2024 Member Handbook

silversummit healthplan

SilverSummitHealthplan.com • 1-844-366-2880 • TDD/TTY: 1-844-804-6086

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Thank you for choosing SilverSummit Healthplan as your health plan!

SilverSummit Healthplan works with the Nevada Department of Health and Human Services (DHHS), and the Division of Health Care Financing and Policy (DHCFP). We provide health services for the Nevada Medicaid and Nevada Check Up program. With your doctor, we help manage your care and health. Our job is to make sure you get the services you need to stay healthy.

WHAT IS THE NEVADA MEDICAID AND NEVADA CHECK UP PROGRAM?

Nevada Medicaid and Nevada Check Up are the names of programs that serve Medicaid recipients enrolled in Nevada's Medicaid managed care program. Their mission is to provide low-cost, comprehensive healthcare coverage to low-income adults and, uninsured children (birth through age 18) who are not covered by private insurance while also focusing on the following:

1. Promoting healthcare coverage for your child;
2. Encouraging individual responsibility;
3. Working with public and private healthcare providers and community advocates for children.

WHO IS SILVERSUMMIT HEALTHPLAN?

SilverSummit Healthplan is a Medicaid Managed Care Organization (MCO). Usually this is called an "MCO." A "Member" is anyone who gets services from the MCO. The purpose of an MCO is to give Members access to all of the health services they need through one company.

As an MCO, SilverSummit Healthplan will help coordinate your unique healthcare needs. By doing this, our goal is to improve health outcomes for every Nevadan we have the privilege to serve.

You may contact us to request any information about SilverSummit Healthplan. You can get information about:

- How we work with your other health plans (if you have one)
- How we pay our providers
- Results of Member surveys
- How many Members decide not to use SilverSummit Healthplan
- Benefits, eligibility, claims or participating providers

If you want to tell us ways to improve or recommend changes in our policies, procedures, or services, please call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Welcome

ABOUT YOUR MEMBER HANDBOOK

THIS HANDBOOK IS NOT A CERTIFICATE OF INSURANCE AND SHALL NOT BE CONSTRUED OR INTERPRETED AS EVIDENCE OF INSURANCE COVERAGE BETWEEN THE CONTRACTOR AND THE MEMBER.

We update our Member Handbook once a year. If we make any material changes to the Member Handbook, we will notify you at least 30 days prior to making the changes. You may request a copy of our Member Handbook annually or as needed. The Member Handbook is a detailed guide to SilverSummit Healthplan and your healthcare benefits. It is our contract with you. The Member Handbook explains your rights, your benefits, and your responsibilities as a Member of SilverSummit Healthplan. Please read this booklet carefully. It gives you information on your benefits and services:

- What is covered/not covered by SilverSummit Healthplan
- How to get the care you need
- Your rights and responsibilities
- How to get your prescriptions filled
- How to choose your Primary Care Provider (PCP)
- What to do if you are unhappy about your health plan or coverage
- Eligibility requirements
- When to use Urgent Care instead of the Emergency Room
- Materials you will receive from SilverSummit Healthplan

Visit our website at **SilverSummitHealthplan.com** to view the Member Handbook with auxiliary aids and language services upon request at no cost to the Member. You may also call Member Services at 1-844-366-2880, TTY: 1-844-804-6086), Relay 711, to request a copy of our Member Handbook annually or as needed at no cost. The printed copy will be mailed to the Member's mailing address, the request will generate an email letting the Member know their request has been received. Then the paper copy of the Member Handbook will arrive within five business days of the request.

Please take time to look over your handbook. Keep it handy in case you need it.

OTHER FORMATS AND LANGUAGES

For Members who do not speak English or do not feel comfortable speaking it, SilverSummit Healthplan has a free service to help. This service is very important because you and your doctor must be able to talk about your health concerns in a way you both can understand. Our interpreter services are provided at no cost to you and can help with many different languages. This includes sign language.

SilverSummit Healthplan Members who are blind or visually impaired can call Member Services for an oral interpretation. To arrange for interpretation services, call Member Services 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

If you would like this handbook in large print, Braille, audio CD, in a different language or another format, please call Member Services.

La información incluida en este folleto es acerca de sus beneficios del Plan de Salud SilverSummit Healthplan. Si necesita obtener la información en un idioma diferente, llame al Departamento de Servicios para Miembros al 1-844-366-2880, TTY: 1-844-804-6086, Rele' 711.

TRANSLATIONS AND INTERPRETER SERVICES

Translation and interpreter services are available. There is no cost for these services. This includes sign language. We can help you talk with your doctors and other healthcare providers when you do not have another translator available.

SilverSummit Healthplan has a telephone language line available any time. To request an interpreter, call Member Services. The number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. You can tell us the language you speak, and we will get an interpreter. They can be on the phone to help you call your healthcare provider. Or, we can have an interpreter available at your appointment.

You can get an interpreter when we are not open. Talk to the Nurse Advice Line option. We will make sure that you are connected.

We will interpret or translate any of our Member documents into your preferred language. Just call us and tell us the language you need.

Servicios de Intérprete

Los servicios de interpretación se proporcionan sin costo para usted. Esto incluye lenguaje de señas. Además incluye interpretación oral en tiempo real. SilverSummit Healthplan tiene una línea telefónica para idiomas disponible las 24 horas del día, los siete días de la semana. Le podemos ayudar a conversar con sus médicos y otros proveedores de atención médica cuando no se encuentra disponible otro traductor.

Vamos a traducir nuestros materiales para miembros en su idioma preferido a petición. Para solicitar un intérprete: Llame a Servicios para los miembros al 1-844-366-2880, TTY: 1-844-804-6086, Rele' 711 y díganos qué idioma habla. Nos aseguraremos de que haya un intérprete en el teléfono con usted cuando llame a su proveedor de atención médica, o que esté disponible en su cita.

Marketplace Plan: 1-866-263-8134 (TTY/TDD 1-855-868-4945)
Medicaid Plan: 1-844-366-2880 (TTY/TDD 1-844-804-6086)

English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

Español (Spanish): Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

Tagalog (Tagalog): Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

简体中文**(Chinese)**：可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要，请拨打上述电话号码。

한국어(Korean): 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

Tiếng Việt (Vietnamese): Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

አማርኛ (Amharic)፡- ከክፍያ ነጻ የቋንቋ ድጋፍ አገልግሎቶች፣ ተቀጽላ እርዳታዎች እና አገልግሎቶች፣ እና ሌሎች አማራጭ ቅርጸቶች ያገኛሉ። ይህን ለማግኘት እባክዎን ከላይ ባለው ቁጥር ይደውሉ።

ไทย (Thai): บริการช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อทางโทรศัพท์ที่หมายเลขข้างต้น

日本語 **(Japanese):** 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

العربية (Arabic) : خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجانا. للحصول عليها، يرجى الاتصال بالرقم أعلاه.

Русский язык (Russian): Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

Français (French) : Des services gratuits d’assistance linguistique, ainsi que des services d’assistance supplémentaires et d’autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.

فارسي (Farsi) : خدمات ترجمه، حمایت های ؛ خدمات کمکی و سایر انواع دیگر به صورت رایگان در اختیار شما قرار می گیرند. برای به دست يابي به این خدمات، لطفا با شماره تلفن بالا تماس بگیرید.

Samoan (Samoan): Auaunaga e lagolago i lau gagana, auaunaga fesoasoani atu, ma isi auaunaga e maua fua atu e leai se totogi. Pe a mana’omia ia auaunaga, vili le numera o loo tāua i luga.

Deutsch (German): Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

Ilokano (Ilocano): Makaala kayo iti libre nga tulong para iti serbisyo nga kasapulan maipanggep iti lengguwahe, dadduma nga tulong ken serbisyo, umawag kayo laeng iti numero nga adda iti ngato.

Important Contacts

YOUR PERSONAL CONTACTS

Your Primary Care Provider: ____________________

Your nearest urgent care clinic: ____________________

CONTACTING SILVERSUMMIT HEALTHPLAN

SilverSummit Healthplan
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128

Member Services and 24/7 free Nurse Advice Line 1-844-366-2880

TTY...1-844-804-6086

Relay 711

Fax 1-855-252-0568

We are open Monday through Friday 8:00 a.m. to 6:00 p.m. PT.
The Nurse Advice Line is available any time!

OTHER IMPORTANT PHONE NUMBERS

In an emergency...Call 911

Medicaid Recipient Customer Service

Las Vegas Medicaid District Office...1-702-668-4200

Reno District Office 1-775-687-1900

Live peer coaches are also available right now, please call
Community Connections Hotline 1-866-775-2192

MEMBER SERVICES CAN HELP

SilverSummit Healthplan Member Services helps you with questions about your plan. Our team of Member services representatives are ready to help you. They are available by phone, mail, fax and email.

If you have questions or if you need help understanding something, please call us. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We have a team of people ready to help you.

We can help you in many ways:

- Find a doctor or other provider
- Get a new SilverSummit Healthplan Member identification (ID) card
- Understand covered and non-covered benefits
- File a grievance or appeal
- Request a List of Providers or Member Handbook
- Report possible fraud issues by a Member or provider
- Change your address and phone number
- Receive new Member materials

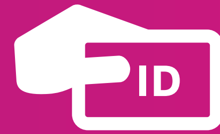
We are open Monday through Friday from 8:00 a.m. to 6:00 p.m. PT. We are closed on most Nevada state holidays.

We have a secure Member portal on our website **SilverSummitHealthplan.com**. You can use it to send us emails. Our fax number is 1-855-252-0568. You can also mail information to us. The address is:

SilverSummit Healthplan
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128

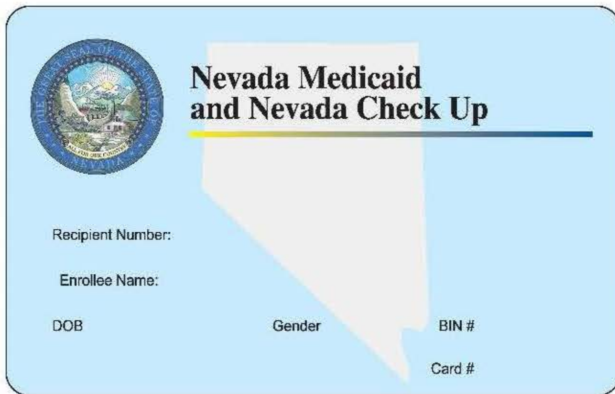
SilverSummit Healthplan will tell you about **IMPORTANT** changes. When there is a change, we will send you a postcard or letter at least 30 days before this change occurs.

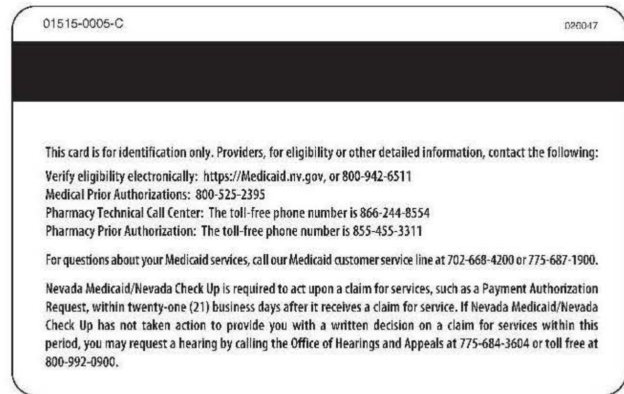
How Your Health Plan Works

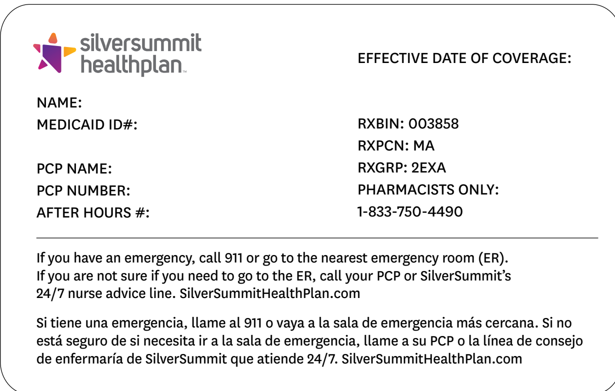


YOUR MEMBER ID CARD

When you enroll, you will receive a Medicaid card and a SilverSummit Healthplan card. Bring both ID cards to all appointments. DHHS will mail you a blue Nevada Medicaid ID card. Your Medicaid card will look like this:







The card will be mailed to you within five business days after we are told you are a Member.
Your Member ID card is proof you are a SilverSummit Healthplan Member.

Show both ID cards every time you need care:

- Medical appointments
- Urgent care
- Vision appointments
- Behavioral health appointments
- Emergency visits
- Picking up prescriptions from the pharmacy

In addition, you must also keep your Medicaid ID card with you in order to receive Medicaid benefits not provided by SilverSummit Healthplan.

Anytime you receive a new Member ID card, please destroy your old one. If you lose your SilverSummit Healthplan Member ID card, or did not receive one, we can replace it. Please visit the secure Member portal to ask for a new one. Or call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We will send you a new ID card within 10 days.

You can print a temporary SilverSummit Healthplan Member ID card from the secure Member portal. Go to our website: **SilverSummitHealthplan.com**.

Keep your cards with you and safe at all times. Make sure they are not stolen or used by someone else. SilverSummit Healthplan coverage is for you only. It is up to you to protect your Member ID card. No one else can use your Member ID card.

It is against the law to give or sell your Member ID card to anyone. If another person uses your card, you may be disenrolled from SilverSummit Healthplan. And the state could charge you with a crime.

24/7 NURSE ADVICE LINE

You can call the SilverSummit Healthplan Nurse Advice Line any time. This service is free and they can answer health questions. They answer calls 24 hours a day, every day. Call 1-844-366-2880, TTY: 1-844-804-6086, Relay 711 with your health question. Have your ID card with you when you call. The nurse will ask for your number.

Our nurses speak English and Spanish. If you speak a different language, you can ask for a translator.

