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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 **Nevada Medicaid**. We give health services to people in **Nevada Medicaid** and the **Nevada Check Up** program. We work with your doctor to help take care of your health. Our job is to make sure you get the care you need to stay healthy.

WHAT IS THE NEVADA MEDICAID AND NEVADA CHECK UP PROGRAM?

These programs help people who don't have a lot of money pay for health care. They help:

- Low-income adults
- Children from birth to age 18 who don't have private insurance

The goal of these programs is to:

- Help kids get health coverage
- Teach people to take care of their own health
- Work with doctors and community groups to support children

WHO IS SILVERSUMMIT HEALTHPLAN?

SilverSummit Healthplan is a **Managed Care Organization (MCO)**. That means we help **Members**—people like you—get the health services they need through one company.

We help you manage your health care and make sure everything works together. Our goal is to help every person we serve live a healthier life.

You can ask us for information about:

- How we work with other health plans you might have
- How we pay doctors and other providers
- Results from surveys of our Members
- How many people leave our plan
- Benefits, who can join, how claims work, or which doctors are in our plan

If you have ideas to make us better or want to share your thoughts about our rules or services, please call **Member Services at 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.

This handbook is not an insurance certificate and does not prove you have insurance.

We update this handbook once a year. If we make big changes, we will tell you at least 30 days before. You can ask for a copy of the handbook once a year or when you need it.

The Member Handbook helps you understand your health plan with SilverSummit Healthplan. It is our agreement with you. The handbook explains your rights, your health benefits, and what you need to do as a member.

Please read this booklet carefully. It tells you:

- What is covered and not covered
- How to get the care you need
- Your rights and responsibilities
- How to get your medicine
- How to pick your main doctor (Primary Care Provider or PCP)
- What to do if you're unhappy with your health plan
- Who can join the health plan
- When to go to Urgent Care instead of the Emergency Room
- What you'll get from SilverSummit Healthplan

You can visit our website at SilverSummitHealthplan.com to read the handbook or see other forms. You can also get help in other languages or with special tools if you need them—for free.

You can also call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711).

If you want a printed copy of the handbook or any forms, just ask. It's free. We will mail it to your home. You'll get an email when we get your request, and your paper copy will arrive in five business days.

Please take time to read your handbook. Keep it in a safe place in case you need it later.

OTHER FORMATS AND LANGUAGES

If you don't speak English or don't feel comfortable speaking it, SilverSummit Healthplan can help—for free. This is important because you and your doctor need to understand each other when talking about your health. We have interpreters who speak many languages, including sign language.

If you are blind or have trouble seeing, you can call Member Services to get help. We can read the information to you over the phone.

To ask for an interpreter, call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711).

If you need this handbook in large print, Braille, an audio CD, another language, or a different format, just 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, Relé 711.

TRANSLATIONS AND INTERPRETER SERVICES

You can get a translator or interpreter for free. This includes sign language. We can help you talk with your doctor or other healthcare workers when no one else can translate for you.

SilverSummit Healthplan has a phone line for many languages. You can use this service any time. To get an interpreter, call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711). Tell us what language you speak. We will get an interpreter to help you over the phone or during your doctor visit.

If we are closed, you can still get help through the Nurse Advice Line. We will make sure you are connected to someone who speaks your language.

We can also translate our member papers into your language. Just call us and tell us which one you need.

Servicios de Intérprete

Los servicios de intérprete son gratis para usted. Esto incluye lenguaje de señas y ayuda para hablar en tiempo real. SilverSummit Healthplan tiene una línea de idiomas que está disponible todo el día, todos los días.

Podemos ayudarle a hablar con sus médicos y otros proveedores de salud si no tiene a alguien que traduzca por usted.

También podemos traducir los papeles del plan de salud al idioma que usted prefiera.

Para pedir un intérprete, llame a **Servicios para los Miembros al 1-844-366-2880** (TTY: 1-844-804-6086, Relé 711) y díganos qué idioma habla.

Nos aseguraremos de que un intérprete esté en el teléfono con usted cuando llame al médico o que esté presente 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 ቅርጾች 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 مجاناً. 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 یابی به این خدمات، لطفاً 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 IMPORTANT CONTACTS

Your Main Doctor: _____

Your closest 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 Line1-844-366-2880

TTY.....1-844-804-6086

Relay711

Fax1-855-252-0568

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.....1-702-486-1646

Reno District Office1-775-684-7200

Live peer coaches are also available right now, please call

Community Connections Hotline1-866-775-2192

MEMBER SERVICES CAN HELP

SilverSummit Healthplan Member Services can help you if you have questions about your health plan. Our team is here to support you. You can reach us by phone, mail, fax, or email.

If you don't understand something or need help, please call us at **1-844-366-2880** (TTY: 1-844-804-6086, Relay 711). We have friendly people ready to help you.

Here are some things we can help you with:

- Find a doctor or other healthcare provider
- Get a new Member ID card
- Learn what is and isn't covered
- File a complaint or appeal
- Ask for a Provider List or Member Handbook
- Report possible fraud by a Member or provider
- Update your address or phone number
- Get new Member materials

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

You can also visit our secure Member website at SilverSummitHealthplan.com to send us an email.

Our fax number is 1-855-252-0568. You can also mail us at:

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

SilverSummit Healthplan will tell you about **IMPORTANT** changes. If something changes, we will send you a postcard or letter **at least 30 days before** the change happens.

