SUMMER 2026

PROVIDER TALK

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Feeling better changes everything



Our **health education and disease management programs** are available at no additional cost to eligible members.

- Weight Management
- Prediabetes Program
- Kidney Health
- Diabetes Program
- Asthma Support
- Heart Health
- Tobacco Cessation Program

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Questions?

Whether you have benefit questions or questions about claims, our Member Services team is here to assist you.

HPN:
1-800-777-1840

HPN On Exchange:
1-877-752-8026

HPN/SHL Off Exchange:
1-888-293-6831

HPN Medicaid:
1-800-962-8074

SHL:
1-800-888-2264

Or visit **HealthPlanofNevada.com**, **SierraHealthandLife.com**, or **MyHPNMedicaid.com** and sign in.

Breast Cancer Screening

Update for Providers

A clinically focused summary



Early Detection Matters

Breast cancer remains the second most common cancer and the second leading cause of cancer-related deaths among U.S. women. Early detection through mammography improves survival and reduces treatment intensity by identifying cancers at earlier, more treatable stages.

Updated 2024 USPSTF Recommendations

- **Average risk individuals**
  The U.S. Preventive Services Task Force (USPSTF) now recommends **biennial screening mammography for women ages 40–74**. This represents a shift from previous guidance that left screening decisions for women in their 40s to individual preference.
- **Women ≥75 years**
  The USPSTF finds **insufficient evidence** to assess benefits and harms of screening for women 75 and older.
- **Dense breast tissue**
  There is **insufficient evidence** to recommend supplemental ultrasound or MRI for individuals with dense breasts whose mammograms are otherwise normal.

These recommendations apply to **cisgender women, and all individuals assigned female at birth** who are at average risk for breast cancer.

Who May Need Enhanced or Earlier Screening



Patients at increased risk may require individualized screening approaches. Key risk factors include:

- First-degree family history of breast cancer
- Pathogenic variants such as **BRCA1/BRCA2**
- History of **high-dose chest radiation**
- Prior biopsies showing **high-risk lesions** (e.g., ADH, ALH, LCIS)

These higher-risk patients fall outside USPSTF's average-risk guidance, requiring personalized care plans and potential referral for genetic counseling.

Screening Modalities

- **Mammography** remains the primary and most evidence-supported screening tool, with biennial intervals offering a favorable balance of benefit and harm for individuals aged 40–74.
- **MRI** offers greater sensitivity but carries higher false-positive rates. It is generally reserved for individuals with significantly elevated risk rather than those with dense breasts alone, given insufficient evidence for supplemental screening in average-risk populations.
- **Clinical breast exam and breast self-awareness** remains important for assessing symptoms and encouraging patients to report new breast changes even though it's not part of current formal screening recommendations for average-risk individuals, clinical evaluation.

Shared Decision-Making

Engage patients in conversations outlining both benefits and potential harms of screening strategies. This is particularly important when counseling individuals at guideline boundaries (age 40 or 75), those with dense breast tissue, or individuals with elevated anxiety related to false positives or additional imaging.

Advancing Health Equity

Black women experience disproportionately higher mortality, more frequent diagnoses at advanced stages, and higher incidence of aggressive tumor subtypes—including triple-negative breast cancer. Ensuring timely screening beginning at age 40 is an important step toward narrowing these disparities, alongside improving access to diagnostic follow-up and treatment services.

Clinical Action Steps for Providers

- Initiate screening discussions as patients approach **age 40**.
- Conduct regular risk assessments and refer high-risk patients for genetic counseling as appropriate.
- Ensure robust follow-up pathways to address abnormal imaging findings.
- Personalize screening frequency for high-risk individuals.