WHAT CAN WE HELP YOU WITH?

- Questions about your health
- Where you can get care
- Understanding how to take your medicine
- Information about your pregnancy
- Information about health conditions

DO YOU HAVE A MEDICAL OR MENTAL HEALTH EMERGENCY?

If you are not sure if you should go to the emergency room, you can call us. Our nurses will help you figure out if you need emergency care, urgent care or if you should see your doctor.

MEMBER CONNECTIONS®

Our Member Connections team, part of Community Solutions is here to help you! We help you access essential resources you need from your community and medical services. Our Certified Community Health Workers are from your community and trained specially to help you. They're dedicated to helping you connect with all the important resources you need and work with community partners to ensure you get the care and help you deserve. You can trust our team to guide you through the process and make sure you get the help you need. We're always here for you!

- Looking for a Doctor, Specialists, or other provider, our team can assist you in finding the right fit for your specific medical needs. Our team guides through the complex healthcare system to make sure you have access to all the resources and support you need.
- Connecting with Community Support Services. We're here to help not just with your medical needs, but with other things in your life that affect your health and happiness. Call today to get connected with our Certified Community Health Workers, Housing Specialists and Justice Liaisons to help access vital community resources and programs.
- We are here to assist you with all your needs, this includes setting up appointments, organizing your transport, or helping you find the right resources. Our goal is to make your life easier and ensure that you have everything you need.

Our mission is to take care of you in the best way possible. Not just when you're sick, but also to keep you feeling happy and healthy always. This means looking after both your body and mind. Our friendly Member Connections team is always ready to help you. You can count on us because your health and happiness are our top priorities.

For more information, call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711 or email: CommunitySolutions@SilverSummitHealthPlan.com.

YOUR COVERED BENEFITS

SilverSummit Healthplan covers many medical services for your healthcare needs. Some services must be prescribed by your doctor. Some services must also be approved by SilverSummit Healthplan before you get the service.

Service	Description and Limits	Prior Authorization Required
Allergy care		Yes, for some services
Ambulance – emergency	Includes ground and emergency helicopter ambulance.	No

Service	Description and Limits	Prior Authorization Required
Behavioral Health services	Age limitations may apply. Services include crisis stabilization, inpatient psychiatric hospitalization, outpatient assessment and treatment services, residential treatment facilities and rehabilitation services.	Yes, for some services
Breast pumps		Yes
Chiropractic services	Coverage is limited to Members under 21 years of age and referred from Early and Periodic Screening Diagnosis & Treatment (EPSDT) screening by their PCP. Limited to four visits per year.	Yes, after four visits
Durable Medical Equipment (DME)	Items that are not medically necessary, or are not ordered by a provider are not covered.	Yes, in some situations
Drugs: prescription/ pharmacy		Yes, for some medications
Drugs: over-the-counter (OTC)	Over-the-counter medications require a doctor's prescription.	No
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/well-child exam	Services are for Members age 20 and younger. Well-Child exams, Sports and school physicals annually.	No
Eye care services and eyeglasses	Under age 21, one exam every 12 months. Age 21 and older, one exam every 24 months. All Members, lenses and frames every 12 months.	No
Family planning	Family planning services can be from any Medicaid doctor or clinic. This includes well-woman exams, screenings, and pregnancy testing.	No
Foot care	Routine foot care is not covered. Foot care is covered for children under 21. Foot care visits may be limited. Orthotics are covered for some conditions.	Yes, in some situations
Hearing aids and services		Yes, for cochlear implants
High-risk prenatal and infant services	Care management provides special support for Members at risk or with special health needs	Notify plan

Service	Description and Limits	Prior Authorization Required
Home healthcare	Care must be prescribed by your doctor. And, not able to be received at the hospital or provider's office. Other conditions apply.	Yes
Hospice services	Other than an inpatient facility.	Yes
Immunizations for children	Available to Members ages 21 and younger.	No
Inpatient and outpatient hospital care	Items that are not medically necessary are not covered.	Yes, including observation services
Maternity care	See your provider as soon as you know you are pregnant. Send us the Notice of Pregnancy (NOP) form at first visit. Prenatal through postpartum services are covered.	
Lab services and testing	Paternity testing and infertility treatment tests are not covered.	Yes, in some situations
Nurse midwife services	Covered with all in-network providers.	Yes, for non-participating provider
Obstetric (OB) ultrasounds	Two are allowed per pregnancy unless ordered by perinatologist	Yes, if more than two
Office visits	Covered with all in-network providers.	Yes, for non-participating provider
Orthotics/prosthetics		Yes
Pain management	Not applicable for post-operative pain management.	Yes
Physician services	One routine physical exam every 12 months performed by your PCP. Health visits as needed.	Yes, for non-participating provider
Private duty nursing services	Overnight nursing services and respite care hours are limited.	Yes
Psychiatric hospital service		Yes
Psychiatric services		Yes, for some services
Psychology services		Yes, for some services
Qualifying clinical trials	Routine costs are covered	Yes
Radiology and x-rays	Must be ordered by a provider.	Yes, for high-tech radiology including CT, MRI, MRA
Reconstructive surgery	Surgery that is performed to make you look better, and is determined to be cosmetic is not covered.	Yes
Rehabilitation services		Yes

Service	Description and Limits	Prior Authorization Required
Skilled Nursing Facility care	Items that are not medically necessary are not covered. This includes private rooms or convenience/comfort items.	Yes
Sterilization services	Sterilizations require informed consent forms 30 days prior to the date of procedures. Hysterectomies are covered on a limited basis.	No
Therapy (occupational, physical, speech) services		Yes
Stop smoking/ tobacco cessation	Certain medications, patches or gum to help you stop smoking are covered. Smoking cessation is covered through Tobacco-Free Nevada and National Jewish Health. Call 1-800-QUIT-NOW (784-8669) or 1-844-251-0004 for more information.	No
Surgery		Yes, except in an emergency
Transplant services	For Children under 21 years of age, any medically necessary transplant that is not experimental will be covered. For Adults, Corneal, Kidney, Liver and Bone Marrow transplants will be covered if medically necessary.	Yes
Urgent care		No

NOTE: There are some services that your doctor has to get authorization before giving you the care. If you want to know if a service needs authorization, you can call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. There is more information about this later in the handbook. See the "Prior Authorization for Services" section. Some other benefits you can use are telemedicine, telemonitoring and telehealth.

NATIVE AMERICAN ACCESS TO CARE

If you are an American Indian or Alaskan Native, you may choose an Indian Health Service, tribal clinic provider or Urban Indian Health Clinic as your PCP. You may get services from a tribal clinic or Indian Health Services without prior authorization. Or you can go to another SilverSummit Healthplan network provider.

SILVERSUMMIT HEALTHPLAN WEBSITE

Our website will help you get answers about your healthcare. Please visit our website at SilverSummitHealthplan.com. There is information about your benefits and our services. You can get information about several topics:

- Member Handbook
- Provider Directory
- Secure Member portal with self-service features
- 24/7 free nurse advice line
- 24/7 mental health and substance use crisis line
- Your privacy rights and responsibilities
- How to report suspected fraud, waste, and abuse
- How to find a doctor
- How to file grievances and appeals
- Education on healthy living habits
- How to renew your Medicaid benefits

SECURE MEMBER PORTAL

The SilverSummit Healthplan website has a "Secure Member Portal." You can sign-up and create your own account. Through your account, you can track your health benefits. You can email safely and securely with Member Services.

The secure Member portal gives you access to multiple services:

- Change your Primary Care Provider (PCP)
- Check your rewards balance
- Let us know when you are pregnant so you can get special pregnancy resources
- Let us know about your health by completing a health assessment
- See services you have received
- Email Member Services
- Print a temporary SilverSummit Healthplan Member ID card

To sign up on the secure Member portal, follow these steps:

1. Go to SilverSummitHealthplan.com
2. On the homepage, under the heading "For Members" click "Login"
3. Click "Sign Up Now"

Pharmacy Services

When you need prescriptions or over-the-counter (OTC) medication your doctor can contact your pharmacy or give you a written prescription to take to your pharmacy. Then the pharmacy can give you your medicine.

All SilverSummit Healthplan Members must use a pharmacy in our network. To find a pharmacy, call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711 or you can look for a pharmacy on our website. The website is SilverSummitHealthplan.com.

Show your Nevada Medicaid and SilverSummit Healthplan ID cards to the pharmacy when you pick up medication. Do not wait until you are out of a medication to request a refill. Call your doctor or pharmacy a few days before you run out.

COVERED PRESCRIPTIONS

SilverSummit Healthplan can cover these types of medications:

- Prescription drugs and over-the-counter (OTC) items approved by the U.S. Food and Drug Administration (FDA). To learn more about covered drugs, please visit SilverSummitHealthplan.com.
- Self-injectable drugs (including insulin)
- Drugs to help you quit smoking
- Needles, syringes, test strips, lancets

NON-COVERED PRESCRIPTIONS

SilverSummit Healthplan does not cover the following prescriptions:

- Drugs that do not have Food and Drug Administration (FDA) approval
- Experimental or investigational drugs
- Drugs to help you get pregnant
- Drugs used for weight loss
- Cosmetic or hair-growth drugs
- Drugs used to treat erectile problems

PREFERRED DRUG LIST (PDL)

Your pharmacy benefit has a Preferred Drug List (PDL). The PDL shows most of the drugs that are covered. Not all dosage forms or strengths of a drug may be covered. A team of doctors and pharmacists update this regularly. They want to make sure the medication on the list is safe and helpful for you and that it is cost-effective. You can find SilverSummit Healthplan's PDL on this website: **www.centenepharmacy.com/formulary.html**.

The preferred drug list includes all drugs available without Prior Authorization (PA).

GENERIC DRUGS

Generic drugs must be used if they can treat your medical condition. **The FDA requires generics to be safe and work the same as brand name drugs.** Brand-name drugs will not be covered without prior authorization when acceptable generics are available. If your doctor feels a brand-name is needed, your doctor can ask for prior authorization. We will cover the brand-name drug if there is a medical reason you need the brand name.

OVER-THE-COUNTER (OTC) DRUG FORMULARY

Some OTC drugs are covered by SilverSummit Healthplan. You will need a prescription from your doctor to have them covered. You can find SilverSummit Healthplan's PDL on this website: **www.centenepharmacy.com/formulary.html**.

As a commitment to our Members' overall health and wellbeing, SilverSummit Healthplan offers an additional quarterly benefit of $30 per Member household, for commonly used over-the-counter (OTC) items not covered through SilverSummit's pharmacy benefit.

PHARMACEUTICAL MANAGEMENT PROCEDURES

SilverSummit Healthplan covers needed drugs for Medicaid Members. You may call a Member Service Representative for a list of drugs SilverSummit Healthplan covers.

How do you get your prescriptions?

- Take the written prescription from your provider to the pharmacy. Your provider can also fax or call in the prescription to the pharmacy.
- Go to a pharmacy that is signed up with SilverSummit Healthplan. To find a pharmacy in the network, call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711 or you can look for a pharmacy on our website, **SilverSummitHealthplan.com**.
- Show your SilverSummit Healthplan ID card to the pharmacy.

What is Prior Authorization?

Some drugs must be approved by SilverSummit Healthplan before you get them. This is called a Prior Authorization (PA). Ask your doctor if your prescription requires this. If it does, ask if there is another medicine that can be used that does not require a PA. SilverSummit Healthplan doctors have been notified in writing of:

- The drugs included in the Preferred Drug List (PDL).
- How to request a prior authorization.
- Special procedures set up for urgent requests. Your doctor can decide if it is necessary to have a non-preferred drug. If so, they must give SilverSummit Healthplan a request for a PA. If SilverSummit Healthplan does not approve the request, we will notify you. We will give you information about the appeal and administrative review process.

DISPENSING LIMITS, QUANTITY LIMITS, AND AGE LIMITS

Drugs may be dispensed up to a 34-day supply with the exception of maintenance medications that can be dispensed up to a 100-day supply.

A total of 85 percent of the days supplied must have elapsed before the prescription can be refilled. Dispensing outside the quantity limit (QL) or age limits (AL) requires PA. SilverSummit Healthplan may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If SilverSummit Healthplan does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the SilverSummit Healthplan PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling, for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

STEP THERAPY (ST)

Some medications listed on the SilverSummit Healthplan PDL may require specific medications to be used before you can receive the step therapy medication. If SilverSummit Healthplan has a record that the required medication was tried first, the ST medications are automatically covered. If SilverSummit Healthplan does not have a record that the required medication was tried, you or your physician/clinician may be required to provide additional information. If SilverSummit Healthplan does not grant prior authorization, we will notify you and your physician/clinician and provide information regarding the appeal process.

Specialty Services

MENTAL HEALTH AND SUBSTANCE USE

Behavioral health refers to mental health and substance use (alcohol and drug) treatment. Sometimes talking to friends or family Members can help you work out a problem. When that is not enough, call your doctor or SilverSummit Healthplan. We can give you support. We can talk to your providers/doctors. We can help you find mental health and substance use specialists to help you.

You do not need a referral from your doctor. You can go to any provider in our network for services. Providers will help you figure out what services might best meet your needs.

SilverSummit Healthplan covers these behavioral health services:

- Outpatient mental health and substance use services (counseling/therapy)
- Psychiatry services and medication management
- Psychiatric inpatient hospital and partial hospital services
- Psychological testing
- Intensive Outpatient Services (IOP)
- Crisis services
- Residential Treatment Center (RTC) Under the age of 21
- Rehabilitative Mental Health (RMH) services, like Program for Assertive Community Treatment (PACT), Basic Skills Training, Peer Support and Psychosocial Rehabilitation (PSR)
- Case management services
- Behavior modification, including Applied Behavioral Analysis
- Other – contact SilverSummit Healthplan for additional covered benefits

How do I know if I/my child needs help?