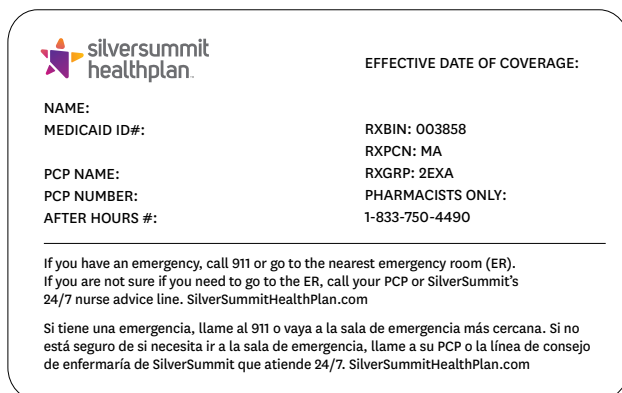
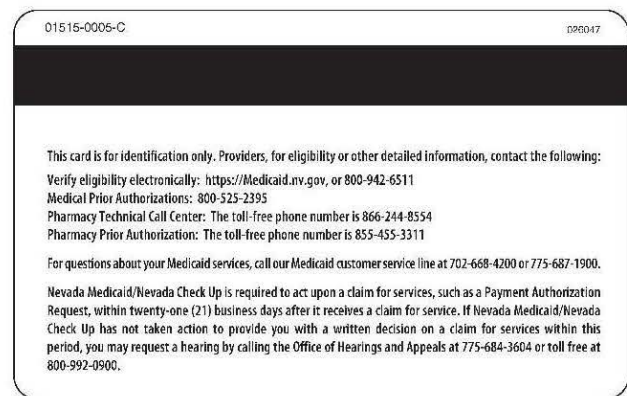
How Your Health Plan Works



YOUR MEMBER ID CARD

When you join, you will get two ID cards:

- **A Medicaid card**
- **A SilverSummit Healthplan card**
- Bring **both cards** to all your appointments.
- The **Nevada Medicaid card** is blue and will be mailed to you within **five business days** after you join. Your SilverSummit card shows that you are a Member.



Show both cards when you:

- Go to the doctor
- Go to urgent care
- Go to eye doctor visits
- Go to mental health visits
- Go to the emergency room
- Pick up medicine at the pharmacy

You must also keep your Medicaid card with you to get Medicaid services that SilverSummit doesn't cover.

If you get a new SilverSummit ID card, **destroy the old one.**

If you lose your card or didn't get one, we can send a new one.

You can ask for it by:

- **Logging into the secure Member portal**
- **Calling Member Services at 1-844-366-2880 (TTY: 1-844-804-6086, Relay 711)**

We'll send your new card **within 10 days.**

You can also **print a temporary card** from the Member portal at SilverSummitHealthplan.com.

Keep your ID cards safe and never share them. Your health plan is **just for you**. No one else is allowed to use your card.

It is **against the law** to give or sell your card to someone else. If someone else uses your card, you may lose your coverage and could get in trouble with the law.

24/7 NURSE ADVICE LINE

You can call the SilverSummit Healthplan Nurse Advice Line any time—day or night. This service is free, and a nurse can help answer your health questions.

They are open 24 hours a day, 7 days a week.

Call: 1-844-366-2880

TTY (for hearing or speech help): 1-844-804-6086

Relay: 711

When you call, have your ID card ready. The nurse will ask for your member number. The nurses speak English and Spanish. If you speak another language, you can ask for a translator to help.

WHAT CAN WE HELP YOU WITH?

- Questions about your health
- Where to go for care
- How to take your medicine
- Pregnancy information
- Learning about health problems

IS IT AN EMERGENCY?

If you don't know whether you should go to the **emergency room**, you can call us.

Our nurses will help you decide if you need:

- **Emergency care**
- **Urgent care**
- Or just a visit to your doctor

MEMBER CONNECTIONS®

Our Member Connections team is here to help you. We are part of Community Solutions. We want to make sure you get the medical care and community help you need.

Our team includes Certified Community Health Workers, Housing Specialists, Peer Supports and Justice Liaisons who live in your area. They are trained to help you and in your area. They are trained to help you and work with local partners to get you support.

We can help you with:

- Job programs
- Getting a Nevada ID, birth certificate, or GED
- Finding food and nutrition support
- Reentry services after leaving jail or prison
- Help with finding housing

If you need a doctor, specialist, or other healthcare provider, we can help you find the right one. We will guide you through the health system so you can get the care you need.

We can also help if other things in your life are making it hard to stay healthy or happy. Our team can connect you with programs and services in your area.

We can help you with:

- Making appointments
- Finding the right resources for your needs
- Setting up rides to your appointments
- Online Health Learning

ONLINE HEALTH LEARNING

Helping People Learn About Virtual Health

We will teach our Members about online doctor visits (called telehealth), help them sign up, and check in with them when needed. Our team will talk with Members one-on-one to explain how telehealth works and why it can help, especially for people who live far away from hospitals or clinics. We know some people worry about things like privacy, and we'll help with that too.

To spread the word, we'll work with people that the community trusts—like local doctors, churches, community groups, and county offices. We'll also talk about telehealth at events like health fairs, mobile clinics, and even baby showers.

