Emotional abuse.
- Neglect.
- Failure to report third party liability.
- Misrepresentation of medical condition.
- And other types of fraud, waste or abuse.

You may also write to:

Health Plan of Nevada
P.O. Box 15645
Las Vegas, NV 89114-5645
Attn: Medicaid Compliance Officer, 2720-5

What to Do if You Have an Appeal or a Grievance

How Member Services can help you:

Call and talk to a Member Advocate whenever you have a problem of any kind with Health Plan of Nevada or any of our doctors, providers or services. The phone number is **1-800-962-8074**.

Our Member Services team is here to help you. You have the right as a Health Plan of Nevada member to file an appeal or grievance.

Appeals

You have the right to file an **appeal** within 60 days of receiving a notice for any of the following issues:

- The covered services you requested were denied or limited.
- The covered services your child was receiving are reduced, suspended or stopped.
- Part or all of the payment for a service you received is denied.
- Your request for covered services was not responded to timely.
- Health Plan of Nevada does not resolve your grievance or appeal timely.

There are two kinds of appeals you can file:

Standard (30 days) — You can ask for a standard appeal. We will send you a letter letting you know we received your appeal within **three calendar days**. We must give you a written decision no later than 30 days after we get your appeal. We may extend this time by up to 14 days if you request an extension, or if we need additional information and the extension benefits you. If you disagree with the extended time frame, you may file a grievance with Health Plan of Nevada.

Expedited (72-hour review) — You may ask for an expedited appeal if your PCP believes that your child's health could be seriously harmed by waiting too long for a decision and is willing to support this.

We must decide on an expedited appeal no later than 72 hours, **three calendar days** after we get your appeal. We may extend this time by up to 14 days if you request an extension, or if we request an extension from the State, in order to obtain additional information, and the extension benefits you.

If you disagree with the extended time frame, you may file a grievance with Health Plan of Nevada. We will call you whenever possible to let you know the decision. If we are unable to contact you, we will send you a written notice of our decision within two days of making the decision.

Other Plan Details

If we decide your request for an expedited appeal does not meet the criteria, we will change it to a standard appeal. We will let you know verbally, whenever possible, and send you written notice within 2 calendar days. If any doctor asks for an expedited appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 30 days could seriously harm your child's health, we will automatically give you an expedited appeal.

What do I include with my appeal?

You should include your child's name, address, member ID number, reasons for appealing, and any evidence you wish to attach. You may send in supporting medical records, doctors' letters, or other information that explains why we should provide the service. Call your child's doctor if you need this information to help you with your appeal. You may send in this information or present this information in person if you wish or you may authorize another adult to do so on your child's behalf.

How to file a Standard Appeal: You or your authorized representative should mail or deliver your written appeal to:

Health Plan of Nevada
2720 North Tenaya Way
P.O. Box 14865
Las Vegas, NV 89114-4865

Standard appeals may be filed by calling our Member Services department at **1-800-962-8074**, but must be followed by a written, signed appeal request.

How to file an expedited appeal: You or your doctor acting on your behalf, or your authorized representative should contact us by telephone or fax:

Fax #: **702-266-8813**
TTY/TTD: **1-800-349-3538**
Toll-Free: **1-800-962-8074**

State Fair Hearing

If you still do not agree with our decision, after all of Health Plan of Nevada's appeals have been completed, you can ask for a **State Fair Hearing** by contacting the Nevada Medicaid Hearings Unit at **1-775-684-3704** or 1100 East William Street, Suite 204, Carson City, NV 89701. You must ask for this hearing within 120 days of receiving the final Appeal Notice from Health Plan of Nevada. You may also request a State Fair Hearing if we fail to make our decision in a timely manner that is within the time frames described in this section.