- Can't cope with daily life
- Feels very sad, stressed or worried
- Not sleeping or eating well
- Thinks about hurting themselves or others
- Bothered by strange thoughts, like hearing or seeing things other people don't
- Drinking alcohol or using other substances
- Having problems at school. The school or daycare think that your child should see a doctor about mental health or substance use problems, including Attention Deficit Hyperactivity Disorder (ADHD)
- Unable to concentrate
- Feels hopeless

If you have a behavioral health concern we can help you find a provider. We want you to have a provider who will be a good match for you. It is important for you to have someone to talk to so you can work on solving problems.

What do I do in a behavioral health emergency?

In a life-threatening emergency, call 911. For non-life-threatening help, the 988 Lifeline connects you to mental health crisis support. You can call, text, or chat with a crisis counselor 24/7. When you use 988 it is private and at no cost. The three-digit number is available to anyone having a mental health crisis nationwide.

You can use 988 for yourself or a loved one. A crisis counselor will listen to you and work to understand how your problem is affecting you. They can also share resources for additional help.

Using the 988 Lifeline connects you to someone right away. For help with a mental health crisis:

- Dial 988 to talk (Many languages)
- Text 988 for texting (English only)
- Chat by visiting SuicidePreventionLifeline.org/chat (English only)

Call 988 for:

- Thoughts of suicide
- Ongoing anxiety or depression
- Concerns about use of alcohol or drugs
- Thoughts of hurting yourself or others

Call 911 for:

- Someone's life is in danger
- Overdose
- Emergency medical help
- Fear for your safety or someone else's

Your mental health is important. Once a mental health crisis has passed contact SilverSummit Healthplan for help finding a mental health provider.

RECOVERY AND RESILIENCE

Helping you get and stay healthy is our most important goal. This includes your mind, body, spirit and community. For Members who need behavioral healthcare, that means building recovery and resiliency.

- Recovery is a process of making changes that improve your health and quality of life.
- Resiliency is being able to bounce back when there are challenges in your life.

Recovery and resiliency will help you overcome difficulties. This will give you power in your own life. It will help you have feelings of belonging, self-esteem, meaning and hope.

Your behavioral healthcare should focus on recovery and resiliency. It should be:

- **Self-led:** As much as possible, we want you to control your own life, treatment goals and plan of care.
- **Individualized:** Recovery is different for everyone. Your plan of care should fit you. It should be based on your unique strengths, needs, culture and background.
- **Empowered:** You get to be a part of all decisions that affect your life. You should be educated and supported to be actively involved in your care.
- **Holistic:** Your whole life is part of your recovery – mind, body, spirit and community.

- **Flexible:** Recovery is a journey. There may be setbacks and learning experiences. That is okay.
- **Peer Supported:** Research shows that help from people who have had similar challenges is an important part of recovery. Peers can give support, understanding, skills and a sense of community.
- **Respectful:** Everyone involved in your care must respect you. They should help protect you from discrimination and stigma. This includes SilverSummit Healthplan, your providers, friends and family. And maybe most importantly, you should respect yourself.
- **Responsible:** Working toward recovery requires bravery and commitment. You must be responsible for following your plan of care. This includes taking medications and working through the recovery process.
- **Hopeful:** People do overcome the challenges they face. Believing your life will get better is the first step in the recovery process.

THE IMPORTANT ROLE OF FAMILY SUPPORT

Healthy relationships are an important part of recovery. If you struggle with a behavioral health challenge, get help from the people who care about you. Tell them how they can support you.

If your child has a behavioral health condition, you have an important role in helping them. Take an active role in their care. Tell their providers or Member Services about changes you notice. Talk about the care you think they need. Tell your provider or us what you need while you care for your child.

VISION SERVICES

SilverSummit Healthplan covers vision care services:

- Annual preventive eye exams
- Eyewear (frames and lenses) every year, when requirements are met
- Medically necessary eye care services, including treatment of eye conditions
- Frame repair or replacement of eyeglasses once per year to Members of all ages (restrictions may apply)
- Other services as outlined in the Nevada Department of Health and Human Services Medicaid Services Manual: http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/

Members 21 years of age and older may receive a $100 allowance every year to use toward the purchase and the fitting of medically necessary contact lenses in lieu of standard eyeglasses.

DOULA SERVICES

Medicaid enrollees have access to Doula services. Our Members have access to licensed doula and birthing coach services for pregnancy, postpartum, and newborn care.

SEXUAL AND REPRODUCTIVE HEALTH

SilverSummit Healthplan covers sexual and reproductive health services. The following services should be provided by a Primary Care Provider (PCP), obstetrician or gynecologist:

- Medical history
- Physical exam
- Laboratory tests that are part of the exam (Papanicolaou (Pap) smear; gonorrhea and chlamydia testing, syphilis serology, Human Immunodeficiency Virus (HIV) testing and cervical cancer screening)
- Education about reproductive anatomy and physiology, family planning and Sexually Transmitted Disease (STD) prevention
- Counseling to help Members make informed decisions
- Discussion of results of the exam and treatment options
- Special counseling when needed about pregnancy planning and management, sterilization, genetics and nutrition
- Pregnancy testing, counseling and referral
- Birth Control Devices (such as long-acting reversible contraception)

RELATED EXCLUSIONS

SilverSummit Healthplan does not cover the following:

- Reversal of voluntary sterilization
- Infertility services, including services, supplies or drugs for the diagnosis or treatment of infertility

WELL-CHILD CHECKUPS

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is preventive care for children under the age of 21. These are also called well-child checkups. Doctor visits when your child is well helps make sure they are growing, healthy and safe.

These services are provided at no cost to you. You can call Member Services at 1-844-366-2880 (TTY: 1-844-804-6086, Relay 711) for assistance in scheduling your child's appointment.

This schedule shows when to have well-child visits. You can ask your child's doctor when they should have their next checkup.

Well-child checkups are important for your child's health. Your child can look and feel well but still have a health problem.

During your child's appointment, their PCP appointment will provide a full checkup:

- Health history
- Ears, teeth, and eyes
- Physical Examination
- Diet / Nutrition
- Test records
- Immunization records
- Developmental / behavioral assessment

Your child's PCP may also provide the following services, if needed:

- Health education
- Family planning services
- Behavioral health services
- A referral to a dentist
- A referral for hearing services
- Other services your child may need to stay healthy
- A referral for tobacco cessation

Set up well-child visits when your child is:	
3-5 days old	12 months old
1 month old	15 months old
2 months old	18 months old
4 months old	24 months old
6 months old	30 months old
9 months old	Annually from 3 through 20 years old

Many schools, activities and other organizations require a "sports physical." This is a limited exam. Tell your provider if you need this exam. They can complete the forms you need during your child's well-child checkup.

Immunizations will be given at well-child checkups. Below is the schedule for immunizations:

Age	Immunization
Birth	Hep B
1 month old	Hep B
2 months old	DTaP, Hib, IPV, PCV, Rota
4 months old	DTaP, Hib, IPV, PCV, Rota
6 months old	Hep B, DTaP, Hib, IPV, PCV, Influenza, Rota
12 months old	Hib, PCV, MMR, Varicella, Hep A Series
15 months old	DTaP
4-6 years	DTaP, IPV, MMR, Varicella
11-12 years	Tdap or Td, MCV, HPV (3 doses)
13-18 years	Tdap or Td, MCV, HPV series (catch-up)
Every year	Influenza (after 6 months)

CHILDREN WITH DISABILITIES

SilverSummit Healthplan covers services for individuals under 21 years of age who have disabilities. These disabilities could include sight or hearing issues, Autism, physical disabilities and/or developmental delays. Several helpful services are provided:

- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Behavior Modification
- Peer Support Groups

If your child has special needs, we can help you find treatment. Please call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

EXCLUDED SERVICES

Services Not Covered

SilverSummit Healthplan does not pay for these services:

- Experimental and/or investigational procedures, drugs and equipment.
  Please note: routine costs associated with qualifying clinical trials are covered.
- Acupuncture
- Treatment for infertility
- Lasik Surgery/Keratotomy

If there is a counseling or referral service that we do not cover because of moral or religious objections, we will inform you that the service is not covered. We will also inform the Department of Health Care Financing and Policy (DHCFP) on your behalf that we do not cover the service and direct you to how to contact the DHCFP so they may assist you with obtaining the service. This is not a complete list of excluded services. If you want to know if a service is covered, please call Member Services. The number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

BILLING OF COVERED SERVICES

In cases where a service is denied for reasons that are your responsibility, such as not being eligible on the date of service or obtaining non-emergent services at a non-network provider without proper authorization, you may be billed for such denials.

Getting Care

MEDICALLY NECESSARY SERVICES

Covered services you receive must be medically necessary. This means we want you to get the care that is most likely to work for you:

- The right care
- The right place
- The right time

SilverSummit Healthplan does not make medical decisions based on financial reasons. We have guidelines to help make sure you get medically necessary care. These are the criteria that we follow for all providers and Members. All providers can see the guidelines. Decisions we make about your healthcare will follow those guidelines.

SilverSummit Healthplan does not reward providers or our staff for denying coverage or services.

PROVIDER NETWORK

SilverSummit Healthplan works with a large group of providers. This is called our Provider Network. We do our best to make sure the providers that Members need, are in our network.

We want providers in our network who give good services. Providers go through a screening process to be in the network. When they are approved, they sign a contract with SilverSummit Healthplan. They agree to meet certain requirements.

There is a list of providers who are in our network. This list is called the Provider Directory. The Provider Directory is on our website. You can call Member Services and ask for a list of providers. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Most of the time providers have to be in our network for us to pay them. If you need to see an out-of-network provider, please call Member Services. We will check to see if there is an in-network provider who can treat your medical condition. If not, we will help you find an out-of-network provider. Services from out-of-network providers need prior authorization. See prior authorization section below.

Out-of-network emergency services do not need approval from SilverSummit Healthplan. Call us as soon as you can if you have an emergency and go to an out-of-network provider. We will need to help them so they can get paid.

Member Services is available Monday through Friday, 8:00 a.m. to 6:00 p.m. at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

FINDING NEW TREATMENTS TO BETTER CARE FOR YOU

SilverSummit Healthplan has many doctors who are working to make sure you get the best care. They review new treatments and technologies for illnesses. They read studies from other doctors and scientific groups. They want to make sure we cover the treatments that are helping people. When new treatments are covered by Nevada Medicaid we tell the SilverSummit Healthplan providers. This lets them give the best and most current treatment to you.

PRIOR AUTHORIZATION FOR SERVICES

You may at some point need services that are not provided by your PCP and require a specialist or specialty care. Some covered services need prior authorization by SilverSummit Healthplan.

This means that the provider has to get the service approved before they treat you. The right treatment is different for every person. Our goal is to make sure you get care to help you be well.

Call your doctor first when you need care. They will help get the authorization. They will tell us why you need that treatment. They will explain how they think it will help you.

A prior authorization decides if a service should be covered. SilverSummit Healthplan will consider the following:

- Medical Necessity – whether the service is needed
- Clinical appropriateness – whether the service is likely to be helpful

Your provider will give us information about why you need the service. Sometimes they talk to us on the phone. Sometimes they send written information. We will check to see if the service is covered. Then we will make sure it is medically necessary.

We will make the decision as quickly as we can based on your medical condition. Usually, we decide within 14 calendar days. If the service is urgent we will make the decision within three days. We will let your provider know if the service is approved or denied.

If you or your provider believe we made the wrong decision you can request a second review. This is called an appeal. There is more detailed information about appeals in the “Member Satisfaction” section of this book.

Emergency room (ER) and post stabilization services NEVER need prior authorization. If you have a medical emergency get help right away.

Your provider can tell you if a service needs a prior authorization. You can also call Member Services and ask us. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. If there are big changes to the prior authorization process we will tell you. We will inform our Members and providers right away.

PRIOR AUTHORIZATION FOR DRUGS

Some medication needs prior authorization from SilverSummit Healthplan. If you need these drugs, your doctor will ask for authorization. They will give us information about your health. Then SilverSummit Healthplan will decide if we can pay for the drug.

Your doctor must ask for prior authorization in the following situations:

- A drug is listed as non-preferred on the Preferred Drug List.
- Certain conditions need to be met prior to you receiving the drug.
- The medication is injected in a doctor's office.
- The medication is considered a "specialty drug." The list of specialty drugs is on our website.
- You are getting more of the drug than is usually prescribed.
- There are other drugs that should be tried first.
- You can get up to a 4-day (96 hour) supply of a drug while you are waiting for a decision. The decision will be made within one business day. Your doctor will be notified of the decision.

If you would like more information, you can call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

SECOND MEDICAL OPINION

You have the right to a second opinion by another doctor. You can get this at no cost to you. If you would like a second opinion, tell your provider. You must use a doctor who is in the network. Or you can get prior approval from SilverSummit Healthplan to see a provider out-of-network. SilverSummit Healthplan will pay for a doctor outside of the network if one is not available in-network. Your provider will review the second opinion. They can use that to help decide the best treatment plan.

HOSPITAL

SilverSummit Healthplan covers inpatient hospital services. If you need to be admitted to a hospital and it is not an emergency, your PCP or specialist will arrange for you to go to a hospital in the SilverSummit Healthplan network and will follow your care even if you need other doctors during your hospital stay. SilverSummit Healthplan must approve all services. To find out if a hospital is in the SilverSummit Healthplan network or if you have any other questions on hospital services, please call Member Services 1-844-366-2880 (TDD/TTY 1-844-804-6086) or go the provider directory on the SilverSummit Healthplan website at www.silversummithealthplan.com/members/medicaid/find-a-provider.html. If you have any emergency and are admitted to the hospital, you or a family Member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital.

GETTING CARE OUT OF STATE

Regular medical care is only covered when you see a SilverSummit Healthplan provider. But, if you are outside of Nevada and need emergent medical care, we want you to get the help you need.

In case of an emergency, go to the closest hospital or call 911.

