2023 Medicaid Provider Manual now available

February 14, 2023

Dear Providers,

We are pleased to inform you that the updated SilverSummit Healthplan 2023 Medicaid Provider Manual is now available on our website and you can view it here.

We encourage you to review the provider manual in full. The next few pages outline the changes.

If you have questions regarding any information contained in these updates or need your assigned Provider Relations Representative's assistance, please email us at nvss_providerrelations@silvesummithealthplan.com.

Thank you,

SilverSummit Healthplan

Summary of Changes

Department	Previous Version	What changed in 2023
Pharmacy	submitted by the physician/clinician/pharmacy to Envolve Pharmacy Solutions	submitted by the physician/clinician/pharmacy to Centene Pharmacy Services
	SilverSummit Healthplan/Envolve Pharmacy Solutions	SilverSummit Healthplan/ Centene Pharmacy Services
	faxed to Envolve Pharmacy Solutions	faxed to Centene Pharmacy Services
	Once approved, Envolve Pharmacy Solutions	Once approved, Centene Pharmacy Services
	Please see Envolve Pharmacy Solutions Contact Information Section below	Please see Centene Pharmacy Services Contact Information Section below
	Envolve Pharmacy Solutions Information	Centene Pharmacy Services Information
	Envolve Pharmacy Solutions Prior Authorization Phone:	Centene Pharmacy Services Prior Authorization Phone:
	Envolve Pharmacy Solutions Mailing Address: Envolve Pharmacy Solutions	Centene Pharmacy Services Mailing Address: Centene Pharmacy Services
	processed by Envolve Pharmacy Solutions	processed by Centene Pharmacy Services
	available at Envolve Pharmacy Solutions	available at Centene Pharmacy Services
	Envolve Pharmacy Solutions Telephonic Prior Authorization	Centene Pharmacy Services Telephonic Prior Authorization
	Providers may call Envolve Pharmacy Solutions	Providers may call Centene Pharmacy Services
	Complete the SilverSummit Healthplan/Envolve Pharmacy Solutions form	Complete the SilverSummit Healthplan/ Centene Pharmacy Services form
	FAX to Envolve Pharmacy Solutions	FAX to Centene Pharmacy Services
	Once approved, Envolve Pharmacy Solutions	Once approved, Centene Pharmacy Services
	medication, Envolve Pharmacy Solutions responds	medication, Centene Pharmacy Services responds
	CoverMyMeds is an online drug prior authorization program through Envolve Pharmacy Solutions.	CoverMyMeds is an online drug prior authorization program through Centene Pharmacy Services
	submit the form to Envolve Pharmacy Solutions via fax	submit the form to Centene Pharmacy Services via fax
	www.covermymeds.com/epa/envolverx	www.covermymeds.com/main/prior-authorization-forms/
	Envolve Pharmacy Solutions Contacts - Prior Authorization	Centene Pharmacy Services Contacts - Prior Authorization
	Web: envolverx.com	No replacement, delete the web address
	Mailing Address Envolve Pharmacy Solutions	Mailing Address Centene Pharmacy Services
	Pharmacy and Therapeutics Committee (P&R)	Pharmacy and Therapeutics Committee (P&T)

Behavioral Health		
	Prior Authorizations NOTE* BH PA Fax information is different than Medical.	Behavioral Health Prior Authorizations- FAX# 866-535-6974
	Outpatient and rehabilitative mental health services are reviewed based Level of Care Utilization System (LOCUS) for adults and the Child and Adolescent Screening Intensity Instrument (CASII) for children and adolescents.	Outpatient and rehabilitative mental health services are reviewed based on InterQual, Silversummit Community Based Services Medical Necessity Criteria as well as Level of Care Utilization System (LOCUS) for adults and the Child and Adolescent Screening Intensity Instrument (CASII) for children and adolescents.
NCQA		
	This is a new section.	1 The Preferred Drug List (PDL) and pharmaceutical management edits are posted on SilverSummit Healthplan's website. The availability of the current PDL is communicated to members and providers through the member and provider newsletter or other materials such as a postcard. Major changes in drug coverage and pharmaceutical management edits are communicated to providers and members by direct mail (e.g., fax, email, mail) as needed. All pharmaceutical management edits and coverage limitations meet State specific requirements, and any variances are preapproved by the individual State Medicaid Programs, where required. The Preferred Drug List (PDL) contains information for pharmaceutical management procedures including: • A list of covered pharmaceuticals, including restrictions and preferences, copayment information, if applicable. • How to use the pharmaceutical management procedures including the prior authorization process and an explanation of limits or quotas on refills, doses & prescriptions. • How to submit an exception request. The process for generic substitution, therapeutic interchange and step-therapy protocols.
Appeals & Grievances		
	A member, or member authorized representative, may file a grievance or appeal verbally or in writing. A provider,	A member, or members authorized representative, may file a grievance or appeal verbally or in writing. A provider acting on