If you need information or help, call the State Medicaid Office at:

Las Vegas: **702-668-4200** or **1-800-992-0900**

Carson City: **775-684-3651** or **1-800-992-0900**

If you need legal assistance, call the Legal Services Program:

Clark County: **702-386-0404** or **1-866-432-0404**

Washoe County: **775-284-3491** or **1-800-323-8666**

If you need information or help, call us at:

Toll-Free: **1-800-962-8074**

TTY/TTD 711: **1-800-349-3538**

We can help you through the grievance and appeals process. Interpreter services are available. **We are available from 8:00 a.m. – 5:00 p.m., Monday – Friday.** You have a right to review your case file, including medical records and any other documents and records used during the appeals process.

Expedited Fair Hearing.

An expedited State Fair Hearing can be requested if the time allowed for a standard State Fair Hearing may put a person's life, health or ability to function at risk. The request must be submitted with all of the medical information that shows why a faster process is needed. A request for the rushed Fair Hearing can be made online, by telephone, in person or in writing.

Continuation of Service

If you would like to appeal a Notice of Action or Adverse Determination you have received from Health Plan of Nevada, you can request to have covered services you are receiving continued during the appeal process.

You will need to make the request for continuation of covered services within ten (10) calendar days of the date of the Notice of Action if your Appeal involves the following:

- The termination of covered services,
- The suspension of covered services, or
- The reduction of covered services.

Other Plan Details

Your request for continuation of covered services can be made as long as the continued covered services were ordered by an authorized provider. Your request will be considered as long as the original periods covered by the original authorization have not expired or your request has not exceeded the intended effective date of Health Plan of Nevada's proposed action.

If your child's covered benefits are continued by Health Plan of Nevada pending the outcome of an Appeal, they will be continued until one of the following occurs:

- You withdraw your Appeal;
- Ten (10) calendar days pass after the notice of action is mailed (unless the enrollee requests an Appeal and continuation of benefits until the hearing decision is reached);
- The hearing officer issues an adverse decision to the enrollee; or
- The time period governing service limits of a previously authorized service have been met.

If the final decision is adverse to you, Health Plan of Nevada may recover the cost of services in dispute furnished during the Appeal to the extent they were furnished solely because of the requirements pertaining to the continuation of services pending the Appeal outcome decision.

Grievances

You have the right to file a **grievance** if you have an issue with:

- Services you received through Health Plan of Nevada.
- The care or services you received from one of our doctors or other health care providers.
- You disagree with our decision to extend the time frame up to 14 days to resolve your appeal.
- You may file a grievance in two ways:
 - Call us at **1-800-962-8074**, or
 - Write to:

Health Plan of Nevada
P.O. Box 14865
Las Vegas, NV 89114

We take your grievance seriously and will try to get it settled to your satisfaction. If you need help filing a grievance, just call our Member Services department at **1-800-962-8074**. Our representatives will be happy to help you. Oral interpreter services are also available. Once we receive your grievance, the following will occur:

- We will send you a letter within three calendar days. It will tell you that we have received your grievance. Our staff may also contact you to make sure they understand the situation.
- **Within 90 days** of the day we receive your grievance, we will send you a letter letting you know the outcome. We may extend this time up to 14 calendar days if additional information is needed and the extension will benefit you.

Your Child's Rights and Responsibilities

If you have any questions, call us at 1-800-962-8074, TTY 711.

You as the Parent/Guardian and your child have the right:

- To be treated with respect and dignity and every effort made to protect their privacy.
- To have a primary care provider from HPN's extensive provider list including the right to refuse care from specific practitioners or to have a specialist as their PCP if the child has a chronic condition.
- To be provided the opportunity to voice grievances or appeals about the plan and/or the care provided and to pursue resolution of the grievance or appeal.
- To receive information about the plan, its services, its providers, and members' rights and responsibilities in a manner and format that is easily understood and in languages (other than English) that are commonly used in the service area.
- To participate with the primary care provider in the decision-making process regarding your child's care, including the right to refuse treatment.
- To have timely access to care and services, taking into account the urgency of your child's medical needs.
- To have a candid and easy to understand discussion of available treatment options and alternatives for your child's conditions, regardless of cost or benefit coverage.
- To have direct access to women's health services for routine and preventive care.
- To have direct access to medically necessary specialist care, in conjunction with an approved treatment plan developed with the primary care provider. Required authorizations should be for an adequate number of direct access visits.
- To have access to emergency health care services in cases where a "prudent layperson" acting reasonably, would have believed that an emergency existed.
- To have adequate and timely services outside the network, if HPN's network is unable to provide necessary services covered under your child's contract.
- To have a second opinion, at no cost, from a qualified health care professional within the network or arrangements made for your child to obtain one outside the network.
- To tell us in advance how your child would like to be cared for if he/she is terminally ill or injured (for members 18 years or older, see page 61).
- To have access to your child's medical records in accordance with applicable state and federal laws, including the ability to request and receive a copy of their medical records, and request that the medical records be amended or corrected, as specified in federal regulation.
- To have oral interpretation services available free of charge for all non-English languages.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in federal regulation on the use of restraints and seclusion.
- To make recommendations regarding the organization's members' rights and responsibilities policies.

Other Plan Details

Your responsibilities as a Parent/Guardian:

- To choose a PCP for your child from the HPN Provider Directory, who speaks your language and understands your culture, whenever possible.
- To tell HPN, and the doctors and other health care providers, things we need to know to give your child good health care.
- To make an appointment when your child needs routine care.
- To keep your child's medical appointments.
- To be on time for your child's appointments.
- To ask questions about your child's health if you don't understand the doctor's instructions.
- To follow your child's doctor's advice about taking care of your child.
- To follow directions about taking medications and what to do when your child is sick.
- To get a referral from your child's PCP before getting any health services, unless:
 - It is an emergency, or
 - Your child is getting certain kinds of services like family planning.

If You No Longer Want Your Child to Be a Member of Nevada Check Up

If your child is new to Nevada Check Up or if your child loses his/her Nevada Check Up coverage for 2 months or more, you can switch health plans within the first 90 days of enrollment. After 90 days, your child will be locked into his/her health plan until the next open enrollment period or you must show good cause for switching health plans.

If you choose to cancel your enrollment with our health plan, you will be required to submit, in writing, a request for disenrollment. The health plan will determine if there is "good cause" for switching plans.

Please mail your request for disenrollment to:

**HPN Enrollment
P.O. Box 15645
Las Vegas, NV 89114-5645**

Information to include in your request for disenrollment is:

- Member Name.
- Member Medicaid Number.
- Member Social Security Number.
- Member Date of Birth.
- Head of Household Name.
- Head of Household Medicaid Number.
- Head of Household Social Security Number.
- Head of Household Date of Birth.
- Current Contact Information.
 - Address and Telephone Number.

If your request for change in health plans is approved, you will be notified by HPN. Your child will be disenrolled no later than the first day of the second month following the request.

Members will be allowed to change plans once per year, for any reason, during an “open enrollment” period. The open enrollment period is usually April to June each year or as determined by the State of Nevada.

We hope you will want to stay with Health Plan of Nevada as long as you are on Medicaid, and that you will let us know how we can serve you better.

If Your Child is No Longer on Nevada Check Up

Your child must be on Nevada Check Up to be enrolled in HPN’s Nevada Check Up plan. If your child loses his/her coverage and is disenrolled from Health Plan of Nevada, the Nevada Check Up office will let us know. Once your child is reinstated, he/she may be auto-assigned as follows: by family affiliation (if other family members are enrolled into a certain health plan); by history (if your child was previously enrolled with Health Plan of Nevada, he/she will be assigned back to us); or randomly assigned. Premium payments are due on the first day of each quarter, January 1, April 1, July 1 and October 1. Failure to pay the quarterly premium will result in loss of insurance coverage under Nevada Check Up.

