

7 - Benefits and Eligibility

7.1 Enrollee Benefits

Medical

Health Plan of Nevada (HPN) offers a variety of benefit plans that are made available to eligible employees and their eligible family members for many employer groups, as well as individual health insurance plans.

Dental

Health Plan of Nevada (HPN) offers a variety of dental benefit plans that are made available to eligible employees and their eligible family members for many employer group, as well as individual dental insurance plants.

If you have questions regarding the benefits for a specific medical or dental benefit plan, including their exclusions and limitations, please contact HPN Member Services at the following numbers:

HPN	(800) 777-1840
My HPN (on exchange plan MyHPN)	(877) 752-8026
HPN Individual (Off Exchange plans MyHPNSolutions)	(888) 293-6831
Medicaid and Nevada Check Up	(800) 962-8074
TTY	711
IVR	(702) 242-7724
IVR Toll Free	(800) 768-2808

Business Hours: Mon. – Fri., 8:00 a.m. – 5:00 p.m. Pacific Standard Time

7.2 Eligibility and Plan Coverage Verification

The Member Services Department has a team of representatives and specialists who can assist you with the following:

- Eligibility
- Plan coverage
- ID card questions
- Member concerns

The following steps will help you identify HPN members and determine their eligibility and plan coverage.

A member's eligibility needs to be determined before services are rendered. Every member and dependent is issued an identification card. All information on the card serves as identification; however, it does not guarantee eligibility.

Primary Care Providers can verify assignment by referring to their monthly empanelment report issued by HPN. If not found, call Member Services Interactive Voice Response (IVR) system for verification of eligibility and primary care provider selection for HPN and Medicaid and Nevada Check Up members at **(800) 768-2808**, or utilize HPN's online provider center See Section 7.4 for details regarding [the online provider center](#) .

Please Remember any payment for covered services is subject to the member's eligibility at the time of service, compliance with the managed care program, contractual

limitations/exclusions and coordination of benefits as set forth in the Evidence of Coverage.

7.3 Interactive Voice Response (IVR) System

Eligibility and Benefit Information: 7 days/week, 24 hours/day

The Interactive Voice Response system will enable you to obtain member eligibility and benefits, as well as claim payment information at the touch of a button.

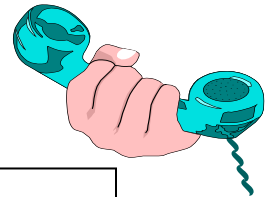
Providers can receive a fax with information obtained from the IVR system.

Direct numbers to IVR system:

HPN	(702) 242-7724
HPN Toll free	(800) 768-2808

This service is available 24-hours-a-day, 7-days-a-week. This feature is part of our continuing effort to improve service to our providers.

A flow chart that outlines the process follows in this section.