Show the provider your SilverSummit Healthplan Member ID card and your Nevada Medicaid card. Call us to report your emergency within 48 hours. Providers outside of our network will need help right away so they can get paid. Providers located outside the state of Nevada have 365 calendar days from the last date of service unless a shorter period is negotiated. Only medically necessary emergency services will be covered outside of Nevada.

It could be decided that you need special care that is not available in Nevada. If SilverSummit Healthplan approves your special care, the care you get in the other state will be covered.

Members are not covered for services they get outside of the United States.

If you get a bill for out of state care, please contact us right away. There may be more actions the provider needs to take to get paid, or other ways we can help.

URGENT CARE AFTER-HOURS

Urgent care is NOT emergency care. You should use urgent care when you have an injury or illness that is not life-threatening but needs to be treated within 48 hours. Use urgent care when you cannot wait for an appointment with your doctor. Only go to the ER if your provider tells you to or if you have a life-threatening emergency.

When you need urgent care, follow these steps:

- Call your PCP. The name and phone number are on your SilverSummit Healthplan Member ID card. An after-hours number is listed. Your doctor may help you and give you directions over the phone.
- If you cannot reach your PCP, call our 24/7 Nurse Advice Line. The number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. You will talk to a nurse. Have your SilverSummit Healthplan Member ID card with you. They will ask you for your number. The nurse will help you over the phone. If you need to see a doctor they will help you find care. If you have a mental illness or addiction crisis, do not wait to get help. Call our 24/7 Nurse Advice Line at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.
- SilverSummit Healthplan also has a crisis line that is free to you. That number is 1-844-366-2880. They can help with depression, substance use and other behavioral health needs.
- If your provider tells you to go to the nearest emergency room go right away. Take your SilverSummit Healthplan Member ID card and your Nevada Medicaid ID card.

EMERGENCY CARE

Emergency care is always covered by SilverSummit Healthplan in the United States and does not require a prior authorization. An emergency is when not getting medical attention could risk your health, or the health of your unborn child. An emergency can include an accident, injury or sudden illness.

Go to the emergency room for:

- Broken bone(s)
- Gun or knife wound(s)
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Severe chest pain or heart attack
- Drug overdose
- You feel you are a danger to yourself or others
- Poisoning
- Bad burn(s)
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak

Do NOT go to the emergency room for:

- Flu, cold, sore throat or earache
- A sprain or strains
- A cut or scrape that does not need stitches
- To get more medicine or have a prescription refilled
- Diaper rash

Emergency rooms are for emergencies. If you can, call your PCP first. If your condition is severe, call 911 or go to the nearest hospital. You do not need approval.

If you are not sure if it is an emergency, call your doctor. Your doctor will tell you what to do. If your doctor's office is closed there should be a message telling you how to get help.

You can also call our 24/7 Nurse Advice Line. The number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

You can go to a hospital that is not in the SilverSummit Healthplan network, in emergency situations ONLY. You can use any hospital emergency room, in emergency situations ONLY. Show the provider your SilverSummit Healthplan Member ID card and your Nevada Medicaid ID card. Providers outside of our network will need help from us right away so that they can get paid. If they do not complete tasks within 30 days, you may be responsible for paying for service.

Call your PCP and SilverSummit Healthplan after you go to the emergency room. Call within 48 hours of your emergency. This helps us make sure you get the follow-up care you need. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

OUT-OF-NETWORK SERVICES

Out-of-network emergency services do not need approval from SilverSummit Healthplan. All other services from an out-of-network provider need prior authorization. We will check to see if there is an in-network provider who can help you. If not, we will help you find an out-of-network provider.

IMPORTANT: You may have to pay for out-of-network services if you do not get prior authorization. If you have questions, call Member Services. The phone number is 1-844-366- 2880, TTY: 1-844-804-6086, Relay 711.

POST STABILIZATION SERVICES

Post stabilization services are care you need after an emergency. These services help get your health back to normal. These services are important and help make sure you do not have another emergency.

Post stabilization services do not require prior authorization. It does not matter if you get emergency care from an out-of-network provider. Post stabilization services will still be covered.

EMERGENCY TRANSPORTATION

SilverSummit Healthplan covers emergency ambulance transportation that will take you to the nearest hospital.

Ambulance transportation from one healthcare facility to another is only covered in certain situations:

- Medically necessary
- Arranged for and approved by an in-network provider

If you have an emergency and you need help getting to the emergency room, call 911.

NON-EMERGENCY TRANSPORTATION

If you need a ride to and from your medical appointments for routine visits, call Member Services at 1-844-366-2880, TTY: 1-844-6086, Relay 711. Select the option for transportation. You will be connected to Medical Transportation Management (MTM). You can call to schedule a ride Monday through Friday from 8:00 a.m. to 6:00 p.m. Please call us as soon as possible and at least five business days before your scheduled appointment. MTM will work with you to find the right transportation for you and may consult your health care provider.

Non-emergency transportation service is only available to Medicaid recipients. Nevada Check-Up Members are not eligible for this service. SilverSummit Healthplan may have non-emergency transportation options available if services are not covered by MTM. These transportation options are limited. For additional information, call Member services at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Your Primary Care Provider

MAKING APPOINTMENTS AND GETTING CARE

To get many kinds of care, you can just choose an in-network provider and make an appointment. You do not need approval from SilverSummit Healthplan or a referral from your provider for these services:

- Visits to a PCP, pediatrician, or family doctor
- Visits to specialist doctors (some specialists need a referral from your PCP)
- Urgent care
- Obstetric & Gynecology (OB/GYN) care. Make an appointment as soon as you think you are pregnant.
- Behavioral health services (mental health and substance use services)
- Routine vision services

We can help you find or choose a provider. Call Member Services at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We are available Monday through Friday, 8:00 a.m. to 6:00 p.m. PT. Or you can find a provider online at SilverSummitHealthplan.com/find-a-provider.html.

These services are always covered even if the provider is not in our network:

- Emergency services
- Family planning services and supplies
- Women's preventive health service

YOUR PROVIDER DIRECTORY

Your Provider Directory lists all of the in-network providers. SilverSummit Healthplan covers all of these providers. Your Provider Directory includes information on how to contact providers:

- Doctors
- Hospitals
- Specialists
- Urgent care clinics
- Behavioral health providers
- And any other provider we cover

You can use the online Provider Directory (silversummithealthplan.com/members/medicaid/find-a-provider.html) to look for providers. The directory includes information such as name, address, telephone numbers, whether they are accepting new patients, professional qualifications, languages spoken, gender, specialty, board certification, medical school, and residency completion.

If you need a printed List of Providers near you, we can send you one. While a full Provider Directory can also be printed, it's important to know that we are constantly adding providers to our network so a printed version of the full directory may not be most current.

CHOOSING A PRIMARY CARE PROVIDER (PCP)

When you become a SilverSummit Healthplan Member, you must choose a Primary Care Provider (PCP). If you do not choose one, we will assign you one. We will notify you of your assigned PCP (if you didn't choose one) when you receive your SilverSummit Member ID Card. Your PCP will be your main doctor. They can help coordinate all your health needs.

You can choose any PCP in our network. You can change your PCP any time.
Your PCP can be any of the following:

- Pediatrician
- Family General Practitioner
- Internist
- Obstetrician/Gynecologist
- Specialist who performs PCP functions for Members with disabilities, chronic conditions or complex conditions
- Nurse Practitioner (NA) or Physician's Assistant (PA)

If you would like to know more about a PCP, you can call Member Services. They can tell you what language the provider speaks, if they are in the network, and where they are located. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

If you would like to change your PCP, we will help you.
There are three ways to change your PCP:

1. Look in the forms section of this book. Find the form called "Request to Change My Primary Care Provider Form." Fill this out and send it in.
2. Use the Secure Member Portal. This is on our website, **SilverSummitHealthplan.com**.
3. Call Member Services to help you. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

After you tell us who your new PCP is, we will send you a new SilverSummit Healthplan Member ID card. This will have your new PCP's name and telephone number on it.

VISIT YOUR PCP

After you choose your PCP, make an appointment with them. This will give you both a chance to get to know each other. Your PCP can give you medical care, advice and information about your health.

Call your PCP's office to make an appointment. Remember to bring your SilverSummit Healthplan Member ID card and your Nevada Medicaid ID card. If you need help getting an appointment with your PCP, please call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Important: You have unlimited visits to your PCP. There is no cost to you. Make appointments with them when you feel sick. You should also have a wellness checkup every year.

PCP RESPONSIBILITIES

Your PCP has several responsibilities:

- Make sure you get all medically necessary services when you need them
- Follow-up on the care you get from other medical providers
- Make referrals for specialty care when needed
- Give ongoing care you need
- Keep your medical record up-to-date
- Keep track of all the care you receive
- Give services in the same manner to all of their patients
- Give you regular physical exams, as needed
- Give preventive care visits
- Give you immunizations
- Offer 24/7 contact information
- Discuss what advance directives are and keep them in your medical record
- Treat you with respect
- Advocate for your health
- Offer the same appointment availability to all patients
- Review all of your medications and dosages at every visit

It is helpful to schedule an annual wellness checkup with your PCP. Do this in the first 60 days of choosing them. Schedule a checkup every year. This helps you stay healthy. It helps your PCP find health problems early, when they are easier to treat.

COMMUNICATION WITH YOUR PCP

If you need to change or cancel your appointment let your doctor know as soon as you can. Do not just skip an appointment. A doctor can decide to stop seeing you if you are a "no-show" or are late.

If you cannot be at an appointment, please call at least 24 hours before the appointment. If you need to change an appointment, call the doctor's office as soon as you can. They can make a new appointment for you. If you need help getting an appointment call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Be honest with your doctor so they can help you. If you have questions about your health, your treatment or your medicines, ASK! Your doctor is here to help you.

AFTER-HOURS APPOINTMENTS WITH YOUR PCP

You may need to see another doctor when your PCP's office is closed. Your PCP's office will have suggestions about after-hours care. Call them to get directions. Or, you can call our 24/7 Nurse Advice Line. We can help you at any time. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Some injuries or illnesses are not life-threatening but cannot wait for an office visit. When this happens, you can use an urgent care clinic. If you need help finding an urgent care clinic you can call Member Services or the 24/7 Nurse Advice Line. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Have your SilverSummit Healthplan Member ID card with you when you call. They will ask for your number.

If you have an emergency, call 911 or go to the nearest emergency room (ER).

IMPORTANT: Get urgent care from a network provider. Only emergencies, family planning services received from a qualified provider, and newborn care for their first 30 days can be covered if you see an out-of-network provider.

WHAT TO DO IF YOUR PRIMARY CARE PROVIDER (PCP) OR SPECIALIST LEAVES OUR NETWORK

If your primary care ***provider (PCP) or specialist*** decides to leave our provider network, we will tell you. We will send you a notice at least 15 days before they leave. If SilverSummit decides to terminate your provider from our network, we will provide you with written notification either by the later of 30 calendar days prior to the effective date of termination, or within 15 business days after receipt or issuance of our notice to your Provider. You may continue to see any in-network doctor or visit any of our in-network urgent care facilities until you select a new PCP. To change your PCP log onto our Secure Member Portal at SilverSummitHealthplan.com, or call Member Services at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. If you do not change your PCP, we will choose a new one for you. After you have a new PCP, we will send you a new Member ID card.

If you are in the middle of getting treatment from your provider, we do not want that treatment interrupted. You can ask to stay with your PCP for at least 30 days after they have left our network. This will give you time to finish that treatment process. Or, it will let you find a new provider who can continue the treatment.

We can only continue coverage if the provider agrees to the following:

- Accept payment at the rates they received as an in-network provider
- Follow the quality standards
- Provide the information we need about your care
- Follow the policies and procedures of SilverSummit Healthplan

If you are seeing a specialist and they leave our network we will help you find a new one. Call Member Services. We will work with you to make sure your care continues. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

REFERRALS

You may need to see a specialist. Your PCP can coordinate your care. SilverSummit Healthplan does not need a referral from your PCP to cover the service. The specialist may still need a referral from your PCP. This helps them give you the right treatment. They will tell you if they need a referral.

If you would like help finding an in-network provider, please call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We will be happy to help.

Some services require a referral from your PCP:

- Diagnostic tests (X-ray & lab)
- Scheduled outpatient hospital services
- Planned inpatient admission
- Renal dialysis (kidney disease)
- Out-of-network providers need SilverSummit Healthplan approval
- Durable Medical Equipment (DME)
- Home healthcare

Access to Care

SilverSummit Healthplan works to make sure our network has all of the providers you need. We have providers all over the state of Nevada. If you cannot find a provider, you can use the online Provider Directory (silversummithealthplan.com/members/medicaid/find-a-provider.html) or contact Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

CONTINUITY AND TRANSITION FOR NEW MEMBERS

Sometimes new Members are getting care from a provider who is not in the SilverSummit Healthplan network. Please tell us if you are receiving any ongoing care from a Provider because you have a right to continue that treatment for a period of time:

- New Members may keep receiving care from their out-of-network provider for up to 90 days.
- Members who are pregnant may keep the same provider until they have had their baby and completed their first post-partum visit.
- Members who are terminally ill may continue seeing their current Primary Care Provider (PCP) for their care.
- When transferring to another MCO or to Fee-For-Service Medicaid we will communicate services we approved to your new Medicaid provider.

If you have questions about continuing to receive care, please call us. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We will help make sure you continue to receive the care you need. If needed, we can help you find another provider in our network.

APPOINTMENT AVAILABILITY AND ACCESS STANDARDS

SilverSummit Healthplan follows the availability requirements set forth by applicable regulatory and accrediting agencies. SilverSummit Healthplan monitors compliance with these standards on at least an annual basis and will use the results of appointment standards monitoring to first, ensure adequate appointment availability and second, reduce unnecessary emergency room utilization.

SEE CHART ON THE NEXT PAGE.

