

7 - Benefits and Eligibility

7.1 Enrollee Benefits

Health Plan of Nevada (HPN) offers a variety of medical and dental 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.

Benefit and eligibility should be verified using [The Online Provider Center](#). If you have additional questions regarding the benefits for 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: HPN/My HPN-Mon. – Fri., 8:00 a.m. – 5:00 p.m. PST
Medicaid and Nevada Check Up-Mon. – Fri., 8:00 a.m. – 6:00 p.m. PST*

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 are issued an identification card. All information on the card serves as identification; however, it does not guarantee eligibility.

For verification of eligibility and benefits, please contact Member Services IVR (Interactive Voice Response) system at **(702) 242-7724 or (800) 768-2808** or utilize HPN's online provider center. **See Section 7.4 for details regarding the Online Provider Center.**

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.

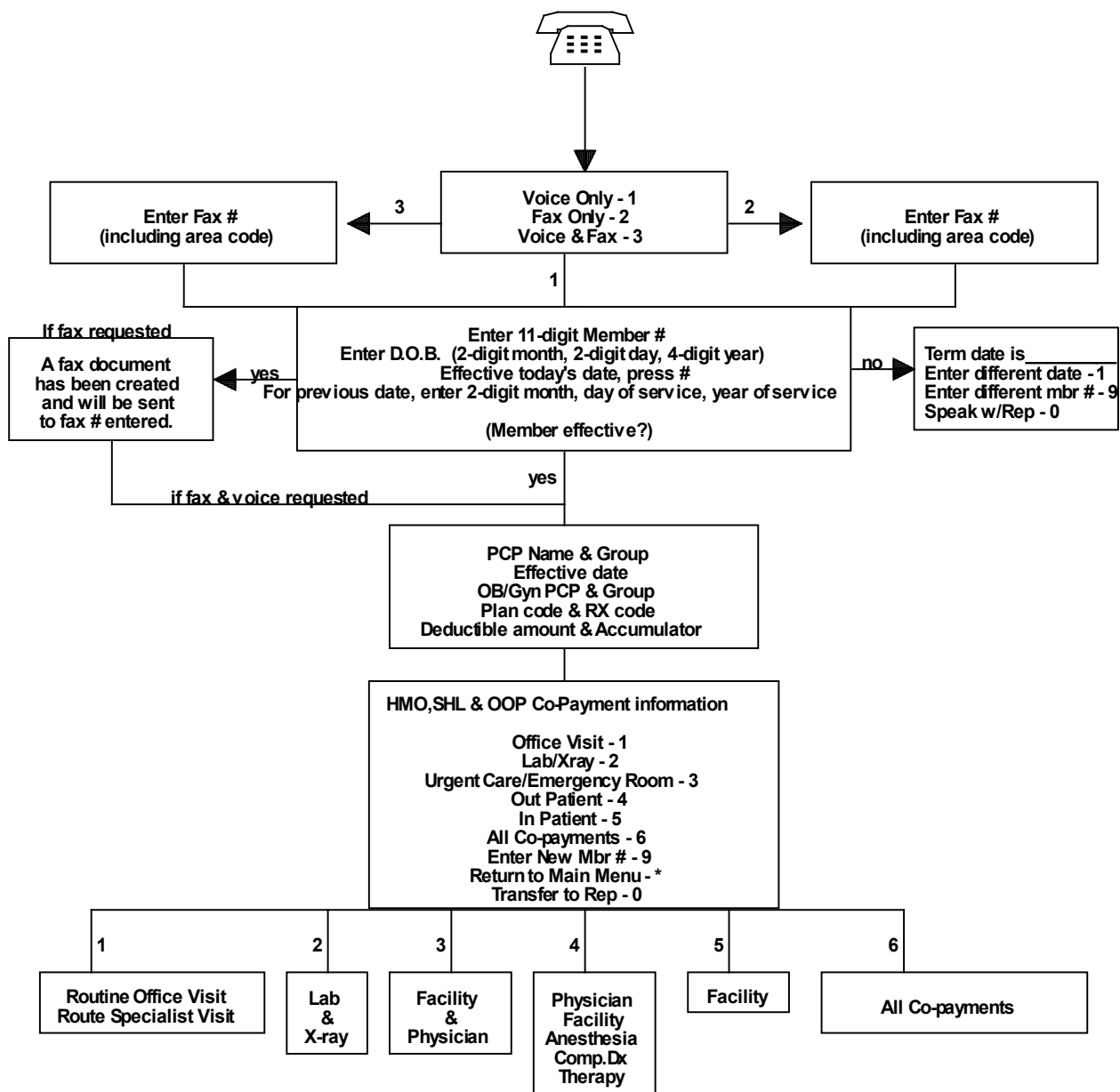
<u>MEMBER SERVICES</u>	
Interactive Voice Response System (IVR)	(702) 242-7724
Toll free	(800) 768-2808
HPN Telephone	(800) 777-1840
Medicaid and Nevada Check Up	(800) 962-8074
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2026 HPN Provider Summary Guide