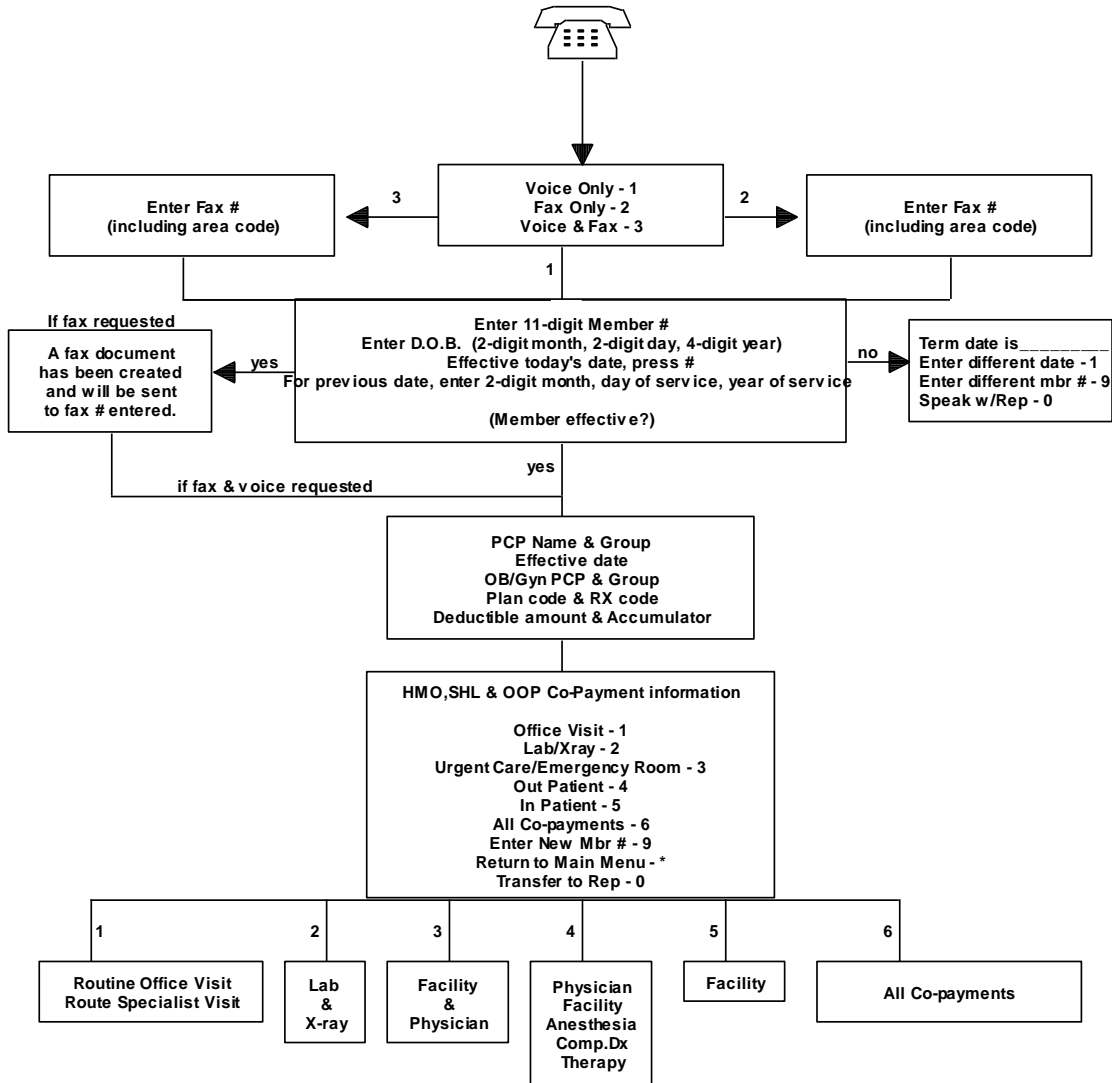
MEMBER SERVICES:

Interactive Voice Response System (IVR)	(702) 242-7724
Toll free	(800) 768-2808
HPN Telephone	(800) 777-1840
Medicaid and Nevada Check Up	(800) 962-8074
HPN	(800) 777-1840
My HPN (on exchange plan My HPN)	(877) 752-8026
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Medicaid and Nevada Check Up	(800) 962-8074
TTY	711
IVR	(702) 242-7724
IVR Toll Free	(800) 768-2808

2020 HPN Provider Summary Guide

MEDICAL ELIGIBILITY & BENEFITS IVR APPLICATION (PROVIDERS)