Special helpers called Community Health Workers (CHW) Telehealth Navigators will meet with Members to show them all the choices they have and how to fix problems like not having a private space. We'll also share helpful tools like:

- Easy videos called “Virtual Care 101”
- Newsletters and postcards
- Social media posts and text messages
- Online tools to find doctors who do telehealth visits

Our goal is to make your life easier and help you stay healthy and happy. We care about your body and mind. You can count on us—we are always here for you.

To learn more, call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711) or email us at CommunitySolutions@SilverSummitHealthPlan.com.

YOUR COVERED BENEFITS

SilverSummit Healthplan covers many health services. Some of these services need:

- A **doctor’s order**
- **Approval** from SilverSummit before you get care (this is called **prior authorization**)

If you’re not sure if a service needs approval, call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

List of Covered Services

Service	What’s Covered	Needs Approval?
Allergy care	Covered. Some limits apply.	Yes, for some
Ambulance (Emergency)	Ground or air (helicopter) ambulance	No
Behavioral Health	Includes mental health help, therapy, hospital stays, and more.	Yes, for some
*Breast Cancer Screening	Once a year	No
Breast Pumps	Covered	Yes
Chiropractic Services	Under 21 with referral. Limit: 4 visits/year.	Yes, after 4 visits
Durable Medical Equipment (DME)	Medical items your doctor orders	Yes, in some cases
Prescription Drugs	Medicine your doctor orders	Yes, for some
Over-the-Counter (OTC) Drugs	Must have a doctor’s prescription	No
Well-Child Exams (EPSDT)	For children under 21. Includes school and sports checkups.	No
Eye Care & Glasses	Under 21: every 12 months; 21+: every 24 months; glasses once a year	No
Family Planning	Exams, screenings, pregnancy tests	No

Service	What's Covered	Needs Approval?
Foot Care	For kids under 21. Orthotics for some conditions	Yes, in some cases
Hearing Aids	Cochlear implants covered	Yes
High-Risk Pregnancy & Baby Care	Special support for extra health needs	Just notify the plan
Home Health Care	Ordered by doctor; care at home	Yes
Hospice Services	Care for end of life	Yes
Child Immunizations	For Members under 21	No
Hospital Care (Inpatient & Outpatient)	Surgery and hospital stays	Yes, even for observation stays
Maternity Care	Care before and after birth. Tell us you're pregnant.	No
Lab Tests	Some tests not covered	Yes, in some cases
Nurse Midwife Services	Covered if provider is in network	Yes, if out-of-network
OB Ultrasounds	2 per pregnancy; more if specialist orders	Yes, if more than 2
Doctor Visits (Office Visits)	Covered if in-network	Yes, if out-of-network
Orthotics/Prosthetics	Covered	Yes
Pain Management	Not for post-surgery pain	Yes
Physicals & Health Visits	One per year, or as needed	Yes, if out-of-network
Private Duty Nursing	Limited overnight care	Yes
Psychiatric Hospital Services	Covered	Yes
Psychiatric & Psychology Services	Mental health services	Yes, for some
Clinical Trials	Routine costs are covered	Yes
X-rays & Scans (Radiology)	CT, MRI, other high-tech scans	Yes, for high-tech scans
Reconstructive Surgery	Cosmetic-only surgery not covered	Yes
Rehabilitation Services	Physical rehab and therapy	Yes
Skilled Nursing Facility Care	Comfort items not covered	Yes
Sterilization (like tying tubes)	Consent form required 30 days before	No
Therapy (PT, Speech, Occupational)	Covered	Yes
Stop Smoking Help	Includes patches, gum, and quit programs	No
Surgery	Covered	Yes (except in emergencies)
Transplants	Covered if medically needed and not experimental	Yes
Urgent Care	Quick care for non-emergencies	No

Lab Tests and What They Cover:

- Kids on Medicaid must get a blood test to check for lead when they are 1 year old and again when they are 2 years old.
- Other lab tests might be needed depending on the child's age. These are based on health checkup guidelines from Bright Futures.
- **Breast Cancer Screening:** Women who are 40 years old or older can get this check-up every year. Younger women might also get it if a doctor says it's needed because of health risks, like if someone in their family had the same problem or if it runs in their genes.

OTHER HELPFUL SERVICES

You can also use:

- **Telemedicine:** talk to a doctor by phone or video
- **Telemonitoring:** remote health checks
- **Telehealth:** healthcare from home

NOTE: Some services need **approval** before your doctor can give you the care.

If you want to know if a service needs approval, call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711).

You can read more about this later in the handbook in the section called **"Prior Authorization for Services."**

You can also use other benefits like **telemedicine**, **telemonitoring**, and **telehealth** to get care from home.

HOUSING SUPPORTS & SERVICES PROGRAM

SilverSummit Healthplan has a new program called **Housing Supports & Services**. This program helps people who get Medicaid find and keep a safe place to live. These services are extra help that you can choose to use. They don't replace the benefits you already get from Nevada Medicaid. If you qualify and want to join, this program can help you live more on your own.

The program is for adults, families, and people with special needs. It can help with things like:

- Making a plan to find housing
- Learning money skills
- Getting help with a housing deposit (one-time help)

You can get these services through SilverSummit and other Nevada Medicaid health plans.