Type of Appointment	Scheduling Time Frame
Emergency Services	
Emergency Services	Shall be provided immediately on 24 hours/7 days a week with unrestricted access, to a qualifying provider in network or out of network
Primary Care Appointments	
Emergent Care	Same day care
Urgent	Within (2) calendar days
Routine Care	Within 2 weeks. The 2 weeks standard does not apply to regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequent than once every 2 weeks.
Specialist Appointments *(For specialty Referrals to, Behavioral Health Services, physicians, therapists, vision services, and other diagnostic and treatment Providers)* **Access available to a child/adolescent specialist if requested by the parent(s).*	
Emergency	Same day, within (24) hours of referral
Urgent	Within (3) calendar days of the referral
Routine	Within thirty (30) days of referral
Prenatal Care Appointments *Initial prenatal care appointments must be provided for pregnant members as follows:*	
First Trimester	Within 7 calendar days of the first request
Second Trimester	Within 7 calendar days of the first request
Third Trimester	Within 3 calendar days of the first request
High Risk Pregnancies	Within three (3) calendar days of identification of high risk by SilverSummit Healthplan or by the maternity care provider or immediately if an emergency exists
Home Health, Private Duty Nursing and Personal Care Services *Initiation of ongoing services according to the Member's identified needs must be provided as follows:*	
Urgent Needs	Same day
Non urgent needs	Within fourteen (14) calendar days
Appointments to Maintain Efficacy of Treatment *(For conditions that are not urgent or emergent, but where treatments are more medically effective when delivered sooner than routine care (for example, physical therapy), services must be provided as follows:*	
Not urgent or emergent	Within fourteen (14) calendar days of the first request. or Within the timeframe recommended by the referring Provider.

OFFICE WAIT TIMES

A Member's wait time at the PCP or specialist office shall be no more than one hour from the scheduled appointment time. There may be times when a provider is unavailable due to an emergency. These delays can occur when services are provided for urgent cases, when a serious problem with a patient is found, or when a patient had an unknown need that requires more services or education than was described at the time the appointment was made.

WHAT TO DO IF YOU GET A BILL

SilverSummit Healthplan has a list of services that are covered. These are the services we can pay for when they are medically necessary. This list has been approved by Nevada Medicaid and Nevada Check Up.

Talk with your provider about services that are covered and services that are not covered. When you follow plan rules, you should not be billed for covered services.

If you get a bill, do not wait! Call our Member Services at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. SilverSummit will look into this for you.

WHAT IS COST-SHARING

Cost-sharing is the share of costs covered by your insurance that you pay out of your own pocket. SilverSummit does not collect any costs from you for getting services you need or using your benefits.

A Medicaid provider who accepts you as a patient for treatment accepts the responsibility to make certain you receive all medically necessary Medicaid covered services at no cost to you.

Show both your SilverSummit Healthplan Member ID card and Nevada Medicaid ID card at every appointment. Ask them if they can see Nevada Medicaid Members. Ask them if they are in the SilverSummit Healthplan network. If they say no, call us right way. We may be able to help them get paid. We may be able to add them to our network.

Call your provider right away if you get a bill for a service covered by SilverSummit Healthplan. If you keep getting bills, call Member Services for help. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. Do not pay the bill yourself. If you pay the bill yourself, we cannot pay you back.

If you ask for a service that is not covered, you will have to pay for it yourself. Your provider will ask you to sign a statement saying you will pay for it. If you sign it and get the service, you have to pay the bill.

If you have any questions about a bill, you can call Member Services: 1-844-366-2880, TTY: 1-844-804-6086, Relay 711, Monday–Friday, 8:00 a.m. – 6:00 p.m. PT.

NEW OPTIONS FOR MANAGING YOUR DIGITAL HEALTH RECORDS

On July 1, 2021, a new federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) made it easier for Members to get their health records when they need it most. You now have full access to your health records on your mobile device which lets you manage your health better and know what resources are open to you.

Imagine:

- You go to a new doctor because you don't feel well and that doctor can pull up your health history from the past five years.
- You use an up-to-date provider directory to find a provider or specialist.
- That provider or specialist can use your health history to diagnose you and make sure you get the best care.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you take your health history with you as you switch health plans.*

The new rule makes it easy to find information* on:

- claims (paid and denied)
- specific parts of your clinical information
- pharmacy drug coverage
- healthcare providers

**You can get information for dates of service on or after January 1, 2016.*

For more info, visit your online Member account.

Help For Your Health

EARNING REWARDS PROGRAM DOLLARS

SilverSummit Healthplan rewards Members for completing healthy activities. Once you complete a healthy activity and SilverSummit Healthplan is notified, we will mail out your rewards information and program details. You can continue to earn rewards by completing healthy activities that qualify!

How to Earn

Get rewarded for focusing on your health! Earn My Health Pays™ rewards when you complete healthy activities like a yearly wellness exam, annual screenings, tests, and other ways to protect your health. For a complete listing of ways to earn rewards, please visit our website: silversummithealthplan.com/members/medicaid/benefits-services/healthy-rewards-program.html

You can also visit silversummithealthplan.com to log in to check your rewards balance.

*You must be enrolled in our Start Smart for Your Baby® program to receive reward. There is more information about this program later in this book. Visits start counting after you sign up for the program. To sign up, fill out a "Notification of Pregnancy" form at the end of this book. Or you can call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Note: It may take up to 60 days for your rewards to show up on your card. We will add the bonus after your provider tells us they gave you the service.

PREGNANCY AND MATERNITY SERVICES

There are things you can do to help have a safe pregnancy. Talk to your doctor about medical problems you have, like diabetes and high blood pressure. Do not use tobacco, alcohol or drugs while you are pregnant.

You should see your doctor before you are pregnant if you have had the following problems:

- Three or more miscarriages
- Premature birth (born before 38 weeks of pregnancy)
- Stillbirth

When you are pregnant, keep the following in mind:

Go to the doctor (OB/GYN) as soon as you think you are pregnant. It is important for you and your baby's health to see a doctor as early as possible.

If you have had problems or a high-risk pregnancy in the past you may need extra care. Choose a doctor you can see the whole time you are pregnant. It is even better to see your doctor before you get pregnant. The doctor can help you get your body ready for pregnancy.

You should choose a pediatrician for your baby before it is born. If you do not choose a pediatrician, SilverSummit Healthplan will choose one for you.

It is important to have healthy lifestyle habits while you are pregnant. This includes exercising, eating balanced meals, not smoking and sleeping 8-10 hours a night. These things can help you and your baby stay healthy.

ABOUT FOLIC ACID

Folic acid is very important for your baby's health. Getting enough folic acid can help prevent serious birth defects. Folic acid is a B vitamin. It is found mostly in leafy green vegetables like kale and spinach. It is also found in enriched grains. Multiple foods contain folic acid in them:

- Orange juice
- Green vegetables
- Beans
- Peas
- Fortified breakfast cereals
- Enriched rice
- Whole wheat bread

It is difficult to get enough folic acid from food alone. Ask your doctor about taking prenatal vitamins. These will have the extra folic acid your baby needs. Your baby needs this right away. This is one reason to see your doctor as soon as you think you could be pregnant.

We have many ways to help you have a healthy pregnancy. To help you, we need to know if you are pregnant. Please call Member Services as soon as you learn you are pregnant. The number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We will set up the special care you and your baby need.

START SMART FOR YOUR BABY®

Start Smart for Your Baby® (Start Smart) is a specialized program designed exclusively for pregnant women and mothers with a newborn. Its primary goal is to ensure the health and safety of both you and your baby throughout your pregnancy and beyond.

When you enroll in Start Smart, you gain access to a wealth of information, resources, and the opportunity to earn rewards to support your maternal journey. Our team will be in touch with you, either through phone calls or by sending materials through mail or email (once the Member opts in), ensuring you have the resources you need.

For those who successfully complete the program, you'll have the choice of receiving a cribette, car seat, or a Baby Shower in a Box at no cost from Cribs for Kids®.

Our dedicated Start Smart staff is readily available to answer your questions and provide support if you encounter any challenges. In cases where additional assistance is needed, we can even arrange a home visit to ensure you receive the help you require.

To learn more about the program and how it can benefit you and your baby, please visit our website at www.startsmartforyourbaby.com for additional information.

SMOKING CESSATION

If you are pregnant and smoke, we can help you stop smoking. We have a free smoking cessation program for pregnant women. The program has trained healthcare workers who are ready to help you one-on-one.

They will provide the education, counseling and support you need to help you quit smoking. Through regular phone calls, you and your health coach develop a plan to make changes to help you stop smoking.

For more information, please refer to the table on page 17: Stop smoking / tobacco cessation.

CARE MANAGEMENT

Some Members have special needs. SilverSummit Healthplan offers one-on-one help for Members with a specific health concern. You or your doctor can refer for care management services. A care manager can also help connect you with other state and local programs. Your Care Manager will also help you when you are leaving the hospital or other short-term medical setting to make sure you get the services you need when you get home. These services may include home care visits or therapies.

Care Management gives support to Members who need extra help to be as healthy as possible. Services include the following:

- Education about lifestyle changes
- Home care
- Community resources

SHOULD YOU BE IN CARE MANAGEMENT?

Care Management could be helpful to you in many situations:

- Have a lifelong illness like asthma or diabetes
- Are at risk for a serious condition like Sickle Cell Anemia or HIV/AIDS
- Have a behavioral health need
- Have a child with special needs
- Have a developmental or physical disability
- Have some other special healthcare need

WHAT IS A CARE MANAGER?

A Care Manager is a personal wellness coach. They work closely with you to plan your health goals. They help you figure out the steps to achieve your goals.

Our Care Management teams include several professionals:

- Registered Nurses (RN)
- Licensed Social Workers (LSW)
- Licensed Clinical Social Worker
- Community Solutions Representatives

Your Care Manager will work with you and your providers to help you get the care you need. Together, you will develop your individualized plan of care. Sometimes they can arrange treatment that is not typical for most people. They may work with our Medical Director to authorize additional care in the following situations:

- A Member has a severe condition and treatment will probably take a long time
- There are alternative services that can be used instead of covered services that are more expensive
- More services than usual is necessary

SilverSummit Healthplan has the right to stop an alternative care plan. We can stop the plan if it is no longer appropriate, or it doesn't work. You would get a letter and be told at least 10 days before a care plan is stopped.

For more information about Care Management you can call us.

The number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. You can ask to speak with Care Management. We will help you find the right resources for your needs.

CHRONIC CARE MANAGEMENT

SilverSummit Healthplan offers chronic care management services. This is to help our Members with long lasting conditions improve their quality of life. Our Health Coaches help doctors, specialists, and the Member work together for the best care. They teach the Member about their condition. They help the Member make a plan to improve their health.

Members with these conditions may benefit from chronic care management:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety
- Asthma
- Bipolar Disorder
- Congestive Heart Failure
- Diabetes
- Depression
- Hemophilia
- Hepatitis C
- HIV/AIDS
- Hypertension
- Obesity/Weight Management
- Pain Management
- Perinatal Substance Use
- Schizophrenia
- Sickle Cell Disease

Our Health Coaches will listen to your concerns. They will help you get the things you need. They will talk to you about several things:

- Understanding your condition
- Making a plan of care
- How to take your medicine
- What screening tests to get
- When to call your doctor or other provider

The goal of chronic care management is to help you understand and take control of your health. Better control means better health.

For more information, call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

General Eligibility

GENERAL ELIGIBILITY

SilverSummit Healthplan is a health plan available through the Nevada Department of Health and Human Services' Nevada Medicaid and Nevada Check Up program. SilverSummit Healthplan does not decide who can get the plan. The Division of Welfare and Supportive Services (DWSS) decides your Medicaid eligibility. Several people may be eligible:

- Parents/caretaker relatives of children under age 19
- Pregnant women
- Qualified children under age 19
- Poverty-level children under age 19
- Special group of Medicaid (Children's Health Insurance Program) (CHIP) (M-CHIP) children, ages 6 through 18; eligible for CHIP matching rate
- Former foster care adults (individuals up to age 26 who aged out of the Nevada foster care program)
- Newborns of Medicaid-eligible mothers
- Individuals receiving Transitional/Extended Medical Assistance
- Aged, blind and disabled (regardless of age)

You can get more information about who can be involved. Call the DWSS, they can tell you more.

MAJOR LIFE CHANGES

Major life changes can affect your eligibility with Nevada Check Up and Medicaid. It is very important to let Division of Welfare and Supportive Services (DWSS) and SilverSummit Healthplan know when you have these life changes. You may lose your coverage if Nevada Check Up and Medicaid cannot contact you.

If you have a major life change, please call DWSS is 1-800-992-0900.
The Northern NV phone number is 1-775-684-7200, and Southern NV is 1-702-486-1646.
You can visit one of their local offices or go to their website.

The website for Nevada Check Up is dwss.nv.gov/Medical/NCUMAIN/. The website for Nevada Medicaid is accessnevada.dwss.nv.gov. Contact them as soon as you have a big change in your life.

Major life changes include several situations:

- Changing your name
- A change in your health insurance.
- If you add or lose other insurance coverage. If you are added to or removed from someone else's insurance.

- Moving to a new address
  - You can also update your address by completing the Update My Address form located in the Nevada DHHS DHCFP website: dhcfp.nv.gov/UpdateMyAddress/
- Changing jobs
- Your ability or disability changes
- Your family changes. This might mean your family got bigger because of a birth or a marriage. Or your family got smaller. This may be because a family Member dies or moves away.
- Changes in your income or assets
- You become pregnant
  - Call us if you are pregnant. We have special help for you and your baby. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

OTHER INSURANCE

If you have other health insurance please tell us. Call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

This will help us make sure all of your medical services get paid for. We will tell Nevada DHHS about your other insurance.

WORKERS' COMPENSATION AND OTHER CLAIMS

If you are hurt at work, Workers' Compensation may cover your injuries. SilverSummit Healthplan will not pay for services covered by Workers' Compensation.