Direct to IVR 242-7724 (HPN),....242-7393 (

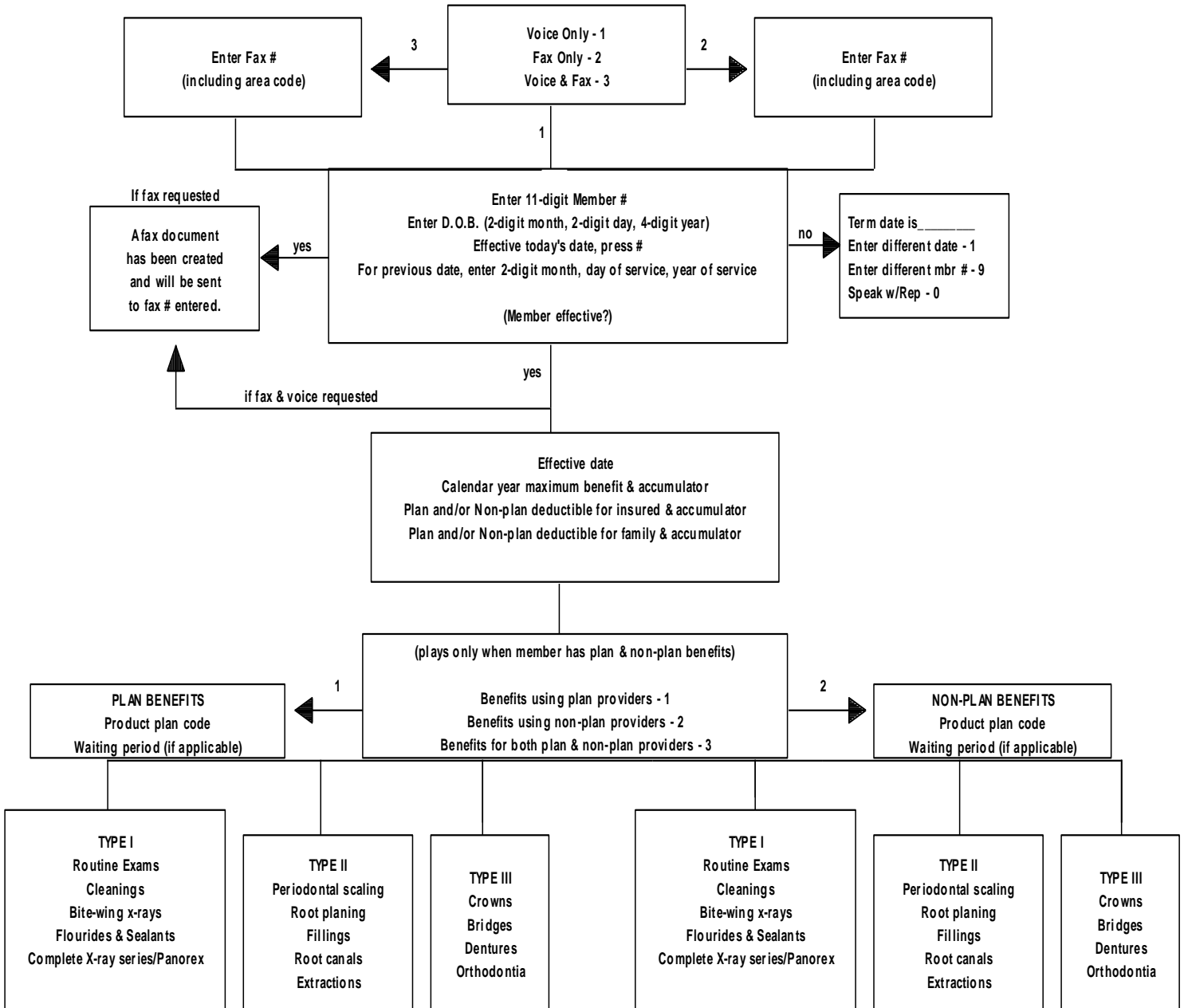


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DENTAL ELIGIBILITY & BENEFITS IVR APPLICATION (PROVIDERS)

Direct to IVR 242-7724 (HPN).....242-7393 (SHL)