When You Should Contact Us

As you look through this handbook, you will probably notice that we urge you to call us or your child’s PCP often. We are better able to help you when you stay in touch with us. You may ask us for:

- A provider list.
- Your rights and responsibilities as a member of HPN.
- Information on grievances and appeals.
- Benefits, including how to get them.
- Prior authorization requirements.
- Family planning services.
- After-hours and emergency services information, including how, where and when to get services.
- Referral to specialists.
- Post-stabilization services.
- How to get medical benefits that are not available through HPN.
- Information on the structure and operations of our health plan.
- Information on quality performance indicators.
- Member satisfaction survey information.
- Physician incentive plans.

Other Plan Details

Here are some examples of when you should contact us (call Member Services at 1-800-962-8074):

- When you are already getting care when you join Health Plan of Nevada.
- With any questions about your Health Plan of Nevada benefits.
- If you need an updated copy of this handbook.
- If you want to change your child's PCP.
- Whenever you move, even if you still live within the Health Plan of Nevada service area. Let us know if you plan to leave the service area for more than a month, or move away.
- If your phone number changes.
- If your child is pregnant, or has a baby.
- If your child is covered by any health benefits, in addition to your HPN. For example, tell us:
 - If you have a health insurance policy for your child.
 - If you receive a settlement for your child after being in an accident.
- If you have a problem getting the health care your child needs.
- With an issue or concern about Health Plan of Nevada or one of our doctors or other health care providers.
- If you think you want to leave the Health Plan of Nevada plan.
- If you have a suggestion you think would improve Health Plan of Nevada services or programs.

When We Might Contact You

From time to time, we will send you important information that you should keep with this handbook — like news about:

- Changes to the medical benefits or plan;
- Changes to the list of doctors and network of providers your child can use; or
- Information about our special programs and benefits.

We may also call you or send you a survey form to ask how you like the Health Plan of Nevada plan and what you think of your doctor and other health services. What you think is very important to us.

We may also send you a letter if your child is hurt or injured in a motor vehicle accident through no fault of your own. This letter will ask you to call us and let us know if there is another insurance company that might help pay for your child's medical care. We call this situation Third Party Liability. All we ask is that you call us and let us know if there is another insurance company; we will contact them. If there isn't, we will pay for the medical care. You are not responsible for the cost of this care.

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2019.

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.

By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or email. We will also post the new notice at this website (www.uhccommunityplan.com). We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative.
- Government agencies.

We have the right to use and share your HI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may use or share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.

Other Plan Details

- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

We may use or share your HI as follows.

- **As Required by Law.**
- **To Persons Involved With Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates if needed to give you services.** Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.

1. Alcohol and Substance Abuse
2. Biometric Information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete, you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

Other Plan Details

- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website (www.uhccommunityplan.com).

Using Your Rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or **TTY 711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

¹ This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Inc.; Symphonix Health Insurance, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v2-en or call the number on your health plan ID card.

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2019.

We² protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and Social Security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Other Plan Details

Questions About This Notice

Please **call the toll-free member phone number on your health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446**, or **TTY 711**.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; CNIC Health Solutions, Inc.; Dental Benefit Providers, Inc.; gethealthinsurance.com Agency, Inc.; Golden Outlook, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; Optum Women’s and Children’s Health, LLC; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; POMCO Network, Inc.; POMCO of Florida, Ltd.; POMCO West, Inc.; POMCO, Inc.; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Services LLC; y UnitedHealthcare Services Company of the River Valley, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v2-en or call the number on your health plan ID card.

We're here for you.

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-962-8074, TTY 711**. You can also visit our website at myhpnmedicaid.com.

Health Plan of Nevada
2720 North Tenaya Way, Suite 102
Las Vegas, Nevada 89128

myhpnmedicaid.com

1-800-962-8074, TTY 711



HEALTH PLAN OF NEVADA
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