Sources

- U.S. Preventive Services Task Force. Breast Cancer Screening Recommendations (2024).
- JAMA. *USPSTF Recommendation Statement: Screening for Breast Cancer (2024).*
- Guideline Central. Breast Cancer: *Screening—Women aged 40 to 74 years (2024).*
- The ASCO Post. *USPSTF Issues Final Recommendation Statement on Screening for Breast Cancer (2024).*
- Diagnostic Imaging. *Biennial Mammography Over Annual Mammography? Updated USPSTF Recommendations (2024).*

LARC Policy Update:
Nevada Senate Bill 280



Nevada's SB 280 (2023) requires hospitals to offer immediate postpartum long-acting reversible contraception (LARC) including IUDs and implants when requested by postpartum patients, unless medically contraindicated or prohibited by a religious exemption. Hospitals must also ensure that objecting clinicians are not compelled to perform insertion and must arrange for timely referral.

The bill also prohibits insurers from refusing to cover LARC insertion immediately postpartum, aligning insurance requirements with broader state contraceptive access mandates.

Clinical Rational & National Guidelines

American College of Obstetricians and Gynecologists (ACOG), the Society for Maternal-Fetal Medicine (SMFM), and other national bodies endorse immediate postpartum LARC as a safe, effective, and evidence-based strategy to reduce unintended pregnancies and improve interpregnancy intervals.

Key points from national guidance include:

- **Effectiveness:** LARC methods exceed 99% efficacy in preventing pregnancy.
- **Safety:** Immediate postpartum placement is safe following both vaginal and cesarean births, including during breastfeeding.
- **Counseling:** Prenatal counseling is recommended for all pregnant individuals, including discussion of risks (e.g., increased expulsion rates) and benefits (e.g., convenience, high continuation rates).
- **Breastfeeding:** Evidence shows no negative impact on lactation with progestin-only postpartum contraceptives.

Immediate postpartum LARC placement is recognized as a key intervention to address barriers to contraceptive access and reduce short interpregnancy intervals associated with adverse maternal and neonatal outcomes.

Billing & Reimbursement: Nevada Medicaid

Nevada Medicaid allows separate reimbursement for immediate postpartum LARC insertion using CPT code 58300-51, billed outside of the global obstetric payment. This policy applies across multiple provider types, including hospitals, APRNs, physicians, CNMs, and PAs.

Additional Nevada Medicaid updates confirm that hospitals may bill for LARC devices and services as outpatient claims even when provided during an inpatient stay, using the appropriate procedure and drug codes (e.g., J7296–J7307).

CMS and ACOG nationally support state Medicaid programs in reimbursing immediate postpartum LARC separately to ensure hospital adoption and reduce system-level barriers.

Breast pumps for new moms

Breastfeeding offers significant health benefits for both infants and mothers. It provides ideal nutrition, strengthens the baby's immune system, and reduces the risk of chronic conditions later in life such as obesity, asthma, and diabetes. For mothers, it supports recovery after birth and lowers the risk of breast and ovarian cancer, type 2 diabetes, and high blood pressure.

Health Plan of Nevada/Sierra Health and Life/Sierra Health-Care Options/HPN Medicaid offers free breast pumps for new moms for all lines of business, starting in the third trimester of pregnancy and through the first year postpartum. As a provider, you can help your patients access this benefit by educating them about their ability to receive a free pump. Providers can also fill out and sign the **Breast Pump Order** Form located in the Southern Nevada **Provider Summary Guide** and fax it to Southwest Medical Pharmacy & Home Medical Equipment at **702-242-7703**.

Violet CE/CME Education and Benchmarks

Health Plan of Nevada is excited to share that we've partnered with Violet—a platform built to help providers deliver more effective, personalized care. Violet equips clinicians with tools to assess and expand their skills in working with a broad range of patient experiences and identities, enabling care that's tailored to the individual in front of you.

What you get:

- Personalized benchmarks
- Understand how your current skill set aligns with the needs of specific patient populations using Violet's evidence-based framework.
- CE/CME accredited courses
- Access clinical training focused on high-impact conditions, social determinants of health, and the patient groups most affected by them.
  - 100+ hours of accredited training
  - Instant certificate downloads for completed courses

What's next?

Learn more about Violet's platform.