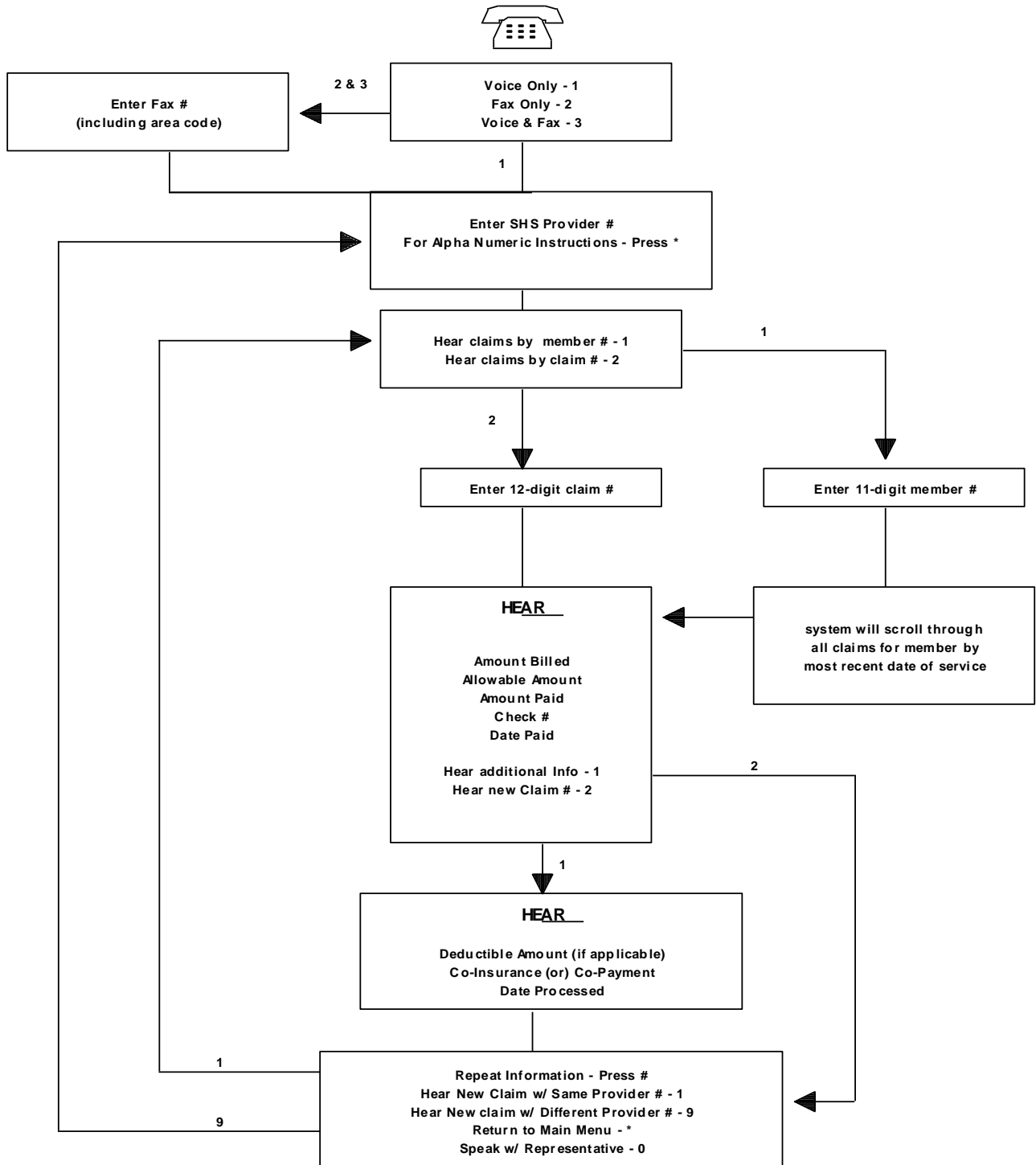


***** Press 9 to skip to next type of benefits

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CLAIMS STATUS IVR APPLICATION (PROVIDERS)

Direct to IVR 242-7724 (HPN).....242-7:



7.4 HPN Online Provider Center

Convenient and available 24/7, Health Plan of Nevada's online provider center is geared toward providing greater convenience and efficiencies for our contracted providers. Contracted providers and their administrative staff have access to important information when they need it.