It may take a little while to review work related injuries. SilverSummit Healthplan will provide the healthcare services you need while those questions are getting answered. Before we can do this, you have to agree to give us information we need. We will need documents to have Workers' Compensation cover those services.

Contact SilverSummit in the following instances:

- You are involved in a personal injury lawsuit
- You are involved in a medical malpractice lawsuit
- You have an auto accident claim

Call Member Services to tell us. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. There may be insurance coverage through other companies that will help pay for your medical services.

OPEN ENROLLMENT

Open enrollment is when you can decide to stay with SilverSummit Healthplan or choose a different health plan. Nevada Medicaid and Check Up have four plans you can choose from. Open enrollment only happens once a year.

To switch plans, complete and return the form mailed to you. If you lost the form or did not receive one, you can request to switch by sending in a signed written letter to the following address:

Nevada Medicaid
Attn. MCO Changes
P.O. Box 30042
Reno, NV 89520

You can also call the Medicaid District Office with questions at: Las Vegas Office: 702-668-4200; Reno Office: 775-687-1900. The Medicaid District Office will provide you with plan options and educational materials so you can make an informed choice.

During open enrollment, you have the right to choose any plan. If you do not choose a new health plan, you will stay with SilverSummit Healthplan.

NEWBORN ENROLLMENT

If you are a SilverSummit Healthplan Member when your baby is born, your baby is also covered by our plan. Sometimes there is a waiting period to get your newborn's Nevada Check Up ID activated. During this time, medically necessary services are still covered. SilverSummit Healthplan will cover services that are appropriately authorized.

DISENROLLMENT

HOW TO DISENROLL FROM SILVERSUMMIT HEALTHPLAN

We want you to be happy with SilverSummit. If there is something we can help you with, please call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We'll work with you to try to fix the problem. If you're still not happy, you may:

Change to another health plan at any time during the first 90 days of enrolling with SilverSummit.

If you're a new Medicaid or Nevada Check Up Member, you may mail your request to:

Nevada Medicaid
Attn. MCO Changes
P.O. Box 30042
Reno, NV 89520

Please include your: name, Medicaid number, your address, and your phone number.

Change health plans without cause during the annual open enrollment period.

If you pick SilverSummit or a Medicaid plan during open enrollment, you will be enrolled in the selected plan for the next 12 months. You can choose to switch your plan within the first 90 days from the effective date. On the 91st day, you can only change plans if you can show good cause for disenrollment.

Good cause reasons to disenroll are:

- You move out of the Service Area.
- The contract between SilverSummit Healthplan and the State of Nevada ends
- SilverSummit Healthplan does not, because of moral or religious objections, cover the service you want. You need two or more services at the same time and SilverSummit Healthplan does not have those services available. Your PCP and another provider decide that getting those services separately would cause you risk.
- Other reasons, including but not limited to:
  - Poor quality of care
  - Lack of access to services that are covered by the plan
  - Lack of access to providers who have experience with your healthcare needs. Wanting to go to a provider that isn't in the SilverSummit network isn't considered "good cause."

HOW TO DISENROLL

To cancel Medicaid benefits, the Member must contact The Division of Welfare and Supportive Services (DWSS) at 800-992-0900, Northern Nevada 775-684-7200, Southern Nevada 702-486-1646.

You can request to change Managed Care Organizations (MCO) as follows:

- Requests to change MCO without cause can be submitted in writing to:

Nevada Medicaid
Attn: MCO Changes
P.O. Box 30042
Reno, NV 89520

- You can request an MCO change with cause by fax or mail to:

Nevada Medicaid
Attn: DHCFP MCQA Unit
1100 E William St, Suite 101
Carson City NV 89701
Fax: (775) 684-3773

- You can call SilverSummit Member Services toll-free at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. Ask the Member Services Representative for a disenrollment form and we will mail one to you. The Member Services Representative can also complete the form over the phone for you and send to Nevada Medicaid.
- You can also send us a letter or a completed disenrollment form to the following address:

SilverSummit Healthplan
Attn: Customer Service
2500 N. Buffalo Drive, Suite 250
Las Vegas, NV 89128

Disenrollment requests are reviewed directly by DHCFP. If the disenrollment request is approved, the member may choose a different Managed Care Organization. The Member will have access to DHCFP's State Fair Hearing process if he/she is dissatisfied with DHCFP's determination denying the request to disenroll.

INVOLUNTARY DISENROLLMENT FOR CAUSE

SilverSummit Healthplan may ask for a Member to be disenrolled. We would notify the DWSS in writing. SilverSummit Healthplan may ask for disenrollment at any time in the following situations:

- The Member's behavior is so disruptive, threatening or uncooperative that behavior makes us unable to cover or provide services. This does not include behavior that is because of special needs, or physical or behavioral health problems.
- The Member moves out of Service Area.

SilverSummit Healthplan may not ask for disenrollment in the following situations:

- The Member has a pre-existing medical condition
- The Member has a change in health status
- The Member uses medical services
- The Member has diminished mental capacity
- The Member refuses medical care or diagnostic testing
- The Member completes a grievance or appeal
- The Member asks to change providers
- The Member's race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity), or disability, health status or the need for healthcare services.

REASSIGNMENT

If you have been disenrolled due to loss of eligibility for Nevada Check Up or Medicaid, and you become eligible again, you will be reassigned to an MCO based on the following criteria:

- By family affiliation (you have other family Members who are enrolled with an MCO)
- By history (you're assigned to an MCO that you were enrolled with in the past)
- Randomly

Member Satisfaction

MEMBER SATISFACTION

We hope our Members are always happy with our services. We hope our Members are always happy with our providers. If you are not happy, we want to know! SilverSummit Healthplan has steps for handling problems you may have. Your voice is important to us.

SilverSummit Healthplan gives Members ways to tell us how we are doing:

- Member Advisory Committee
- Care Team Satisfaction Survey
- Grievance System process
- Member Satisfaction Surveys

You can find the Member Satisfaction Survey and health plan performance results on the SilverSummit Healthplan Quality Improvement page. **www.silversummithealthplan.com/members/medicaid/resources/quality-improvement.html.**

MEMBER ADVISORY COMMITTEE

You can help SilverSummit Healthplan improve the way our health plan works. Through our Member Advisory Committee, we give Members like you the chance to share your thoughts and ideas with us. The committee shares health education with our Members. It discusses ways to focus on preventative health. The Member Advisory Committee meets four times a year in different parts of the state. There are opportunities to attend without traveling.

At these meetings, you can talk about the services you get. You can tell us how we are doing. You can share your ideas on policy changes. You may ask questions or share any concerns.

Would you like to join? Just call Member Services. The phone number is 1-844-366-2880,
TTY: 1-844-804-6086, Relay 711. They can give you information about joining the Member Advisory Committee.

CULTURAL COMPETENCY

It is important to SilverSummit Healthplan that we give services that are culturally competent. It is important to us that our providers are also culturally competent. This means that you receive services that are respectful of your social and cultural needs.

We check the cultural competency level of our providers. We give them training and tools to help them. Network providers are required to understand and ensure the following:

- Members know that they can get help with interpretation. This includes many languages, signers and TDD/TTY services. There is no cost for these services.

- Race and ethnicity have an influence on health and treatment decisions. Providers should understand these issues.
- SilverSummit Healthplan staff who help Members are given cultural competency training.
- We will collect data to help us make good decisions. We will try our best to collect race and language specific information from Members. We will also explain race/ethnicity categories to a Member. This will help Members identify the race/ethnicity for themselves and their children.

Person centered care-planning thinks about all of the parts of a person:

- Race
- Country of origin
- Native language
- Social class
- Religion
- Heritage
- Acculturation
- Age
- Gender
- Sexual orientation
- Mental or physical abilities
- Other characteristics that may influence the Member's perspective on healthcare

Office sites have posted and printed materials in several languages.

QUALITY IMPROVEMENT PROGRAM

SilverSummit Healthplan is committed to making sure you get quality healthcare for you and your family. Our goal is to improve your health. We want to help you with any illness or disability.

Our programs follow standards of the National Committee on Quality Assurance (NCQA) quality standards.

To help Members get safe, reliable, quality healthcare, our programs include:

- Review of doctors and providers when they become part of our network
- Making sure Members have access to all types of healthcare services
- Giving Members support and education about general healthcare and specific diseases
- Sending Members reminders to get annual tests like adult physicals, cervical cancer screenings or breast cancer screenings
- Looking into any Member concerns regarding care received
- SilverSummit Healthplan believes your ideas can help make services better. We send out a Member survey each year. The survey asks you questions about your experience with the healthcare and services you are receiving. We hope you will take the time to send us your answers.

If you have questions about our Quality Improvement Program, how SilverSummit operates, our structure or need information about our Provider incentive plans, please contact Member Services.

ADVANCE DIRECTIVES

Advance Directives protect your rights for medical care. All SilverSummit Healthplan adult Members have a right to make Advance Directives for their healthcare decisions. This includes planning treatment before you need it.

An Advance Directive tells people what you want if you cannot make your own decisions. If you have a medical emergency and cannot communicate what you need, your doctors will already know. An Advance Directive will not take away your right to make your own decisions.

To make an Advance Directive, complete the "Advance Directives form" on our website. Member Services can help you find the form. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. When you fill out the form, ask your doctor and/or provider to put it in your file.

Together with your doctor and/or other provider, you can make decisions before you have a crisis or emergency. This will help providers understand your wishes about your health. You can relax because they already know your preferences.

Examples of Common Types of Advance Directives Include:

A Living Will: tells doctors what kind of medical care you want to receive (or not receive) if you are no longer able to communicate what you want. This lets you decide ahead of time which life-prolonging treatments you would want or not want. This could include several different things:

- Feeding tubes
- Breathing machines
- Organ transplants
- Treatments to make you comfortable

A living will is only used when you are near the end of life, and there is no hope for you to recover.

A Healthcare Power of Attorney: Names someone who is allowed to make healthcare decisions for you if you are no longer able to communicate what you want.

A "Do Not Resuscitate" (DNR) Order: Tells healthcare providers not to give Cardiopulmonary Resuscitation (CPR) if your heart and/or breathing stop. A DNR order is only about CPR. It does not provide instructions about other treatments.

You should not be discriminated against for not having an Advance Directive.

SilverSummit Healthplan will tell you about any changes to state law affecting Advance Directives. We will send you this information as soon as possible. We will send it within 90 days after the date of change. Ask your provider or call SilverSummit Healthplan to find out more about Advance Directives.

Please contact the Nevada Division of Healthcare Financing and Policy ("DHCFP") to file a complaint if your Advance Directive was not followed. You can visit their website at dhcfp.nv.gov

GRIEVANCES

Grievances are spoken or written complaints given to SilverSummit Healthplan by you or your authorized representative. You can file a grievance at any time. These complaints can be about any action of SilverSummit Healthplan or a provider in our network:

- Dispute an extension of time proposed by the plan to make an authorized decision
- Quality of care
- Personal behavior like rudeness of a provider or employee
- Failure to respect a Member's rights
- Harmful administrative processes or operations
- Determination not provided in a timely manner

SilverSummit Healthplan wants to resolve your concerns. We will not hold it against you if you file a grievance. We will not treat you differently.

HOW TO FILE A GRIEVANCE

You can file a grievance in any way that works best for you:

- Call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.
- Use the Member portal on our website: SilverSummitHealthplan.com
- Give it to us in person or by mail:

SilverSummit Healthplan
ATTN: Grievances
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128
Send a fax. The fax number is 1-855-742-0125.

Be sure to include the necessary personal information:

- Your first and last name
- Your Nevada Medicaid ID number
- Your address and telephone number
- What you are unhappy with
- What you would like to have happen

There is a form at the end of this book for filing a grievance. You do not have to use it. It may help you know what information we need. Fill out the grievance form, electronically fax the form or request it in person.

If you file a grievance, we will send you a letter so you know we received it. We will send the letter within 3 business days.

SilverSummit Healthplan will keep a copy of your grievance for 10 years. We will also keep copies of responses we send you.

If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance. No one can act on your behalf without your permission.

To give them permission there is a "Personal Appeal Representation Form." It is in the forms section of this book and on our website. You can also call Member Services. This form can be used to give the right to file your grievance or appeal to someone else.

You may have proof or information supporting your grievance. If you do, please send it to us so we can add it to your information. You can ask to get copies of any documentation SilverSummit Healthplan used to make the decision about your grievance free of charge.

We will resolve your grievance as quickly as your situation needs us to. If you believe the situation is urgent please tell us. You will get a letter from us within 45 calendar days. We will also make reasonable effort to reach out to you verbally with our resolution. That will tell you how we settled the concern.

If there is a reason we cannot decide within 45 days we may ask for an extension from Nevada Medicaid or Nevada Check Up. We would have to tell them why we want the extension. We would have to show why the extension is in your best interest. If we extend the grievance resolution time frame not at your request (after DHCFP approval for the extension), we will make reasonable efforts to give you prompt oral notice of the delay. And within two (2) calendar days give you a written notice of the reason for the decision to extend the time frame.

You can also request an extension if more time is needed. The extension would be 14 additional days. If you want an extension call Member Services. Ask for the appeals department. The phone number is 1-844-366¬2880, TTY: 1-844-804-6086, Relay 711.

Should you disagree with the extension, you may request a grievance.

We will not hold it against you if you file a grievance. We will not treat you differently in any way. We want to know your concerns so we can improve our services.

APPEALS

An appeal is when you ask us to review a decision we made about authorization. You might want to file an appeal when a service has been denied, limited, reduced, or ended. Appeals may be filed by a Member (parent or guardian of a minor Member). An appeal tells us to look at a denial again to make sure it was the right decision.

Appeal a decision in the following situations:

- Denies the care you asked for
- Authorizes a smaller amount of care
- Ends care that was approved previously
- Denies payment for care you may have to pay for

These types of decisions are called an "adverse benefit determination." If any of these actions occur, we will send you a letter. The letter will explain what we decided and why we made that decision. It will also have information about your appeal rights.