Services You *Might* Get:

- **Case Management Help**
 - » Help with signing up and getting connected to someone who can guide you
- **Help Finding a Home**
 - » Support to look for housing
 - » Help with applying and moving in
 - » Making a plan to stay housed

- **Help Paying for Housing**

- » Help with security deposits
- » Help with first and last month's rent
- » Help with utility deposits

- **Help Staying in Your Home**

- » Support in learning how to manage your budget and keep your home

You Might Qualify If You:

- Are homeless or at risk of losing your home and have one of the following:
 - » A mental health or substance use condition
 - » Are a victim of domestic violence or human trafficking
 - » Are pregnant or had a baby in the last 60 days
 - » Use the emergency room often
 - » Recently in jail, prison, or a hospital in the last 90 days—or will leave in the next 30 days

What Does “Homeless” Mean?

You may be considered homeless if:

- » You don't have a safe place to sleep
- » You live in a place not meant for people to live in
- » You live in a shelter
- » You are leaving jail, prison, or a hospital and have nowhere to go
- » You will lose your housing in the next 30 days
- » You are a child or youth without a home

To see if you qualify for services, your selected housing provider may need to collect verification- like proof of income, medical records, or info about your living situation or release.

To learn more, about this NEW State program, please visit: <https://dhcfp.nv.gov/Pgms/Housing/home/>.

NATIVE AMERICAN ACCESS TO CARE

If you are **American Indian or Alaskan Native**, you can choose a **tribal clinic, Indian Health Service, or Urban Indian Health Clinic** as your main doctor (PCP).

You can get care at a **tribal clinic or Indian Health Service** without asking for approval first. You can also choose to see a doctor in the **SilverSummit Healthplan network**.

Our Tribal Liaison helps build strong relationships and makes sure tribal voices are heard in our health plan. They work with Tribal Clinics to help members get special care, use telehealth, and get support with their health needs. They also help share what members need and want.

To talk to a Tribal Liaison, call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711) or email our Community Solutions Team at communitysolutions@silversummithealthplan.com.

SILVERSUMMIT HEALTHPLAN WEBSITE

Our website can help you learn about your health plan. Go to SilverSummitHealthplan.com to find helpful information about your care and services.

You can find:

- The **Member Handbook**
- A list of **doctors and providers**
- A **secure Member portal** to manage your care
- A **free nurse advice line** (open 24/7)
- A **mental health and substance use crisis line** (open 24/7)
- Your **privacy rights**
- How to report **fraud, waste, or abuse**
- How to find a doctor
- How to file a **complaint or appeal**
- Tips for **healthy living**
- How to **renew your Medicaid benefits**

SECURE MEMBER PORTAL

The SilverSummit Healthplan website has a [Secure Member Portal](#). You can sign up and make your own account. This account helps you **see your health benefits** and **send safe emails** to Member Services.

Here's what you can do in the portal:

- Change your **main doctor (PCP)**
- Check your **rewards**
- Tell us if you are **pregnant** so we can help
- Fill out a **health survey**
- See the **care you've received**
- **Email** Member Services
- **Print** a temporary Member ID card

To sign up:

1. Go to SilverSummitHealthplan.com
2. Under "[For Members](#)" click "[Login](#)"
3. Then click "**Sign Up Now**"

Pharmacy Services



GETTING YOUR MEDICINE

When you need medicine, your doctor can send the prescription to the pharmacy or give you a paper one to take. The pharmacy will give you your medicine.

You must use a pharmacy in the **SilverSummit Healthplan network**. To find one, call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711) or visit SilverSummitHealthplan.com.

Show your Medicaid and SilverSummit ID cards at the pharmacy. Don't wait until you're out of medicine—call your doctor or pharmacy a few days before.

WHAT MEDICINES ARE COVERED

SilverSummit Healthplan covers:

- Prescription and over-the-counter (OTC) drugs approved by the **FDA**
- Insulin and other self-injected medicines
- Medicine to help you **quit smoking**
- Needles, test strips, and other diabetes supplies

WHAT MEDICINES ARE NOT COVERED

SilverSummit does **not** cover:

- Drugs not approved by the **FDA**
- Experimental or test drugs
- Fertility drugs (to help you get pregnant)
- Weight loss drugs
- Hair growth or cosmetic drugs
- Drugs for erectile dysfunction

PREFERRED DRUG LIST (PDL)

The **PDL** is a list of drugs that are covered. It is updated by doctors and pharmacists to make sure the drugs are safe and helpful.

You can find the list online at: <https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>

The PDL includes drugs that **don't need approval** (called **Prior Authorization**).

GENERIC DRUGS

If a **generic** drug works the same as a brand-name drug, you must use the generic. If your doctor thinks the brand-name is better for you, they can ask SilverSummit for approval. If approved, it will be covered.

OVER-THE-COUNTER (OTC) DRUGS

Some OTC drugs are covered, but you will need a **prescription**.

You also get a **\$30 benefit every 3 months** to buy common OTC items not already covered.

How to Get Your Medicine

1. Your doctor can send your prescription to the pharmacy by fax or phone.
2. Go to a **network pharmacy** (call Member Services or visit the website to find one).
3. **Show your SilverSummit ID card** at the pharmacy.

WHAT IS PRIOR AUTHORIZATION (PA)?

Some drugs need approval from SilverSummit before you can get them. This is called **Prior Authorization** or **PA**.

Ask your doctor if your medicine needs PA. If it does, they can ask SilverSummit for approval. If it is denied, you will get a letter with steps to **appeal** the decision.