The online provider center is a “real time” application that provides information such as member eligibility and benefits, prescription drug coverage information, prior authorization and claim status. Additional features include viewing and printing EOP's, as well as submitting electronic referrals and prior authorization requests. **The online provider center can reduce or avoid time spent on the telephone with HPN's Member Services Department.**

For contracted providers that are not yet connected to the online provider center, please submit a request online via the online provider center website (www.myaysonline.com) click on “Create an Account” and follow the on screen instructions. The online provider center Provider Tutorial is accessible on the HPN website and Provider Services is available to answer any specific questions you may have regarding the application.

7.5 Health Plan of Nevada Web Site

The HPN website, www.healthplanofnevada.com/Provider is a valuable tool for you and your office staff. The HPN website has a section devoted entirely to providers and their needs. By visiting the HPN website, you'll gain access to:

- Online provider directories
- HPN Preferred Drug List
- Mail-order pharmacy information
- Plan pharmacies
- HPN clinical guidelines
- UM Protocols
- Information regarding HPN's online provider center
- Credentialing information
- Online Provider Summary Guide
- Information regarding New Medical Technology

The HPN website will be periodically updated to communicate health plan updates and ongoing information related to services, care, process changes and legislative and regulatory updates impacting providers.

7.6 Primary Care Physician (PCP) Changes

If a member wishes to change their Primary Care Physician (PCP) they may contact the Member Services Department. The telephone numbers appear in Section 7.1 and on the back of the member's ID card. Commercial members may change their PCP at any time.

For Medicaid members only:

PCP Change requests received before the 20th of the month, will be effective the first of the following month. If the request is received after the 20th of the month, the change will be effective the first of the next month. For example, if HPN receives a member's request to change their PCP on June 19th, it will be effective July 1st. If, however, HPN receives a member's request on June 21st, it will be effective August 1st.

7.7 ID Cards

Copies of identification cards are provided to better identify our members. The front of the card contains information pertaining to the member and their benefits. Included in this information are the following:

Employer Name: The employer name may be included on the card
 Member Name: Name of member, can be dependent, spouse or insured
 Member Number: Unique 9 digit number identifying each member
 Group Number: Employer Group Number
 Benefits: Medical Pharmacy Vision Dental
 Code: For each benefit a patient is eligible for, a corresponding code will be listed
 Effective Date: Effective dates will be displayed for each benefit code the member is eligible for
 Copays: Copays will be listed for Office Visits and other benefits if applicable
 Plan Name: Health Plan of Nevada HMO, POS, Individual
The online provider center, IVR or Member Services can provide additional copay information

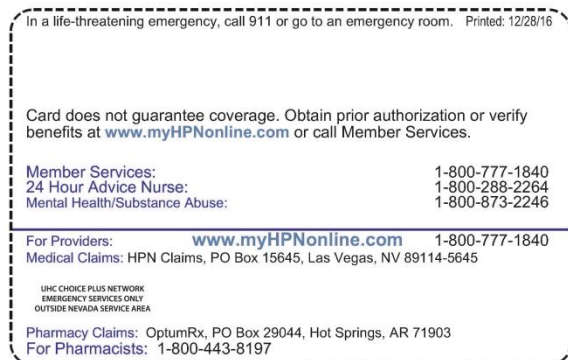
Based upon the benefits the member has, the information on the back of the card may contain some of the following information:

Disclaimer: Instructions for the member and providers regarding eligibility & prior authorizations
 Emergency: Members are to call 911 or go to the nearest hospital in case of an emergency and contact Member Services as soon as reasonably possible
 Claims Address: Where to send claims
 Benefit Questions: Phone number to contact Member Services
 Mental Health: If the member has Mental Health Benefits through HPN, the name and number of the Mental Health Provider
 Website: Website address information
 Network: Plan Provider Network(s)

Health plan members may now access their ID cards via the online provider center (online or on their smart phones).

Sample ID Cards for plans that you may come in contact with have been included for your review.