There will be a date on your adverse benefit determination letter. If you want to file an appeal, you have to do it within 60 calendar days of that date.

You can request copies of any documentation SilverSummit Healthplan used to make the decision about your care or appeal. You can also request a copy of your Member records. Please know we will not charge you for these requests. SilverSummit Healthplan keeps records for 10 years.

We will not hold it against you if you file an appeal. We will not treat you differently in any way.

HOW TO FILE AN APPEAL

To file an appeal, you can call Member Services, fill out the appeal form in the back of this book, send us a letter or electronically fax the letter or form or request it in person. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. Send your letter to SilverSummit Healthplan. Appeals for physical health and pharmacy services should be sent to:

SilverSummit Healthplan
ATTN: Appeals
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128
You can fax the appeal to 1-855-742-0125.

Appeals for mental health or substance use services should be sent to:

SilverSummit Healthplan
ATTN: Appeals
12515-8 Research Blvd., Suite 400
Austin, TX 78759
You can fax the appeal to 1-866-714-7991.

There is a form at the end of this book for filing an appeal. You do not have to use it. But it may help you know what information we need.

After we receive your call, written, or electronic appeal, we will send you a letter. This will tell you that we received it and give you a date when any additional information must be given to the plan to make sure we have everything needed to do the review.

You can provide additional information (this can include but not be limited to medical records, legal or factual reasons, proof, etc.) to the health plan in person or in writing. Please know there is a limited time to give this information, so please check the date on your letter.

After we make a decision, we will send you another letter. You will have the decision within 30 days. We will also make reasonable effort to tell you about the resolution via phone. If the plan fails to finish the review and give you resolution within that time or you do not agree with the decision, you can file a State Fair Hearing. Please review that section for more information. If there is a reason we cannot decide within 30 days we may ask for an extension from Nevada Medicaid or Nevada Check Up. We would have to tell them why we want the extension. We would have to show why the extension is in your best interest. Once approved, we will notify you of this extension in writing and make reasonable effort to call you with the resolution as well.

You can also request an extension if more time is needed. The extension would be 14 additional days. If you want an extension call Member Services. Ask for the appeals department. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711.

Should you disagree with the extension, you may request a grievance.

WHO MAY FILE AN APPEAL?

- You, the adult Member
- The parent or guardian of a minor Member
- A person named by you (your representative)
- A provider acting for you (Provider is your representative)

You must give written permission for someone else to file an appeal for you. No one can speak for you without your permission. There is a "Personal Appeal Representative Form" located under the Forms section of this book that will tell us that you give someone this permission to appeal for you. You will get a copy of this form with your adverse benefit determination letters. It is also on our website: **SilverSummitHealthplan.com**.

The Personal Appeal Representative Form must be sent in with your appeal. We have to receive it within 60 days of your adverse benefit determination letter.

If you need help filing your appeal call Member Services. The phone number is at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. We have people to help you Monday through Friday, 8:00 a.m. to 6:00 p.m. PT.

CONTINUING TO RECEIVE SERVICES

You can ask to keep receiving care while we review your appeal. You must ask within 10 days after receiving your adverse benefit determination letter.

IMPORTANT: If the appeal finds our decision was right, you may have to pay for the service.

FAST APPEAL DECISIONS

If your medical condition is urgent, we can make a decision about your appeal much faster. You may need a fast decision if not getting the treatment will have adverse effects:

- Risk of serious health problems or death
- Serious problems with your heart, lungs or other body parts
- You going into a hospital

Your doctor must agree that you have an urgent need.

If you think you need a fast appeal decision call Member Services. The phone number is 1-844-366- 2880, TTY: 1-844-804-6086, Relay 711. Ask for the appeals department. Our Medical Director will make a decision, and we will let you know within 72 hours.

STATE FAIR HEARINGS

You may disagree with an appeal decision. If that happens you may request a State Fair Hearing. This is an appeal that goes to Nevada DHCFP instead of SilverSummit Healthplan. In a State Fair Hearing, Nevada DHCFP will make the final decision.

You must complete the SilverSummit Healthplan appeals process before you can request a State Fair Hearing. After we have finished your appeal, we will send you a letter. You have 90 days from the date on the letter to ask for a State Fair Hearing.

You can ask to keep receiving care during the State Fair Hearing process. You must ask within 10 days from the date on your letter.

IMPORTANT: If the State Fair Hearing finds our decision was right, you may have to pay for the service. Requests for a State Fair Hearing can be submitted in writing or electronically. Mail your request to:

Nevada Department of Administration
Hearings Office
1100 East William Street, Suite 101
Carson City, NV 89701
Phone: 775-684-3676 • Toll Free: 1-800-992-0900

You can also submit an electronic request by accessing the Recipient Fair Hearings Request form at http://dhcfp.nv.gov/Resources/PI/Hearings. For more information about the State Fair Hearing process, contact Nevada DHCFP.

REPORTING ALLEGED MARKETING VIOLATIONS

Nevada DHCFP has rules for marketing to potential Members. SilverSummit Healthplan follows these rules. If you notice activities by any health plan that could be against Nevada DHCFP rules they want you to tell them. Fill out the “Nevada DHCFP Marketing Complaint Form.” It is the “Grievance or Appeal Form” at the end of this book. They will investigate.

Specific activities are not allowed:

- Activities to get you to change your plan. You will get information from your health plan (SilverSummit Healthplan) but should not from others. This means mail, email, phone calls or visits to your home.
- Attaching a Nevada Check Up and Medicaid application to marketing materials
- Showing or giving out marketing materials in a hospital emergency room
- Giving out information that is false, confusing, misleading or meant to trick Members
- Helping someone choose a health plan
- Comparing themselves to other health plans by name
- Charging Members for items or services at events
- Charging Members money to use their website
- Trying to sell Members other insurance plans

REPORTING FRAUD, WASTE, AND ABUSE

SilverSummit Healthplan is serious about finding and reporting when Nevada Check Up and Medicaid funds are used in the wrong way. This is called fraud, waste, and abuse.

Fraud means a Member, provider or other person is misusing Nevada Check Up and Medicaid program resources:

- Giving someone your Member ID card so they can get services under your name
- Using another person's Member ID card to get services under their name
- A provider billing for the same service twice
- A provider billing for a service that never happened

Your healthcare benefits are given to you because you met the rules of the program. They are not for anyone else. You must not share your benefits with anyone. If you misuse your benefits, you could lose them. Nevada Department of Health and Human Services (DHHS) could also take legal action against you if you misuse your benefits.

If you think a provider, Member or other person is misusing Nevada Medicaid or Nevada Check Up benefits, please tell us right away. SilverSummit Healthplan will take your call seriously. You do not need to give your name when you call Member Services. The phone number is 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. You can also call our Fraud, Waste and Abuse helpline at 1-866-685-8664, contact us through SilverSummitHealthplan.com, email us at ReportFWA@SilverSummithealthplan.com or via US Mail at the following address:

SilverSummit Healthplan
Attn: Compliance Department
2500 N. Buffalo Drive, Suite 250
Las Vegas, NV 89128

MEMBER RIGHTS

As a Member you have certain rights. SilverSummit Healthplan wants to always respect your rights. We expect our providers to respect your rights.

Your rights are important to us:

- To be treated with respect, dignity and privacy
- To receive information about SilverSummit Healthplan, its services, its practitioners and providers and Member rights and responsibilities.
- To pick or change doctors from the provider network
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- To be able to get in touch with your provider
- To go to any provider or clinic for family planning services

- To get care right away if you have a medical emergency
- To be told what your illness or medical condition is
- To discuss treatment options with your provider, what your provider thinks is best regardless of cost or benefit of coverage.
- To work with your doctor to make decisions about your healthcare
- To give permission before the start of diagnosis, treatment or surgery
- To refuse treatment
- To have your personal information in medical records kept private
- To request a copy of your medical record
- To request your medical record be amended or corrected as allowed by law
- To report any complaint, grievance or appeal about your provider or medical care
- To appeal action that reduces or denies services based on medical criteria
- To discuss treatment options with your providers and not be pressured into making decisions about treatment, regardless of cost or benefit of coverage.
- To not discriminate on the basis of race, color, national origin, age, sex, sexual orientation, gender identity, or disability.)
- To be treated in a cultural competent manner by the health plan and providers
- To request a second opinion
- To be notified at the time of enrollment and then also annually of your disenrollment rights
- To make an Advance Directive
- To file any complaint with Nevada DHCFP if your Advance Directive is not followed
- To choose a provider who gives you care whenever possible and appropriate
- To receive accessible healthcare services similar to services given under Medicaid FFS which would include similar amount, duration and scope.
- To get enough services to be reasonably expected to achieve the goal of the treatment
- To not have your services denied or reduced just because of a specific diagnosis, type of illness or medical condition
- To use your rights without any negative effects from Nevada DHHS, SilverSummit Healthplan, its providers or contractors
- To receive all written Member information from SilverSummit Healthplan, at no cost to you and in languages other than English
- In other ways, to help with the special needs of Members who may have trouble reading the information for any reason
- To get interpretation services for free in any language
- To be told that interpretation services are available and how to get them
- To get help understanding the requirements and benefits of SilverSummit Healthplan from Nevada DHHS and its Enrollment Broker
- To receive a copy of Member rights and responsibilities and the right to make recommendations about Silver Summit Healthplan's rights and responsibilities statement.

MEMBER RESPONSIBILITIES

Notify the Division of Welfare and Supportive Services (DWSS) if any of the following happens:

- Your family size changes
- You move out of the state or have other address changes
- You get or have health coverage under another policy, other third party or there are changes to that coverage

As a Member, you have certain responsibilities. Treatment can work better if you do these things:

- Provide SilverSummit Healthplan and your providers with correct and complete medical information they need in order to provide care.
- Work on improving your own health
- Tell SilverSummit Healthplan when you go to the emergency room
- Talk to your provider about preauthorization of services they recommend
- Inform SilverSummit Healthplan if your Member ID card is lost or stolen
- Show your Member ID card and Nevada Medicaid ID card when getting healthcare services
- Know SilverSummit Healthplan procedures, coverage rules and restrictions the best that you can
- Contact SilverSummit Healthplan when you need information or have questions
- Give providers accurate and complete medical information
- Follow prescribed treatment. Or tell your provider the reason(s) treatment cannot be followed as soon as possible.
- Ask your provider questions to help you understand treatment. Learn about the possible risks, benefits and costs of treatment alternatives. Make care decisions after you have thought about all of these things.
- Be actively involved in your treatment. Understand your health problems and be a part of making treatment goals with your provider as much as you can.
- Follow the grievance process if you have concerns about your care

Notice of Privacy Practices

PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective 5/2/2024

For help to translate or understand this, please call: 1-844-366-2880. Hearing impaired TTY/TDD 1-844-804-6086, Relay 771.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-844-366-2880. (TTY/TDD 1-844-804-6086).

Interpreter services are provided free of charge to you.

Covered Entity's Duties

SilverSummit Healthplan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). SilverSummit Healthplan is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI. We protect all of your oral, written and electronic PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

SilverSummit Healthplan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. SilverSummit Healthplan will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our legal duties or other privacy practices stated in the notice. We will make any revised notices available on our website or through a separate mailing.

Internal Protections of Oral, Written, and Electronic PHI:

SilverSummit Healthplan protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help.

These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.

- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

PERMISSIBLE USES AND DISCLOSURES OF YOUR PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

Treatment—We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you, to coordinate your treatment among providers or to assist us in making prior authorization decisions related to your benefits.

Payment—We may use and disclose your PHI to make benefit payments for the healthcare services provided to you. We may disclose your PHI to another health plan, to a healthcare provider or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, issuing premium billings, reviewing services for medical necessity and performing utilization review of claims.

Healthcare Operations—We may use and disclose your PHI in the performance of our healthcare operations. These activities may include providing customer services, responding to complaints and appeals, providing case management and care coordination, conducting medical review of claims and other quality assessment and improvement activities. We may also in our healthcare operations disclose PHI to business associates with whom we have written agreements containing terms to protect the privacy of your PHI.

We may disclose your PHI to another entity that is subject to the federal Privacy Rules and that has a relationship with you for its healthcare operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, case management and care coordination or detecting or preventing healthcare fraud and abuse.

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your healthcare needs.
- Know your language preference when seeing healthcare providers.
- Providing healthcare information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

Group Health Plan/Plan Sponsor Disclosures—We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a healthcare program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI

Fundraising Activities—We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt out (stop), receiving such communications in the future.

Underwriting Purposes—We may use or disclosure your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.

Appointment Reminders/Treatment Alternatives—We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.

As Required by Law—If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

Public Health Activities—We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury or disability. We may disclosure your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.

Victims of Abuse and Neglect—We may disclose your PHI to a local, state or federal government authority (including social services or a protective services agency authorized by law) to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.

Judicial and Administrative Proceedings—We may disclose your PHI in judicial and administrative proceedings as well as in response to an order of a court, administrative tribunal or in response to a subpoena, summons, warrant, discovery request or similar legal request.

Law Enforcement—We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.

Coroners, Medical Examiners and Funeral Directors—We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

Organ, Eye and Tissue Donation—We may disclose your PHI to organ procurement organizations or entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissues.

Threats to Health and Safety—We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Specialized Government Functions—If you are a Member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security concerns and intelligence activities, the Department of State for medical suitability determinations and for protective services of the President or other authorized persons as may be required by law.

Workers' Compensation—We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations—We may disclose your PHI in an emergency situation (or if you are incapacitated or not present) to a family Member, close personal friend, authorized disaster relief agency or any other person previous identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Inmates—If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with healthcare in the following situations:

- To protect your health or safety
- To protect the health or safety of others
- To protect the safety and security of the correctional institution

Research—Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

Sale of PHI—We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

Marketing—We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes—We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as certain treatment, payment or healthcare operation functions.

INDIVIDUAL RIGHTS

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

Right to Revoke an Authorization—You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Right to Request Restrictions—You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family Members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out-of-pocket in full.