Limits on Medicine

- Most drugs come in a **34-day supply**
- Long-term (maintenance) medicines may be given for up to **100 days**
- You must use **80% of your medicine** before getting a refill
- Some drugs have **age or quantity limits**

If your doctor thinks you need more than the limit, they can ask for approval.

STEP THERAPY (ST)

Some drugs require you to **try a different drug first**. This is called **Step Therapy**.

If you already tried the first medicine, the step therapy drug may be approved. If not, your doctor can send in more information to get approval. If it's denied, you'll get a letter explaining how to appeal.

Specialty Services



MENTAL HEALTH AND DRUG OR ALCOHOL HELP

Behavioral health means getting help for how you feel, think, or act. It also includes help for problems with alcohol or drugs.

Sometimes talking to a friend or family member helps. But if it doesn't, you can call your doctor or **SilverSummit Healthplan**. We can help you get the support you need. We can talk to your doctor or help you find a mental health or substance use expert.

You **don't need a referral** from your doctor. You can go to any [mental health provider](#) in our network. They will help you find the care that's right for you.

What SilverSummit Healthplan Covers:

We cover many mental health and drug/alcohol services, like:

- Talking with a counselor or therapist
- Mental health doctors and help with medication
- Hospital or part-day programs for mental health
- Mental health testing
- Intensive outpatient programs (IOP)
- Emergency/crisis help
- Live-in treatment centers (for kids under 21)
- Special programs for mental health, like:
 - » PACT (help in the community)
 - » Basic skills training
 - » Peer support
 - » Psychosocial rehab (PSR)
- Help with managing care
- Help with behavior, like **Applied Behavior Analysis (ABA)**
- Other services — call us to learn more

Does My Child or I Need Help?

You or your child might need help if:

- You feel very sad, worried, or stressed
- You can't handle daily life
- You're not sleeping or eating well
- You think about hurting yourself or others
- You hear or see things other people don't

- You use alcohol or drugs
- You have trouble at school or daycare
- Someone suggests seeing a mental health doctor
- You have trouble focusing
- You feel hopeless

If this sounds like you or your child, we can help you find the right provider. Talking to someone can really help.

IN A MENTAL HEALTH EMERGENCY

- If it's an **emergency**, call **911** right away.
- For other mental health help, call or text **988**. This number is **free, private**, and open **24/7**.

You can use 988 if:

- You feel very anxious, sad, or upset
- You are thinking about suicide
- You are using alcohol or drugs and want help
- You are thinking about hurting yourself or someone else

You can:

- **Call 988** to talk (available in many languages)
- **Text 988** (English only)
- **Chat online** at [SuicidePreventionLifeline.org/chat](https://www.suicidepreventionlifeline.org/chat) (English only)

When to Call 988 vs. 911

Call 988 for:

- Feeling sad, anxious, or hopeless
- Thoughts of suicide
- Worry about alcohol or drug use
- Thoughts of hurting yourself or someone

Call 911 for:

- Someone's life is in danger
- Drug overdose
- Serious medical emergency
- You feel unsafe or someone is unsafe

Your mental health matters. You are not alone. Help is always available. After a mental health crisis, call SilverSummit Healthplan. We can help you find a [mental health provider](#).

RECOVERY AND RESILIENCE

Our goal is to help you stay healthy in your **mind, body, spirit**, and **community**. For people who need mental health help, we focus on **recovery** and **resilience**.

- **Recovery** means making changes to feel better and live a good life.
- **Resilience** means bouncing back when life gets hard.

Recovery and resilience help you stay strong. They help you feel like you belong, feel good about yourself, and have hope.

Your mental health care should focus on:

- **Self-led:** You help make your own health goals and plan.
- **Individualized:** Your plan should fit your life and needs.
- **Empowered:** You get to make choices about your care. We help you learn and stay involved.
- **Whole-person care:** Your recovery includes your mind, body, spirit, and support from your community.
- **Flexible:** Getting better takes time. There may be ups and downs, and that's okay.
- **Peer supported:** People who have had the same struggles can help you. They give support and share what they've learned.
- **Respectful:** Everyone should treat you with kindness and respect—your care team, your family, and even yourself.
- **Responsible:** You must do your part. This means following your care plan and taking your medicine.
- **Hopeful:** You can feel better. Believing that is the first step.

THE IMPORTANT ROLE OF FAMILY SUPPORT

Good relationships help you heal. If you are having a hard time, ask for help from people who care about you. Tell them how they can support you.

If your **child** has mental health needs, **you play a big role** in helping them. Be involved in their care. Tell the doctor or Member Services if you notice changes. Talk about what kind of care your child needs. Also, let us know how we can support you while you care for your child.

VISION SERVICES

SilverSummit Healthplan helps you get eye care. We cover:

- **Eye exams once a year**
- **Glasses (frames and lenses)** once a year if needed
- **Eye care if you have a medical problem**
- **Fixing or replacing glasses** once a year (some rules may apply)
- **Other vision services** listed in the Nevada Medicaid Manual <https://accessnevada.nv.gov/public/>

If you are **21 or older**, you can get **\$100 each year** to help pay for **contact lenses** if they are medically needed, instead of glasses.

DOULA SERVICES

If you are pregnant, you can get help from a **licensed doula** or **birthing coach**. They can help during your pregnancy, after your baby is born, and with newborn care.