Commercial Group (Non-Individual) HMO AND POS:



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HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

**HPN SOLUTIONS
GROUP POS PLAN**

Health Plan (80840) 911-76342-01

Member ID: 999000396-00 Group Number: 000000000000

Member:
SAMPLE ID CARD_GY

Payer ID: 76342

 OPTUMRx™

Benefit Code:
Medical 00000000
Rx 00000000

Rx BIN: 610279
Rx GRP: UNEVADA
Rx PCN: 9999
Rx Cost share tiers: I / II / III / IV
Rx Cost shares: \$0/\$0/\$0/\$0
Rx Deductible may apply.

Effective Date: 01/01/2017

Copay: Office /Spec
Tier I \$0 /\$0
Tier II \$0 /\$0

DOI-0501

Underwritten by Health Plan of Nevada, Inc.

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 12/28/16

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

Member Services: 1-800-777-1840
24 Hour Advice Nurse: 1-800-288-2264
Mental Health/Substance Abuse: 1-800-873-2246

For Providers: www.myHPNOnline.com 1-800-777-1840
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

UnitedHealthcare **HPN HMO & Expanded**
Choice Plus Network **Plan Provider Networks**
Outside Nevada Within Nevada & Surrounding Areas

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 1-800-443-8197

Individual HMO (Off Exchange):


HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

**MyHPN SOLUTIONS
INDIVIDUAL HMO PLAN**

Health Plan (80840) 911-76342-01

Member ID: 999000391-00 Group Number: 000000000000

Member:
SAMPLE ID CARD_GT

Payer ID: 76342

 OPTUMRx™

Benefit Code:
Medical 00000000
Rx 00000000

Rx BIN: 610279
Rx GRP: UNEVADA
Rx PCN: 9999
Rx Cost share tiers: I / II / III
Rx Cost shares: \$0/\$0/\$0
Rx Deductible may apply.

Effective Date: 01/01/2017

Copay: Office /Spec
Tier I \$0 /\$0

DOI-0501

Underwritten by Health Plan of Nevada, Inc.

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 12/28/16

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


Member Services: 1-800-777-1840
24 Hour Advice Nurse: 1-800-288-2264
Mental Health/Substance Abuse: 1-800-873-2246

For Providers: www.myHPNOnline.com 1-800-777-1840
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

UHC CHOICE PLUS NETWORK
EMERGENCY SERVICES ONLY
OUTSIDE NEVADA SERVICE AREA

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 1-800-443-8197

Individual (On Exchange) HMO:


HEALTH PLAN OF NEVADA
A UnitedHealthcare Company


**MyHPN
INDIVIDUAL HMO PLAN**

Health Plan (80840) 911-76342-01

Member ID: 999000442-00 Group Number: 200012261001

Member:
SAMPLE ID CARD_IS

Payer ID: 76342

 OPTUMRx™

Benefit Code:
Medical 00000000
Rx 00000000

Rx BIN: 610279
Rx GRP: UNEVADA
Rx PCN: 9999
Rx Cost share tiers: I / II / III
Rx Cost shares: \$0/\$0/\$0
Rx Deductible may apply.

Effective Date: 01/01/2017

Copay: Office /Spec
Tier I \$0 /\$0

DOI-0518

Underwritten by Health Plan of Nevada, Inc.

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 12/28/16

For eligibility, benefits, prior authorization requirements or to find a provider, visit myHPNOnline.com. For any questions, call:

Member Services/Servicio al Cliente: 702-838-8294 1-877-752-8026
24 Hour Advice Nurse: 702-242-7330 1-800-288-2264
Mental Health/Substance Abuse: 702-364-1484 1-800-873-2246

For Providers: Payer ID 76342 1-877-752-8026
Medical Claims: HPN Claims, PO Box 15645, Las Vegas, NV 89114-5645

UHC CHOICE PLUS NETWORK
EMERGENCY SERVICES ONLY
OUTSIDE NEVADA SERVICE AREA myHPNOnline.com

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 1-800-443-8197 Card does not guarantee coverage.