- **Book - a 15-minute demo.**
- **Create -your free account.**
- Have questions? Contact Violet at **support@joinviolet.com**

Joyful Journeys 12-month postpartum support



The Joyful Journeys program offers postpartum case management for 12 months after delivery, providing continued support during the critical postpartum year.

Members receive:

- Ongoing outreach and care coordination
- Support with postpartum and well-woman care
- Help addressing medical, behavioral health, and social needs
- Connections to community and health plan resources

This program helps promote healthy outcomes for both parent and baby well beyond delivery. Submit your referrals to Joyful Journeys through our online provider center (OPC).

Questions?
Call **1-844-851-7830**, TTY **711** or email our case management team at **HPNOBTeam@uhc.com**.



EPSDT and well-child visits

A summer opportunity

We want to thank you for the essential role you play in supporting the health and well-being of our state's children. As we prepare for another busy summer and back-to-school season, we want to highlight the continued importance of Nevada Medicaid's Healthy Kids Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program and the critical role well-child visits play in ensuring high-quality preventive care for children and adolescents across Nevada.

Nevada Medicaid's EPSDT program guarantees that all children and youth under 21 have access to comprehensive screenings, diagnostic services, and medically necessary treatment. This is an important program that ensures early detection of medical, developmental, behavioral, dental, and mental health concerns. Regardless of how these services are delivered, the program is designed to give every child in Nevada the strongest, healthiest start possible.

Well-child visits form the backbone of this effort. Nevada follows the Bright Futures/AAP Periodicity Schedule to ensure timely, age-appropriate checkups for infants, children, teens, and young adults. These visits include developmental screenings, physical exams, immunizations, lab work, and anticipatory guidance that support families throughout each stage of growth. These visits help you monitor ongoing health, identify emerging concerns early, and promote long-term wellness for Nevada's youth.

As we enter summer and approach back-to-school season, these visits become even more vital. Families are preparing for school enrollment, sport physicals, and day-care requirements, making this a perfect time to complete preventive care without disrupting classroom schedules. This is also an ideal window for catching up on immunizations, developmental or behavioral screenings, and physical exams. EPSDT's flexibility allows for both routine and inter-periodic screenings, ensuring new concerns—such as vision changes, learning challenges, or sports-readiness needs—are addressed promptly before the school year begins. Nevada Medicaid's guarantee of coverage for all medically necessary EPSDT services, even if not explicitly listed in the State Plan, ensures that children can access needed care and specialty services on time. By encouraging families to schedule these visits during the summer, you help set children up for a healthy, confident, and successful school year.

Sources: medicaid.gov; EPSDT / Healthy Kids;Preventive Care/Periodicity Schedule



Celebrating excellence

Pediatric provider immunization challenge

In 2025, Health Plan of Nevada (HPN) proudly launched its inaugural Pediatric Provider Immunization Challenge, an initiative dedicated to shaping a healthier future for children through strengthened vaccination efforts.

Throughout the challenge year, their collective commitment and collaboration resulted in more than 1,600 children receiving critical vaccinations, including 625 children who became compliant with their influenza vaccine. This meaningful achievement helps safeguard the health of our community's youngest members. The challenge brought together 43 pediatric providers from across Nevada, united by a shared goal of improving immunization rates within their practices and protecting the well-being of our youngest members.

Today, we are honored to recognize the outstanding efforts of our challenge winners:

Pediatric Provider Immunization Champion
Dr. Atousa Ghaneian

For achieving first place among 43 pediatric providers for exceptional overall immunization rate performance.

Top Pediatric Influenza Provider
Dr. Atousa Ghaneian

For achieving first place among 43 pediatric providers for outstanding influenza rate performance.

Rising Star Provider Award
Dr. Jennifer Romo Santistevan

For achieving first place among 37 pediatric providers for the greatest improvement in immunization rates.

At a time when vaccine hesitancy in the United States continues to shape public health conversations, the dedication of Nevada's pediatric providers stands out. Through patient education, proactive outreach, and family-centered engagement, these teams have helped parents feel informed and supported in making vaccination decisions. Their work is building trust, improving access, and driving progress statewide. These providers have demonstrated remarkable commitment to the health and well-being of Nevada's children.

