



## Facility Appeal Process

Issue	Timeframe for Submission	Instructions	Mailing Address	For Questions regarding Status of Submission
<p><b><u>Concurrent Review</u> – Level of Care dispute</b></p>	<p>During patient’s acute stay in facility</p>	<p>An email is sent daily to the designated email distribution list for each facility that lists the ICM team for that day.</p> <ul style="list-style-type: none"> <li>• Clinical reviews are completed daily, 7 days a week</li> <li>• Bed Day (LOC) codes are added or updated daily as needed based on clinical review</li> </ul> <p>If facility case manager disagrees with the coded level of care, the health plan case manager should be contacted for discussion. If necessary, a Peer to Peer can be arranged.</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Optimal results will be achieved when level of care dispute is handled concurrently, while patient is still in the facility.</p>	<p>N/A</p>	<p>Refer to daily email with ICM contacts</p>



## Facility Appeal Process

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<p><b><u>Retrospective Review</u></b></p> <p><b>Authorization Issues</b></p> <p><b>Observation vs. Inpatient Status</b></p> <p><b>Level of Care</b></p> <p><b>Dates of Service</b></p>	<p>180 days from original date of service to submission of WRITTEN request for reconsideration</p> <p><b>**Medicaid reconsiderations need to be submitted within 30 days from the last payment/denial notice.</b></p>	<p>For reconsiderations of claims processed by the HPN/SHL claims department, please send the following information:</p> <ul style="list-style-type: none"> <li>• Explanation Of Payment</li> <li>• Substantiating Medical Records</li> <li>• Any authorization letters or referral forms if claim was denied incorrectly for no prior authorization and or referral</li> <li>• Explanation of why the claim should be reprocessed.</li> </ul> <p><b>Please refer to the Provider Summary Guide for additional information.</b></p>	<p><b>Health Plan of Nevada/Sierra Health and Life</b></p> <p>Attn: Claims Reconsideration, 2720-3 P.O. Box 15645 Las Vegas, NV 89114</p>	<p><b>Contracted Providers may check status of claims by logging onto Online Provider Center</b></p> <p><a href="https://provider.healthplanofnevada.com/">https://provider.healthplanofnevada.com/</a></p> <p><b>You may also contact Member Services at the following telephone numbers for status of the reconsideration:</b></p>
<p><b>Retro Review for Cases in which no prior authorization was given</b></p> <p><b>Late or No Notification</b></p> <p><b>Mismatched Authorizations</b></p>	<p>24 Months from original date of service to submission of WRITTEN request for reconsideration</p>	<p><b>Notification of admission must occur within 48 hours or claim will be denied.</b></p> <p>For reconsiderations of claims processed by the HPN/SHL claims department, please send the following information:</p> <ul style="list-style-type: none"> <li>• Explanation Of Payment</li> <li>• Substantiating Medical Records</li> <li>• Any authorization letters or referral forms if claim was denied incorrectly for no prior authorization and or referral</li> <li>• Explanation of why the claim should be reprocessed.</li> </ul> <p><b>Please refer to the Provider Summary Guide for additional information.</b></p>	<p><b>Health Plan of Nevada/Sierra Health and Life</b></p> <p>Attn: Claims Reconsideration, 2720-3 P.O. Box 15645 Las Vegas, NV 89114</p>	<p>Health Plan of Nevada (702) 242-7300 or Toll free (800) 777-1840</p> <p>Sierra Health and Life (702) 242-7700 or Toll free (800) 888-2264</p> <p>HPN Medicaid/NorthernChoice/Nevada CheckUp (702) 242-7317 or Toll free (800) 962-8074</p> <p>Please allow 15 days from the date of the appeal submission prior to checking status.</p>
<p><b>Delay of Service</b></p>	<p>180 days from original date of service to submission of WRITTEN request for reconsideration</p>	<p>For reconsiderations of claims processed by the HPN/SHL claims department, please send the following information:</p> <ul style="list-style-type: none"> <li>• Explanation Of Payment</li> <li>• Substantiating Medical Records</li> <li>• Any authorization letters or referral forms if claim was denied incorrectly for no prior authorization and or referral</li> <li>• Explanation of why the claim should be reprocessed.</li> </ul> <p><b>Please refer to the Provider Summary Guide for additional information.</b></p>	<p><b>Health Plan of Nevada/Sierra Health and Life</b></p> <p>Attn: Continuity of Care/2716-3 P.O. Box 15645 Las Vegas, NV 89114-5645</p>	<p>For <b>contract related</b> questions please contact the Provider Relations department at (702)242-7088 or Toll Free (800) 745-7065</p> <p>Commercial and Medicaid Business Hours: Mon. – Fri., 8 a.m. – 5 p.m.PST</p> <p><b>NOTE: RECONSIDERATION REQUESTS are INITIATED and PROCESSED through the CLAIMS DEPARTMENT, NOT Member Services or Provider Services.</b></p>