SEXUAL AND REPRODUCTIVE HEALTH

SilverSummit Healthplan covers services for sexual and reproductive health. You can get these services from your regular doctor, OB/GYN, or PCP:

- Medical checkups and history
- Physical exam
- Lab tests (Pap smear, STD testing, HIV test, and more)
- Education about your body, birth control, and staying safe
- Counseling to help you make choices
- Talking about your results and treatment options
- Help with pregnancy planning, birth control, and nutrition
- Pregnancy testing, counseling, and referrals
- **Birth control**, including long-lasting options

Not covered:

- Undoing a sterilization (tube tying or vasectomy)
- Help to get pregnant (infertility tests or medicines)

WELL-CHILD CHECKUPS

Early and Periodic Screening, Diagnostic and Treatment (EPSDT). **EPSDT** is a type of health care that helps kids and teens under 21 stay healthy. It follows advice from doctors in the Bright Futures and American Academy of Pediatrics (AAP). These visits are called well-child checkups. They help make sure kids are growing well, feeling good, and staying safe. These **visits are no cost to you**. Call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711) to help set up an appointment. For Bright Futures and American Academy of Pediatrics click here for [Health Checkup Schedule](#).

These checkups help your child:

- Stay healthy
- Grow strong
- Catch any problems early

During a well-child checkup, your child’s doctor may check:

- Health history
- Ears, teeth, and eyes
- Body and growth
- Nutrition
- Vaccines to Keep Kids Healthy
- Behavior and development
- Lab Tests for Kids

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

The doctor may also:

- Give health education
- Talk about family planning (if needed)
- Check mental health
- Refer to a dentist or hearing doctor
- Help with quitting smoking (if needed)

Sports physicals: If your child needs a sports form filled out, tell the doctor during the well-child checkup.

Vaccines (immunizations): Kids will get their vaccines during well-child checkups, following the [CDC's schedule](#) for children and teens.

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 helps children under 21 who have disabilities. These may include problems with seeing or hearing, Autism, physical disabilities, or learning delays.

We cover helpful services like:

- Speech therapy
- Physical therapy
- Occupational therapy
- Behavior help
- Support groups with other kids

If your child has special needs, we can help you find care. Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

SERVICES NOT COVERED

SilverSummit Healthplan does not pay for these services:

- **Experimental or test treatments, medicines, or equipment** (But we do pay for regular costs if you are in a qualified medical study.)
- **Acupuncture**
- **Infertility treatment (help to get pregnant)**
- **Lasik or eye surgery to fix vision**

If there is a service we don't cover because of moral or religious reasons, we will let you know. We will also contact [Nevada Medicaid](#) for you. They can help you get the service another way. This is not a full list of what we don't cover. If you're not sure, call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

PAYING FOR SERVICES

You may have to pay for care if:

- You weren't eligible when you got the service
- You went to a doctor **not in our network** without permission for non-emergency care

If this happens, the doctor may send you a bill.

Getting Care



MEDICALLY NECESSARY SERVICES

You should only get care that helps you get better. This is called **medically necessary care**. It means:

- The **right care**
- In the **right place**
- At the **right time**

SilverSummit Healthplan uses special rules to help make sure your care is necessary and helpful.

These rules are used for all doctors and Members. Doctors can see the rules, too.

We do **not** make decisions based on money. We do **not** pay doctors or staff to say no to care.

FINDING NEW TREATMENTS

SilverSummit Healthplan works with doctors to make sure you get the **best and newest care**. These doctors read research and study new treatments. When [Nevada Medicaid](#) says a new treatment is covered, we tell your doctor. This helps them give you the best care.

PRIOR AUTHORIZATION FOR SERVICES

Sometimes you may need care from a specialist. For some services, your doctor must ask **SilverSummit Healthplan** for approval **before** giving you that care. This is called **prior authorization**.

Your doctor will:

- Ask us for approval
- Explain why you need the service
- Share how it will help you

We will:

- Check if the service is covered
- Decide if it is **medically necessary**
- Respond in **2 business days**

We will tell your doctor if the request is **approved** or **denied**.

If you think the decision is wrong, you can **ask for another review**. This is called an **appeal**.

You can find more about appeals in the “Member Satisfaction” section of your handbook.

You **do not need approval** for emergency room visits or care after an emergency. Always get help right away if you have an emergency.

You can ask your doctor if a service needs prior authorization. Or call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

PRIOR AUTHORIZATION FOR MEDICINES

Some medications also need prior authorization.

Your doctor will:

- Ask us to approve the medicine
- Share health info to help us decide

You may need approval if:

- The drug is **not preferred**
- You need **special approval** before getting it
- It is a drug given as a shot at the doctor's office
- It is a **specialty drug** (see list on our website)
- You need more than the usual amount
- Other drugs should be tried first

While you wait, you can get up to a **4-day supply**. We decide in **2 business days**, and your doctor will be told the answer.

Call **Member Services** if you have questions: **1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

SECOND MEDICAL OPINION

You have the right to see **another doctor** for a second opinion. This is **free**. You must choose a doctor **in our network**. If there is no one in-network, you can get permission to see a doctor outside the network. SilverSummit will pay if no in-network doctor is available.

Your provider will use this second opinion to help you find the best care.

HOSPITAL CARE

SilverSummit Healthplan pays for hospital stays. If you need to go to the hospital and it's **not an emergency**, your main doctor (PCP) or a specialist will help you go to a hospital that works with SilverSummit. They will help take care of you, even if other doctors help you too.