HPN extends heartfelt appreciation to all participants in the 2025 Immunization Challenge. Their continued leadership and dedication play a vital role in building a healthier future for our communities.

Thank you for your unwavering dedication and continued commitment to excellence in serving our members!

Enhancing statin use
through evidence-based patient encouragement



Statin medications are a core therapy for prevention in cardiovascular disease. Evidence from clinical trials shows that statins are typically well tolerated and have side effect rates like placebos. However, the patient discontinue rate is **40-75% within 2 years**, often due to perceived side effects versus true pharmacological intolerance. This is known as the **nocebo effect**, a strong influence on patient expectations, fueled by widespread misinformation. The British Heart Foundation found that **90% of reported statin side effects also occurred with placebo**, highlighting how patient perceptions influence adherence.

Improvement for long-term statin use requires communication, consistent provider messaging, and education. It has been recognized that many patients need **multiple conversations** before they may agree to initiation or continuation of statin therapy. This reinforces that clinicians should proactively address misconceptions with evidence-based materials, for example, infographics, Q&A sheets, patient stories. Such resources address misinformation and reinforce how statins reduce cardiovascular risk, while emphasizing that continuous engagement, not single counseling encounters, is critical for long-term adherence. Research also shows that adherence improves when strategies include individualized education, emotional engagement, mobile health reminders, and efforts to improve acceptability of lipid-lowering therapy.

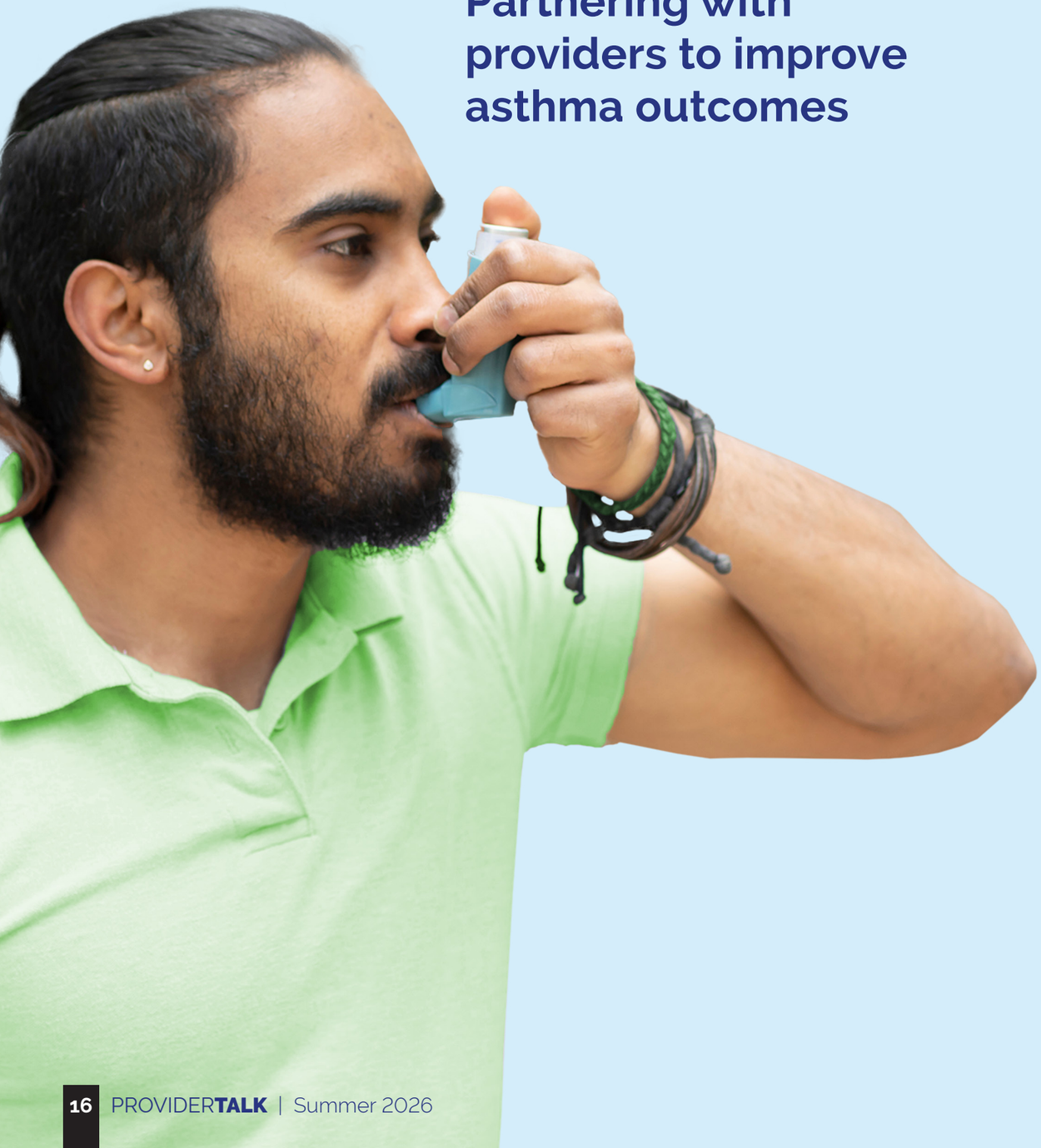
Incorporating team-based care has been shown to strengthen adherence. Pharmacist-driven interventions—such as motivational interviewing, refill synchronization, use of pillboxes or medication calendars, and tailored counseling—**are evidence-based and cost-effective**, with national recommendations supporting their integration into cardiovascular care. These interventions identify patient-specific barriers and directly address them through personalized solutions. In addition, standard performance measures emphasize the importance of clinician education on documenting side-effects and when exclusions apply and reinforcing the necessity of continued statin therapy in ASCVD populations. Combining risk communication, repeated touchpoints and coordinated team support, providers can impact patient confidence, adherence, and cardiovascular outcomes.