	acting on behalf of the member and with the member's written consent, may file a grievance or appeal.	behalf of the member and with members written consent, may file a grievance or appeal. Please know this authorization is required for both standard and expedited requests.
	A member grievance is defined as any member expression of dissatisfaction about any matter related to the member's care or provider's operation, activities, or behavior, including access to care, quality of services provided, dissatisfaction with health plan staff or providers and failure to respect the rights of the member by SilverSummit Healthplan.	A member grievance is defined as any member expression of dissatisfaction about any matter related to the member's care or provider's operation, activities, or behavior, including access to care, quality of services provided, dissatisfaction with health plan staff or providers, dissatisfaction with the denial of an expedited appeal timeframe, and failure to respect the rights of the member by SilverSummit Healthplan.
	Staff receiving grievances orally will acknowledge the grievance and attempt to resolve them immediately. Staff will document the substance of the grievance. For informal grievances, defined as those received orally and resolved immediately to the satisfaction of the member, representative or provider, the staff will document the resolution details. The Grievance and Appeal Coordinator will date stamp written grievances upon initial receipt and send an acknowledgment letter, which includes a description of the grievance procedures and resolution time frames, within ten (10) business days of receipt.	Staff receiving grievances orally will acknowledge the grievance and attempt to resolve them immediately. Staff will document the substance of the grievance. The Grievance and Appeal Coordinator will date stamp written grievances upon initial receipt and send an acknowledgment letter, which includes a description of the grievance procedures and resolution time frames, within three (3) business days of receipt.
	An appeal is the request for review of an "Adverse Benefit Determination." An "Adverse Benefit Determination" is the denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or part of payment for a service; failure to cover or provide services in a timely manner, as	An appeal is the request for review of an "Adverse Benefit Determination." An "Adverse Benefit Determination" is the denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or part of payment for a service; failure to cover or provide services in a timely manner, as defined by the Nevada Medicaid Agency (Agency); failure to process grievance, appeals, or expedited appeals within required timeframes; or the denial of a member's request to exercise his/her right under 42 CFR 438.52(b)(ii) to

	defined by the Nevada Medicaid Agency (Agency); failure to process grievance, appeals, or expedited appeals within required timeframes; or the denial of a member's request to exercise his/her right under 42 CFR 438.52(b)(ii) to obtain services outside SilverSummit Healthplan network.	obtain services outside SilverSummit Healthplan network.
	The member or member's authorized representative may file an appeal orally or in writing within 60 days from the date of the adverse benefit determination. A written notice of acknowledgement is sent to the member within ten (10) calendar days for all oral and written The acknowledgment shall state that the member's appeal will be resolved within 30 calendar days from the date of filing the appeal.	The member or member's authorized representative (with written consent) may file an appeal orally or in writing within 60 days from the date of the adverse benefit determination. A written notice of acknowledgement is sent to the member within three (3) calendar days for all oral and written requests.
		If the member is unhappy with the determination to extend the resolution timeline, they may file a grievance with the
	• A State Fair Hearing must be requested within 120 calendar days from our notice of resolution	• A State Fair Hearing must be requested within 120 90 calendar days from our notice of resolution
		the health plan will give members any reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate teletypewriter (TTY)/telecommunications device for the deaf (TTD) and interpreter capability. We will also assist member and/or the members representative to arrange for non-emergency transportation services to attend and be available to present evidence at the appeal hearing.

Quality	This is new.	All medical record requests should be submitted back to the Plan in a timely manner and at no cost to the Plan per Artcile IV of your agreement with SilverSummit.
	This is new.	***Critical Incident Reporting*** A Critical Incident is an event or occurrence that causes harm to a member or that indicate a risk to a member's health or welfare. Nevada State Medicaid requires SilverSummit Healthplan to report ALL actual or suspected critical incidents involving members to the Department of Health Care and Finance (DHCFP) within 24 hours or 1 business day of becoming aware of the incident. DHCFP considers the following as Critical Incidents that must be reported: • Homicide or attempted homicide **BY a member** Major injury or major trauma that has the potential to cause prolonged disability or death **OF** a member that occurs at a facility licensed by the State to provide publicly funded BH services. An unexpected death **OF** a member that occurs in a facility licensed by the State to provide publicly funded Behavioral Services. • Other types of Incidents that must be reported include Abuse, neglect or exploitation **OF** a member (not to include child abuse). Violent acts allegedly committed **BY** a member. Arson, Extortion. • Assault resulting in seriously bodily harm, Drive-by shooting, Kidnapping. Homicide or attempted homicide by abuse. Rape, sexual assault or indecent liberties. • Robbery • Vehicular Homicide • Unauthorized leave of a mentally ill offender or a sexual or violent offender from a mental health facility, secure Community Transition Facilities (Eval & Treatment Centers, Crisis Stabilization & Secure Detox Units) that accept involuntary admissions; and

		• **ANY** event **involving** a member that has attracted or is likely to attract media attention. • ALL PROVIDERS CONTRACTED WITH SSHP MUST REPORT AN ACTUAL OR ALLEGED CRITICAL INCIDENT TO THE QUALITY IMPROVEMENT DEPARTMENT BY SUBMITTING A CRITICAL INCIDENT FORM. This form is located in Provider tab>Provider Resources>Provider Forms Under Medicaid Forms, click the link and use this fillable form. Please include as much detail as possible but include only the facts. Email to critical_incident@silversummithealthplan.com