SilverSummit must **approve** the hospital services.

To check if a hospital works with SilverSummit, or if you have questions, call **Member Services** at **1-844-366-2880** (TTY: 1-844-804-6086) or visit the website: www.silversummithealthplan.com/members/medicaid/find-a-provider.html

If you go to the hospital for an **emergency**, you or someone you know (like a family member) should call your main doctor within **24 hours**.

CARE OUTSIDE OF NEVADA

Your regular care must be in Nevada with SilverSummit doctors. But if you're **outside of Nevada** and have an **emergency**, get help right away.

- Go to the nearest hospital or call **911**
- Show your SilverSummit Member ID card and your Nevada Medicaid card
- Call SilverSummit within **48 hours** to report the emergency

Doctors outside our network need to send us information so they can be paid. Out-of-state doctors have up to **365 days** to send their paperwork, unless they agree to a shorter time.

Only **emergency services** that are **medically needed** will be covered outside of Nevada.

If SilverSummit says you need special care that you **can't get in Nevada**, we will pay for it in another state.

We do **not cover care** outside the **United States**.

If you get a **bill** from an out-of-state doctor, call us right away. We may be able to help.

URGENT CARE AFTER-HOURS

Urgent care is not the same as emergency care. Use urgent care when you are sick or hurt and need help **within 48 hours**, but it's **not life-threatening**.

Only go to the emergency room (ER) if your doctor says to, or if it's a **life-threatening emergency**.

If you need urgent care:

- Call your main doctor (PCP). Their phone number is on your SilverSummit ID card.
- There is also an after-hours phone number you can call for help.
- Your doctor may give you instructions over the phone.

If you can't reach your main doctor (PCP), call our **24/7 Nurse Advice Line** any time. The number is **1-844-366-2880** (TTY: 1-844-804-6086, Relay 711). You will talk to a nurse. Keep your SilverSummit Member ID card with you—they will ask for your ID number.

The nurse can help you over the phone. If you need to see a doctor, they will help you find one.

If you are having a **mental health or addiction crisis**, don't wait—get help now. Call the **24/7 Nurse Advice Line** at **1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

SilverSummit also has a free **crisis line** at **1-844-366-2880**. They can help with **depression, drug or alcohol problems**, and other mental health needs.

If your doctor says to go to the **emergency room**, go right away. Take your **SilverSummit ID card** and your **Nevada Medicaid card** with you.

EMERGENCY CARE

SilverSummit Healthplan **always covers emergency care in the U.S.** You do **not** need approval first.

An **emergency** is when you need help right away to stay safe or healthy. This includes danger to your health or your unborn baby.

Go to the emergency room if you have:

- A broken bone
- A gunshot or knife wound
- Bleeding that won't stop
- Labor or bleeding while pregnant
- Chest pain or heart attack
- Drug overdose
- Thoughts of hurting yourself or others
- Poisoning
- Bad burns
- Seizures
- Trouble breathing
- Suddenly can't see, talk, or move

Don't go to the ER for:

- Cold, flu, sore throat, or earache
- A sprain or mild injury
- Small cuts that don't need stitches
- Refills for medicine
- Diaper rash

The **ER is only for real emergencies**. If you can, call your main doctor (PCP) first. If it's very serious, call **911** or go to the **closest hospital**. You do **not** need approval.

Not sure if it's an emergency? Call your doctor. If the office is closed, a message will tell you how to get help.

You can also call our **24/7 Nurse Line** at **1-844-366-2880** (TTY: 1-844-804-6086, Relay 711)

You can go to a hospital that is **not in our network** if it's an emergency. Show your **SilverSummit ID** and **Nevada Medicaid card**. The hospital must contact us quickly so they can get paid. If they don't, **you might get a bill**.

After your emergency visit, call your **PCP and SilverSummit Healthplan** within **48 hours**. This helps us make sure you get the care you need after your ER visit.

OUT-OF-NETWORK SERVICES

You do **not** need approval for **emergency care** outside our network.

But **other services** from doctors **not in our network** do need approval. We will check if someone in-network can help. If not, we'll help you find an out-of-network doctor.

Important: If you don't get approval, **you may have to pay**.

Call **Member Services: 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711)

AFTER AN EMERGENCY (POST STABILIZATION SERVICES)

After an emergency, you may need care to help you feel better. This care is **also covered**, even if it's from a doctor not in our network. You do **not** need approval first.

EMERGENCY TRANSPORTATION

If you need an **ambulance** in an emergency, it is covered. The ambulance will take you to the nearest hospital.

If you need to be moved **from one hospital to another**, it must:

- Be medically needed
- Be set up by a doctor in our network

If you have an emergency, call 911.

NON-EMERGENCY TRANSPORTATION

If you need a ride to the doctor:

If you live in **Washoe or Clark County**, you will get rides through a company called **MTM Health**.

MTM Health

- » Call **Monday–Friday, 8:00 AM to 6:00 PM**.
- » Call **at least 5 days** before your appointment.
- » Call **Member Services: 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711)
- » Choose the option for **transportation**. MTM will help you find the best ride and may talk to your doctor if needed.

Note: *MTM may ask you for extra forms before they give you a ride. If MTM doesn't cover your ride, SilverSummit may have limited other options. Call Member Services for more help.*

If you live in a **rural county**, you will get rides through **SafeRide Health**.