Medical E & B
InterVoice
1-8-09
V. 4
Englehart

MEDICAL ELIGIBILITY & BENEFITS IVR APPLICATION (PROVIDERS)

Direct to IVR 242-7724 (HPN).....242-7393 (SHL)....800-768-2808 (THC)



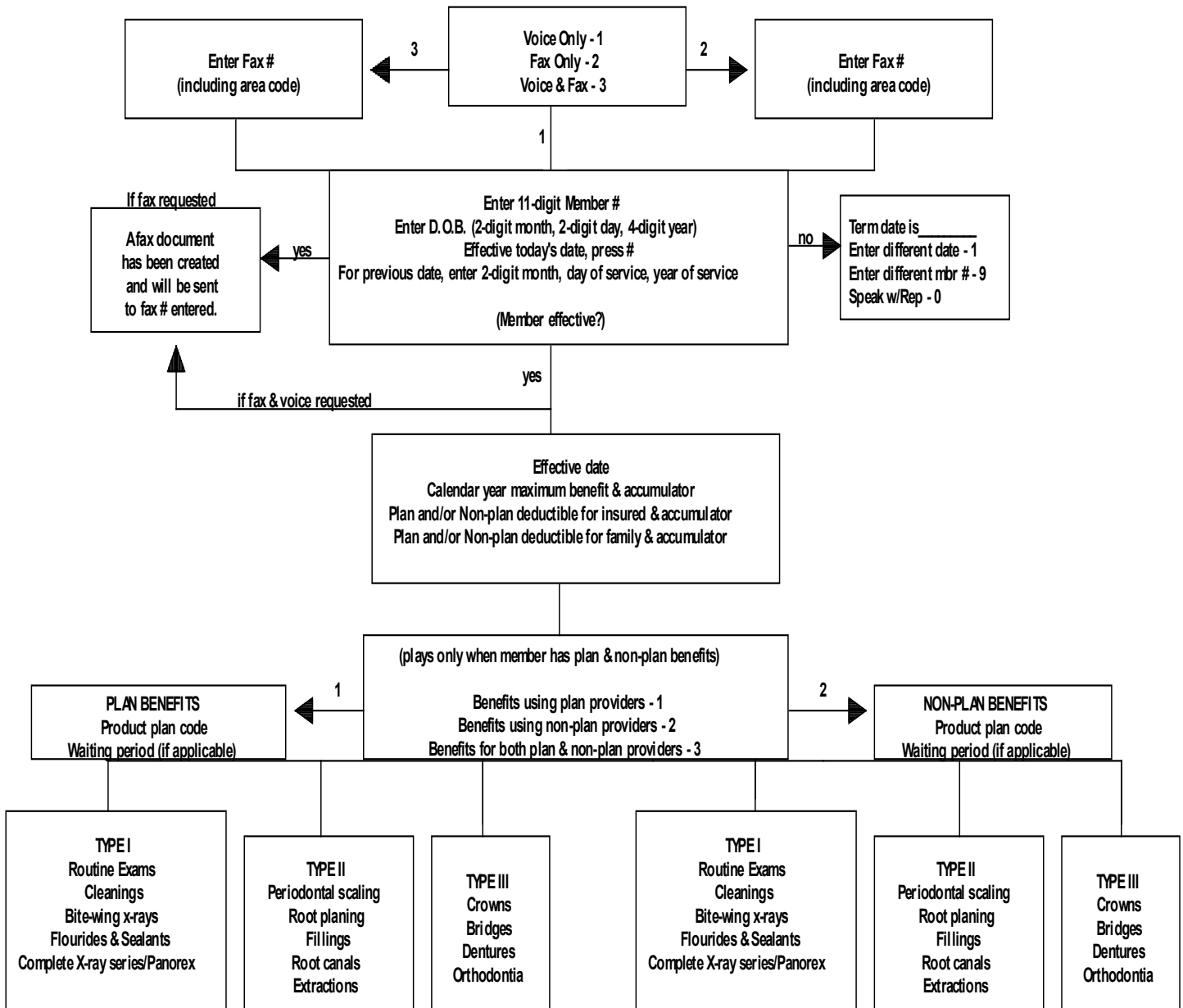
Press * to return to main menu

2026 HPN Provider Summary Guide

Dental E & B
 Dental E & B

DENTAL ELIGIBILITY & BENEFITS APPLICATION (PROVIDERS)