References:

- Supporting patients to adhere to statin therapy Nursing in Practice - nursinginpractice.com
- Hypertension Control and Cholesterol Management – NACHC - nachc.org
- Review of strategies to improve adherence to lipid-lowering therapy in the primary prevention of cardiovascular disease - academic.oup.com
- Pharmacy-Based Interventions to Improve Medication Adherence - cdc.gov
- Statin Therapy for Patients with Cardiovascular Disease (SPC-E) - bcbsm.com
- Interventions to improve adherence to lipid-lowering drugs: a systematic review and meta-analysis - thelancet.com

Breathe better together:

Partnering with providers to improve asthma outcomes



Asthma continues to be a leading cause of avoidable emergency department visits. After an acute exacerbation, many patients leave the hospital without the necessary confidence to self-manage their condition, placing them at heightened risk for repeat events.

Our asthma program was created to close this gap and reinforce the care plans you put in place. By offering ongoing education and self-management support, we help patients stay engaged in their care. The program empowers members to better understand their medications, recognize early warning signs, and follow through with recommended follow-up appointments.

This program **offers support from a registered nurse specializing in asthma care**, giving patients direct access to expert guidance between office visits.

- Available for ages five and up diagnosed with asthma
- One-on-one telephonic support
- Unlimited consultations
- No cost

For more information, call **702-242-7346**, Monday through Friday, 8 a.m. to 5 p.m. Please refer to Disease Management through your regular HPN referral portal (OPC).

Members who participated in our asthma program had a 95% decrease in hospital admissions for asthma and a 42% decrease in emergency room admissions for asthma.

Single preferred drug list



Nevada Medicaid started their Single Preferred Drug Lists (sPDL) for all Nevada Medicaid members on January 1, 2026. As part of the sPDL project, all health plans providing services for Nevada Medicaid members, including Health Plan of Nevada Medicaid, must use the same sPDL maintained and published by Nevada Medicaid. This means that some medications that were previously covered may no longer be covered or may have different types of restrictions. Most medications will not be affected.

