

# MedNotes

For Managed Care Medicaid and Nevada Check Up Providers

## Overcoming Obstacles to Access Care

Transportation barriers can lead to more rescheduled and missed medical appointments. These barriers can also lead to poorer health management and negatively impact other patients waiting for or scheduling an appointment. To help overcome these obstacles, we're proud to offer Health Plan of Nevada Medicaid and Nevada Check Up members two new ways to access health care.

1. **Medicine on the Move** is our mobile medical center built to travel to communities where our members need care. Appointments and walk-ins are welcome. Members can use the mobile medical center for well visits, flu shots, X-rays, mammograms, ultrasounds, physicals, basic lab tests, annual exams and more.
2. **NowClinic® Online Services** lets members see a provider using a smartphone, tablet or laptop for common care\* needs like allergies, pink eye and sinus infections. No appointment necessary. NowClinic providers are available 24/7 to diagnose, provide care recommendations and prescribe\* medication, if appropriate.

To learn more, visit [MedicineOnTheMoveNV.com](http://MedicineOnTheMoveNV.com) and [NowClinic.com](http://NowClinic.com).

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

NowClinic is not intended to address emergency or life-threatening medical conditions. Members should call 911 or go to the emergency room under those circumstances.

NowClinic providers do not replace your primary care physician. The services are not covered by Medicare and may not be covered by your private health plan or Medicaid, so check with them prior to using the services. If not covered, the consumer is responsible for paying the fees at the time of service. If covered, copays and deductibles may apply. NowClinic providers do not prescribe controlled substances and reserve the right to refuse to prescribe other drugs that are restricted by state law or may be harmful or non-therapeutic. Providers may also decline an individual as a patient if the medical problem presented is not appropriate for NowClinic care or for misuse of services. All trademarks are the property of their respective owners.



## News

- Medicaid Member Diversity
- Leading Change through Value-Based Care
- Paving the Way to Wellness and Self-Management
- Improving Access and Quality of Care
- Moving Patients from One Care Setting to Another
- Great Advice a Phone Call Away
- 2016 Open Enrollment



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

# Medicaid Member Diversity

It should come as no surprise – the Nevada Medicaid population is very diverse. In fact, more than 34 percent of our Medicaid and Nevada Check Up members self-identify as Hispanic and 15 percent primarily speak Spanish in their homes.

According to a recent survey, more than 30 percent of our network providers have faced challenges communicating and/or providing care to this population. To learn more about cultural diversity, here are three resources available to you and your staff:

1. Physicians, physician assistants and nurse practitioners are eligible to receive nine free Continuing Medical Education (CME) credits through the U.S. Department of Health and Human Services. To learn more, visit [cccm.thinkculturalhealth.hhs.gov](http://cccm.thinkculturalhealth.hhs.gov).
2. Provider and administrative staff can download Health Plan of Nevada's Developing Cultural Proficiency presentation at [myhponline.com/Provider/Quality-Corner](http://myhponline.com/Provider/Quality-Corner).
3. Our Health Education and Wellness team provides consultations, classes and educational materials in Spanish for members with prediabetes, diabetes, heart health and nutritional challenges. To refer a patient or learn more, call **1-800-720-7253**.

Thank you for partnering with us to improve patient communication and care.



## Leading Change through Value-Based Care

Thank you for helping us improve the quality of our health plan and promoting the value we bring to your patients. We had a great HEDIS (Healthcare Effectiveness Data and Information Set) season.

Each year, we develop a quality improvement work plan and measure these five areas of care:

- Effectiveness of care
- Access/availability of care
- Experience of care
- Utilization of resources
- Health plan information

Then we evaluate the success of our health plan throughout the year. The results are monitored by our Quality Improvement Committee and reviewed by our board of directors. We appreciate your engagement in this exercise. Moving forward, you can continue to help us improve the quality of our health plans by:

- Submitting accurately coded claims/encounter data
- Keeping an accurate, legible and complete medical record for each patient
- To ensure a quicker turnaround on medical records collection, consider allowing us to obtain access into your EMR

If you have any questions about our Quality Improvement Program, please call **702-240-8730**.

## Paving the Way to Wellness and Self-Management

Our Complex Case Management (CCM) team is made up of case managers who are also registered nurses. This team works closely with you and your patients (our members) to find solutions to their health needs. Together, we help them achieve their highest level of wellness and manage their health. *Read more on page 3.*

## Paving the Way to Wellness and Self-Management (cont'd.)

CCM provides outpatient assistance to adults who have:

- Chronic illnesses
- Multiple diagnoses
- Acute trauma
- Other complicated health care needs

Some of the services we offer are:

- Support with managing chronic illness
- Health care education to improve self-management
- Guidance through treatment process and options
- Coordination of care
- Assistance with identification of community and other resources

CCM services are available to our members at no cost. Members can self-refer to CCM by calling **1-877-487-6659**, TTY **711**, Monday through Friday, 8 a.m. to 5 p.m. local time. You may also refer your patients to CCM by phone, fax or secure email.

## Improving Access and Quality of Care

Our Care For Me Program (CFMP) provides high-touch case management services and care coordination with a single point of contact for hospital discharges and outpatient members in all clinics. The case manager works with members, providers and key stakeholders in coordinating health care services and referrals.

The impact of the CFMP includes:

- Decrease admissions and readmissions for all lines of business
- Increase customer satisfaction to support STAR ratings
- Increase engagement with providers and members
- Encourage self-management of care

## Moving Patients from One Care Setting to Another

Health Plan of Nevada and Behavioral Healthcare Options have partnered with Evolution Health to bring the Transitional Care Program to our members who have been hospitalized for behavioral health or substance use disorders. This program provides continued care from a team of board-certified physicians and other health care professionals for 30 days after hospital discharge.

Follow-up care is important to maintain wellness and ensure recovery. There is no fee for this service. All Health Plan of Nevada members admitted to the hospital for treatment of behavioral health or substance use disorders are eligible. An Evolution Health clinician will stop by members' rooms prior to hospital discharge for them to sign up. If you have any questions about this program, call **702-797-2100**.

## 2016 Open Enrollment

It's that time of year again! 2016 Medicaid Open Enrollment is July 5 through September 16.

## Great Advice a Phone Call Away

Our Telephone Advice Nurse is available to answer questions, provide self-care advice and help members decide whether to seek urgent care, emergency care, or schedule an appointment with their provider. To talk with a nurse, members can call **1-800-288-2264**.

This added value benefit can help reduce waste and redundancy by identifying members/patients with chronic conditions at the point of contact, and ensure they receive the right care at the right time.



**HEALTH PLAN OF NEVADA**  
A UnitedHealthcare Company

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

PRSR STD  
U.S. POSTAGE  
**PAID**  
Las Vegas, NV  
Permit No. 952

# MedNotes<sup>SM</sup>

## Member Services Department

Health Plan of Nevada Medicaid/  
Nevada Check Up.....**1-800-962-8074**  
Business Hours:  
Mon.–Fri., 8 a.m.–5 p.m.

## Provider Services

Toll-Free.....**1-800-745-7065**  
Business Hours:  
Mon.–Fri., 8 a.m.–5 p.m.

## Pharmacy Services

Pharmacy.....**1-800-443-8197**  
Fax Toll-Free.....**1-800-997-9672**  
Business Hours:  
Mon.–Fri., 8 a.m.–5 p.m.

## Prior Authorization

Toll-Free.....**1-800-288-2264**  
Fax Toll-Free.....**1-800-282-8845**  
Business Hours:  
Mon.–Fri., 8 a.m.–5 p.m.