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



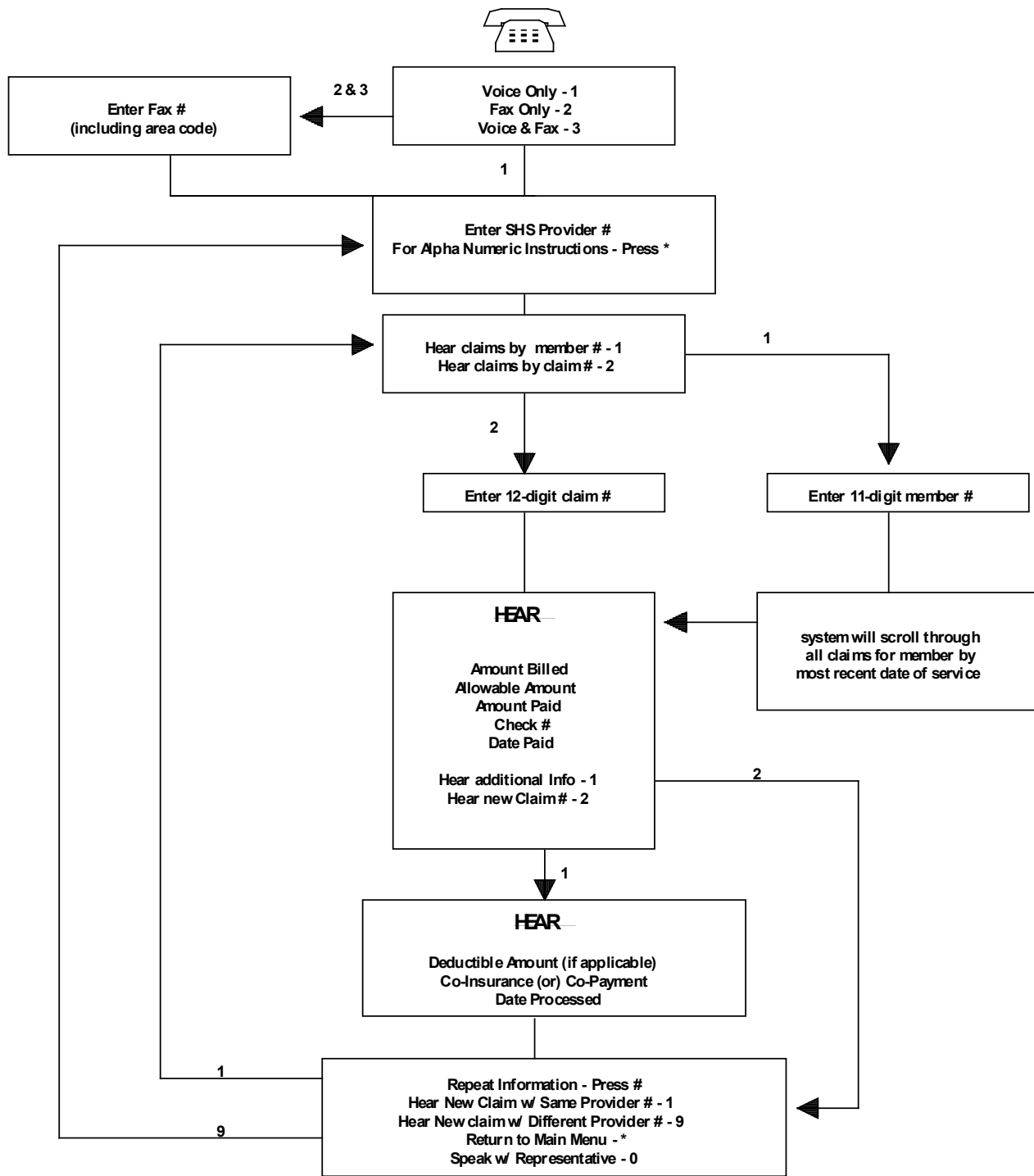
***** Press 9 to skip to next type of benefits

2026 HPN Provider Summary Guide

Claims Status HPN (Provider)
InterVoice
Revision 3
4/05/02
Englehart

CLAIMS STATUS IVR APPLICATION (PROVIDERS)

Direct to IVR 242-7724 (HPN)....242-7393 (SHL)....800-768-2808 (THC)



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, provider.healthplanofnevada.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 will 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 that affect 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 Enrollee Benefits** 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 11 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
<i>The online provider center, IVR or Member Services can provide additional copay information</i>	

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 member center (online or on their smart phones).

A Sample ID Card has been included for your review.

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

PLAN TYPE

Member: NAME
Member ID: 000000000-00 Group Number: 000000000000

Benefit Code:
Medical 00000000 Payer ID
Rx 00000000
Vision 00000000

Copay: Office / Spec \$0/\$0 Effective Date 01/01/2021

Tier 1: Ded IND/FAM \$0000/\$0000 OOPM IND/FAM \$0000/\$0000

DOI-0601 Underwritten by Health Plan of Nevada, Inc.

OPTUMRx

In a life-threatening emergency, call 911 or go to an emergency room. Printed: 00/00/0000

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

Member Services: 1-800-777-1840
24/7 Advice Nurse: 1-800-288-2264
Mental Health: 1-800-873-2246
24 Hour Virtual Visits: Download the NowClinic® app

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

Prior Authorization or Emergency Services Only Outside Nevada

Pharmacy Claims: OptumRx, PO Box 650540, Dallas, TX 75265-0540
For Pharmacists: 1-800-443-8197