Members using medications not covered under the Nevada Medicaid sPDL will be able to fill their medications through June 30, 2026. After July 1, all members must follow the Nevada Medicaid sPDL. They will get more information if they are specifically affected by this change. If they start a new medication before July 1, the new sPDL rules will apply.





Telehealth:

An effective tool for closing HEDIS® Care Gaps

Telehealth has become a critical extension of primary and preventive care, allowing clinicians to close care gaps for patients who may defer in-person visits due to transportation challenges, mobility limitations, child care responsibilities, or competing schedule demands. Virtual visits enable timely access to care while allowing practitioners to review screening histories, order overdue tests, assess chronic conditions, and document key clinical values such as blood pressure and laboratory results. Because telehealth encounters increase opportunities to capture required data within the measurement year, they can support—and in some cases fully satisfy—specific HEDIS measures. When integrated into routine workflows, telehealth improves continuity of care and enhances overall quality outcomes, particularly for harder-to-reach populations.

Telehealth visits can meet HEDIS documentation standards when clinical information is clearly recorded and appropriately verified. Documentation should specify both the method and the source of the data. For example, note when a blood pressure reading is obtained using a patient's home digital cuff during the visit, or when an A1c value is retrieved directly from a patient's online portal. While thorough documentation remains essential, HEDIS reporting continues to shift away from manual medical record review toward real-time electronic data capture. As a result, accurate coding is equally important to ensure that clinical results, screenings, and follow-up actions are properly reflected in quality reporting systems.

In addition, telehealth visits provide opportunities to update screening histories, place orders, establish follow-up plans, and document shared decision-making. When the medical record demonstrates that clinical information was reviewed, validated, and coded during the encounter, a telehealth visit can meet or support the same HEDIS requirements as an in-person visit.

MAD tips for providers

The Medical Adjudication Department (MAD) is a division of Claims Operations. Through review of submitted documentation, MAD staff members conduct retrospective clinical assessments of services provided to members in order to determine (among other things) medical necessity, appropriate level of care, appropriate length of stay and coding accuracy.

MAD is staffed with RNs, four of whom have additional certification as professional coders. The staff use evidence-based resources and have a comprehensive understanding of:

1) Benefits available to the member
2) State/federal regulations and legislative requirements
3) Approved reference materials (i.e., UHC Policies, InterQual, NCCI, etc.)
4) Established policies and procedures pertaining to claims review



Wonder why your claims get held up?

We asked our professional coders, and here are their top three reasons.

1. The submitted evaluation and management (E/M) code was "upcoded," or coded at a "higher level" than supported by documentation or medical necessity.
2. The billing provider on the claim form does not match the servicing/rendering provider on the submitted documentation.
3. An incorrect code was submitted for the service that was provided/supported by documentation or medical necessity.

Ways to improve your reimbursement

UnitedHealthcare maintains a website just for you. You can access all the medical and reimbursement policies that govern our reviews. Go to **www.uhc.provider.com** and find answers to your questions about treatment and coding.

Help us help you. Send complete records with your claims.

Here are examples of documentation necessary to ensure full and fair review of your claims:

Emergency Department visits	Trauma Emergency visits:
• Ambulance run report (if the patient arrived via EMS) • MD/provider notes • Triage notes, including pain score	• Trauma flow sheet and activation record • Ambulance run report • MD/provider notes • Triage notes

Observation vs Inpatient Hospitalization; Level of Care; Length of Stay	Rehab/SNF Hospitalization:
• History & physical • Daily progress notes – Including therapy, MD and RN notes • MD orders • Discharge summary • Operative/procedure reports, if applicable • Pain scale documentation • Medication administration record • Flow sheets	• Transfer/discharge summary from sending facility • Admission orders • Admission note • Physician progress notes and orders • Medication administration record • Treatment records • Daily nurses' notes • Daily rehab (PT/OT/ST) notes that include duration of treatment per day (in minutes) • Discharge summary