Right to Request Confidential Communications—You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.

Right to Access and Receive Copy of your PHI—You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.

Right to Amend your PHI—You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend.

If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures—You have the right to receive a list of instances within the last six-year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

Right to File a Complaint—If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building Washington, DC 20201

or calling 1-800-368-1019, (TTY: 1-800-537-7697) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not take any action against you for filing a complaint.

Right to Receive a Copy of this Notice—You may request a copy of our Notice at any time by using the contact information listed at the end of the Notice. If you receive this Notice on our website (SilverSummitHealthplan.com) or by electronic mail (e-mail), you are also entitled to request a paper copy of the notice.

CONTACT INFORMATION

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

SilverSummit Healthplan
ATTN: Privacy Official
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128
1-844-366-2880, TTY/TDD 1-844-804-6086, Relay 771

STATEMENT OF NONDISCRIMINATION

SilverSummit Healthplan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity). SilverSummit Healthplan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity).

SilverSummit Healthplan:

Provides free aids and services to people with disabilities to communicate effectively with us:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English:

- Qualified interpreters
- Information written in other languages

If you need these services, contact SilverSummit Healthplan at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. If you believe that SilverSummit Healthplan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator
PO Box 31384
Tampa, FL 33631
1- 855-577-8234 • TTY: 711 • FAX: 866-388-1769
email: SM_Section1557Coord@centene.com

You can file a grievance in person by phone or by mail, fax or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building Washington, DC 20201
Phone: 1-800-368-1019, TTY/TDD 1-800-537-7697

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

Glossary of Terms

- **Appeal -** A way for you to challenge our action if you think we made a mistake. You can ask us to change a coverage decision by filing an appeal.
- **Co-payment -** A payment paid by you in order to receive medical care.
- **Durable Medical Equipment (DME) -** Certain items your doctor orders for you to use at home. Examples are walkers, wheelchairs, or hospital beds.
- **Emergency Medical Condition -** An emergency means your life could be threatened or you could be hurt permanently (disabled) if you don't get care quickly. If you are pregnant, it could mean harm to the health of you or your unborn baby.
- **Emergency Medical Transportation -** Your condition is such that you are unable to go to the hospital by any other means but by calling 911 for an ambulance.
- **Emergency Room Care -** A hospital room staffed and equipped for the treatment of people that require immediate medical care and/or services.
- **Emergency Services -** Services provided in an emergency room by a provider trained to treat a medical or behavioral health emergency.
- **Excluded Services -** Services that are not covered under the Medicaid benefit.
- **Grievance -** A complaint you make about us or one of our network providers or pharmacies. This includes a complaint about the quality of your care.
- **Habilitation Services and Devices -** Services and devices that help you keep, learn, or improve skills and functioning for daily living.
- **Health Insurance -** Type of insurance coverage that pays for health, medical and surgical expenses incurred by you.
- **Home Health Care -** Health care services a person receives in the home including nursing care, home health aide services and other services.
- **Hospice Services -** A program of care and support to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has a terminal illness and is expected to have six months or less to live. An enrollee who has a terminal prognosis has the right to elect hospice. A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social, and spiritual needs.
- **Hospitalization -** The act of placing a person in a hospital as a patient.

- **Hospital Outpatient Care -** Care or treatment that does not require an overnight stay in a hospital.
- **Medically Necessary -** This describes the needed services to prevent, diagnose, or treat your medical condition or to maintain your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies, or drugs meet accepted standards of medical practice or are otherwise necessary under current Nevada Medicaid coverage rules.
- **Network -** A network is a directory of doctors, health care professionals, hospitals, and health care facilities that a plan has contracted with to provide medical care to its Members.
- **Non-participating Provider -** A provider or facility that is not employed, owned, or operated by our plan and is not under contract to provide covered services to Members of our plan.
- **Participating Provider -** Providers, hospitals, home health agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports that are contracted with your health plan. Participating providers are also "in-network providers" or "plan providers."
- **Physician Services -** Care provided to you by an individual licensed under state law to practice medicine, surgery, behavioral health.
- **Plan -** Plan refers to a Managed Care Organization offering medical services to its Members.
- **Preauthorization -** A decision by your plan or the DHCFP that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification.
- **Premium -** A monthly payment a health plan receives to provide you with health care coverage.
- **Prescription Drug Coverage -** Prescription drugs or medications covered (paid) by your health plan. Some over-the -counter medications are covered.
- **Prescription Drugs -** A drug or medication that, by law, can be obtained only by means of a physician's prescription.
- **Primary Care Physician -** Your primary care physician is the doctor or other provider you see first for most health problems. He or she makes sure you get the care you need to stay healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them.
- **Primary Care Provider (PCP) -** Physicians who practice general medicine, family medicine, general internal medicine, general pediatrics, or osteopathic medicine. They are responsible to provide, arrange, and coordinate all aspects of your health care. Often, they are the first person you should contact if you need health care. Physicians who practice obstetrics and gynecology may function as PCPs for the duration of the health plan Member's pregnancy.
- **Provider -** A person who is authorized to give health care or services. Examples of providers include doctors, nurses, behavioral health providers, nursing homes and specialists.
- **Rehabilitation Services and Devices -** Treatment you get to help you recover from an illness, accident, or major operation to restore you to the best possible functional level.

- **Skilled Nursing Care -** Skilled Nursing care means assessments, judgments, interventions and evaluations of intervention, which require the training and experience of a licensed nurse. Skilled Nursing care includes, but is not limited to:
    1. Performing assessments to determine the basis for action or the need for action;
    2. Monitoring fluid and electrolyte balance;
    3. Suctioning of the airway;
    4. Central venous catheter care;
    5. Mechanical ventilation; and
    6. Tracheotomy care.
- **Specialist -** A doctor who provides health care for a specific disease or part of the body.
- **Urgent Care -** Care when you need to see a doctor and your doctor is not able to see you or the office is closed. Care is needed for a sudden illness, injury, or condition that is not an emergency but needs to be treated right away.

Forms

- Request to Change My Primary Care Provider Form
- Notification of Pregnancy Form
- Grievance or Appeal Form
- Concern or Recommendation Form
- Authorized Representative Designation Form

Request to Change My Primary Care Provider Form: **One Member Per Form**

Member Information ***Required Field**

First Name: MI: Last Name:

Medicaid ID*: Date of Birth (mmddyyyy):

SSN: Telephone number: - -

Mailing Address:

City: State: Zip Code:

PCP Change Request - Please provide PCP Information

Requested PCP Name NPI#

Office Address:

City: State: Zip Code:

Office Phone: - - Effective Date (mmddyyyy):

The effective date will be based upon the plan's selection/change policy.

Reason for Change from Assigned PCP - Choose all that apply. Select at least one.

- New Member - made 1st time selection
- Already patient with requested PCP
- Requested PCP already sees family member
- Member Preference
- Member Moved
- PCP Hours didn't fit member need
- Quality of Care
- Provider Left Network
- Provider Location
- Association with hospital or medical group
- Language/communication barriers
- Wait time in provider office
- Availability to get appointment/access to care
- Established relationship w/ another PCP
- Provider Request to Disenroll Member
- Other

____

Signature of Member or Authorized Representative

Date (mmddyyyy)

____

Print Name of Member or Authorized Representative

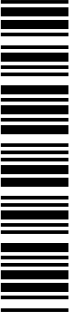
Directions: Please fax Member Change Data forms, with a copy of the Member ID card, if available, to SilverSummit Healthplan Member Services Department at 1-855-252-0568 or mail it to SilverSummit Healthplan Member Services, 2500 North Buffalo Drive, Suite 250, Las Vegas, NV 89128. If you have questions about how to complete this form or want to make this request over the phone, please call the SilverSummit Healthplan Member Services Department, from 8 a.m. to 5 p.m. (PST), Monday through Friday, at 1-844-366-2880 (TDD/TTY 1-844-804-6086).

silversummit healthplan

Start Smart FOR YOUR BABY

Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call SilverSummit Healthplan at 1-844-366-2880 (TTY/TTD: 1-844-804-6086).This form is also available online at www.silversummithealthplan.com.



***Medicaid ID: #**

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Gender Identification: Phone Number:

Mailing Address:

City: State: Zip Code:

Email Address:

Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Decline to share

☐ American Indian/Native American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Hispanic or Latino ☐ Other If other ethnicity, please specify:

What Provider/Clinic is helping me during my pregnancy:

First Name:

Last Name:

Phone Number:

Clinic Name (if applicable):

My Current Situation

Please check this box if you would answer no to any of the below: ☐

I have a phone.

I feel safe at home and with the people in my life.

I have enough food for me and my family each day.

I feel good about where I live.

I have transportation for my daily needs.

I am able to pay my utility bills (gas, water, electric, etc).

My Current Pregnancy Information

I have been to my first prenatal visit? ☐ Yes ☐ No

If yes, how many weeks pregnant were you at your first visit:

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NV-MNOP-2042

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***Medicaid ID #:**

Name: Last, First:

My due date is (If you do not know your due date, when was the first day of your last period):

This is my first pregnancy ☐ Yes ☐ No

Where will I give birth to my baby (Hospital or birthing center):

Please check all that apply:

- ☐ Multiples (twins, triplets)
- ☐ Diabetes (high blood sugar; type I, type II, during pregnancy only)
- ☐ Asthma or other breathing problems
- ☐ Tobacco use (smoking cigarettes, chewing tobacco, or vaping)
- ☐ Depression (feeling blue)
- ☐ Anxiety (feeling worried or stressed)
- ☐ I do not have any of these
- ☐ Other health needs
- ☐ High blood pressure or heart problems
- ☐ Very bad nausea and vomiting
- ☐ Sickle cell
- ☐ Seizures/epilepsy
- ☐ Bipolar disorder
- ☐ Kidney disease
- ☐ Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol marijuana, methamphetamine)

Please explain

My Past Pregnancy History

Please check all that apply:

- ☐ Previous delivery before 37 weeks
- ☐ Gestational diabetes (high blood sugar while pregnant)
- ☐ High blood pressure in pregnancy/preeclampsia or heart problems
- ☐ Delivery less than 18 months ago
- ☐ Taking any form of progesterone
- ☐ Previous C-section
- ☐ I did not have any of these or this is my first pregnancy
- ☐ Other

Please explain

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GRIEVANCE OR APPEAL FORM

This form is to help you file a grievance or appeal. You can fill it out and send it to us. Or, you may write a letter and include this information in your letter. Please mail this form or your letter to:

SilverSummit Healthplan Member Services	**Behavioral Health appeals:**
2500 North Buffalo Drive Suite 250 Las Vegas, NV 89128 Fax 1-866-694-3734	SilverSummit Healthplan - Appeals 12515-8 Research Blvd Suite 400 Austin, TX 78759 Fax 1-866-714-7991

PLEASE PRINT

Member Name:		
Member ID#:		
Street/PO Box/Apartment #:		
City:	State:	ZIP:
Member Phone Number:		
Tracking Number (if you have one). Found in the upper left hand corner of letter.		
Share information you have about the grievance or appeal:		
Representatives Name (if you name one):		
Member/Representative's signature:		
Daytime Phone #:	Date:	

CONCERN OR RECOMMENDATION FORM

This form is to help you share a concern or make a recommendation. We want to hear your ideas! You can fill it out and send it to us. Or, you may write a letter and include this information with your letter.

Please mail this form or your letter to:

SilverSummit Healthplan
ATTENTION: Member Services
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128

Phone 1-844-366-2880, TTY: 1-844-804-6086, Relay 711 • Fax 1-855-252-0568

PLEASE PRINT

Member Name:		
Member ID#:		
Street/PO Box/Apartment #:		
City:	State:	ZIP:
Member Phone Number:		
Share information you have about the concern or recommendation:		
Representatives Name (if you name one):		
Member/Representative's signature:		
Daytime Phone #:	Date:	

AUTHORIZED REPRESENTATIVE DESIGNATION FORM

You may have someone else act on your behalf in a grievance or appeal. The person you list below will be accepted as your representative. We cannot speak with anyone on your behalf until we receive this form. Return to us at:

SilverSummit Healthplan
ATTENTION: Grievances and Appeals Department
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128

Phone 1-844-366-2880, TTY: 1-844-804-6086, Relay 711 · Fax 1-855-742-0125

I, ____ [PRINTED NAME OF Member]

want the following person to act for me in my grievance or appeal. I understand that personal medical information related to my grievance or appeal may be disclosed to my representative.

PLEASE PRINT

1. Name of representative:		
2. Address of representative:		
Street Address/PO Box/Apartment #:		
City:	**State:**	**ZIP:**
Daytime Phone ( ):	**Evening Phone ( ):**	
3. Brief description of the grievance or appeal for which the Representative will be acting on my behalf:		
4. Member signature [SIGNATURE OF Member, OR PARENT/GUARDIAN•]		
Member DOB:	**Member ID:**	**Date:**
***Relationship to Member:** ☐ Self ☐ Parent ☐ Guardian		
5. Representative signature [SIGNATURE OF GRIEVANCE OR APPEAL REPRESENTATIVE*]		
***Relationship to Member:** ☐ Parent ☐ Guardian ☐ Other, please specify: ________________________		

Transforming the health of the communities we serve, one person at a time.

1-844-366-2880
SilverSummitHealthPlan.com

SilverSummit Healthplan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

SilverSummit Healthplan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

If you, or someone you're helping, has questions about SilverSummit Healthplan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-366-2880, (TTY/TDD: 1-844-804-6086).

SilverSummit Healthplan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

SilverSummit Healthplan no excluye a las personas ni las trata de manera diferente debido a raza, color, origen nacional, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Si usted, o alguien a quien está ayudando, tiene preguntas sobre SilverSummit Healthplan, tiene derecho a recibir ayuda e información en su idioma sin costo. Para hablar con un intérprete, llame al 1-844-366-2880, (TTY/TDD: 1-844-804-6086).

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