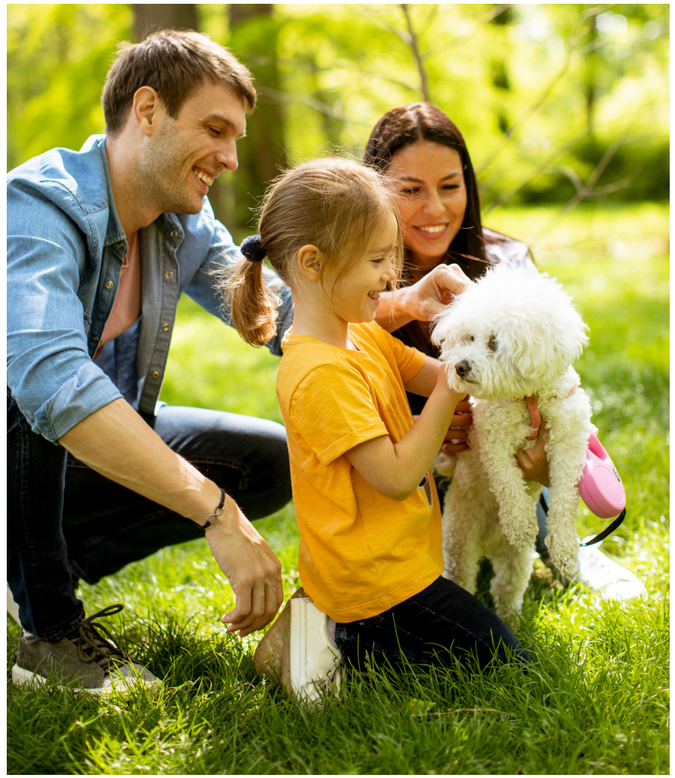
InPatient Psychiatric/Detoxification Hospitalizations:	PT/OT/ST Visits:
• History & physical • Assessment/psychiatric evaluation/ psychosocial evaluation • Daily progress notes • Including therapy, MD and RN notes • MD orders • Discharge summary • Special procedure report, if applicable • Medication administration record	• Source of/reason for referral • Therapist notes and flow sheets from each session – Prior level of function – Current level of participation – Physical Examination ▪ Body regions/systems evaluated – Assessment/diagnosis – Plan of care/goals – Duration of treatment/session (minutes)

Provider Office Visits:	Outpatient Lab/Radiology:
• Complete office visits notes, including the following as applicable: – Reason for the visit ▪ History of present illness or subjective/current complaints – Lab results – Radiology reports – EKG and report – Procedure notes	• Results/reports • Ordering MD notes

Outpatient Surgery with authorization:	Outpatient Surgery without authorization:
• Operative report	• MD notes with history and evaluation • Diagnostic imaging reports • Lab reports • Operative report

DME with authorization:	DME without authorization:
• Invoice	• MD notes with history and evaluation • Indication for DME • Invoice

New tertiary referral process



Based on a recent review of quality and cost indicators, Intermountain Health — including Intermountain Medical Center, LDS Hospital, and Primary Children's Hospital —serves as our primary referral destination for Health Plan of Nevada, Sierra Health and Life, and Health Plan of Nevada Medicaid members who need services not available locally. These facilities are fully contracted across all our lines of business, which helps ensure smoother and high quality coordination and access for our members.

Intermountain is the preferred provider for severe adult medical/ surgical cases and advanced pediatric, NICU, transplant, and cardiovascular therapies. Before sending a referral or prior authorization request to another facility, please confirm that Intermountain is unable to meet the member's needs and include the appropriate justification in the authorization request.

Other tertiary facilities such as USC and Loma Linda remain contracted partners; however, as supported by demonstrated quality outcomes and cost efficiency, Intermountain is our starting point for tertiary and transplant referrals.



Thank you, as always, for your collaboration and commitment to supporting our members. Please feel free to reach out with any questions — we appreciate your partnership.

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