SafeRide Health

- » Call **Monday–Friday, 8:00 AM to 6:00 PM PST**
- » Call **1-844-366-2880** (toll-free)
- » Call or schedule **MySafeRide** at least **3 days** before your appointment.
- » Use **MySafeRide**: Book, reschedule, update, or cancel rides anytime through our easy-to-use web or mobile app.

Ride options:

- » Curb-to-curb service
- » Door-to-door rides
- » Gas mileage reimbursement

NOTE: Applies to Qualified Members

Note: *This non-emergent transportation service is only available for Medicaid Members. Nevada Check-Up Members do get this service.*

Your Primary Care Provider



MAKING APPOINTMENTS

You can see many doctors just by picking one in our network and setting up an appointment. You do not need permission for these visits:

- Regular doctor or family doctor
- Some special doctors (some may need a note from your regular doctor)
- Urgent care
- OB/GYN (If you think you're pregnant, make an appointment quickly)
- Mental health or substance use care
- Eye exams and glasses

Need help finding a doctor? Call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711) Monday to Friday, 8 a.m. to 6 p.m., or visit SilverSummitHealthplan.com/find-a-provider.html.

You can always get these services even if the doctor is not in our network:

- Emergency services
- Family planning services
- Women's preventive service

PROVIDER DIRECTORY

Your Provider Directory lists all doctors and clinics in our network. It shows contact info and details like what they treat and what languages they speak.

To look online: SilverSummitHealthplan.com/find-a-provider.html

Want a paper list? Call Member Services and we will mail it to you.

CHOOSING A REGULAR DOCTOR (PCP)

When you join SilverSummit Healthplan, you need to pick a Primary Care Provider (PCP). This is your main doctor. If you don't choose one, we will pick one for you.

You can pick:

- A pediatrician (kids' doctor)
- Family or general doctor
- Internist
- OB/GYN
- Nurse practitioner (NA) or physician assistant (PA)

You can change your PCP anytime.

Ways to change:

1. Fill out the form in the back of this book.
2. Use the Member Portal: SilverSummitHealthplan.com
3. Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

After you change your doctor, we'll send you a new ID card with their name and phone number.

VISIT YOUR DOCTOR

Make an appointment with your doctor after choosing one. This helps you both get to know each other. Your doctor will give you care, advice, and info.

Call the doctor's office to make an appointment. Bring your SilverSummit Healthplan ID and Medicaid card.

Important: You can visit your doctor as many times as needed. These visits are free. See your doctor when you are sick and once a year for a check-up.

WHAT YOUR DOCTOR DOES (PCP DUTIES)

Your doctor should:

- Help you get the care you need
- Help you after visits to other doctors
- Send you to a specialist when needed
- Keep your medical records updated
- Give vaccines and check-ups
- Be open 24/7 or give info for emergencies
- Talk to you with respect
- Review your medicine at every visit

KEEP YEARLY CHECK-UPS

Try to see your doctor within 60 days of picking one. Then see them once a year for a check-up. This keeps you healthy and helps find problems early.

TALK TO YOUR DOCTOR

If you can't go to your appointment, call to cancel or reschedule. If you miss too many appointments or are often late, the doctor may stop seeing you.

Call 24 hours before your visit if you need to cancel.

Always be honest with your doctor. Ask questions if you don't understand something.

EVENING OR WEEKEND CARE

If your doctor's office is closed, they will have info on what to do. You can also call the 24/7 Nurse Line: 1-844-366-2880 (TTY: 1-844-804-6086, Relay 711).

If it's not an emergency but can't wait, you can go to urgent care. Need help finding one? Call Member Services or the Nurse Line.

Bring your ID card when calling or visiting.

IMPORTANT: Only use out-of-network doctors for emergencies, family planning, or newborn care (first 30 days).

IF YOUR DOCTOR LEAVES OUR NETWORK

If your doctor stops working with us, we will tell you at least 15 days before. You can still see any in-network doctor until you pick a new one.

Need to pick a new doctor? Use the Member Portal or call us. If you don't pick one, we will choose for you. We will send you a new Member ID card.

If you are in the middle of treatment, you may be able to keep seeing your doctor for 30 more days. The doctor must agree to continue care and follow our rules.

We can keep helping pay for your care if your doctor agrees to these rules:

- Take the same payment they got before when they were part of our network
- Give good quality care
- Share important information about your treatment with us
- Follow [SilverSummit Healthplan's](#) rules and steps

REFERRALS

Sometimes, you need to see a specialist. Your regular doctor will help plan this. We don't need a referral, but the specialist might want one from your doctor.

Services that usually need a referral:

- Lab tests and X-rays
- Planned hospital visits
- Kidney care
- Out-of-network providers
- Special medical equipment
- Home care

Need help finding a specialist? Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711. We're happy to help!

Access to Care



FINDING DOCTORS AND GETTING ONGOING CARE

SilverSummit Healthplan wants to make sure you have all the doctors you need. We have doctors all over Nevada. If you can't find a doctor, look online at: SilverSummitHealthplan.com/find-a-provider.html

Or call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711).

NEW TO SILVERSUMMIT? YOU CAN KEEP YOUR DOCTOR FOR A WHILE

If you're a new Member and already getting care from a doctor who's not in our network, you may still be able to keep seeing them for a little while:

- You can keep seeing your doctor for up to 6 months (until July 1, 2026).
- If you're pregnant, you can keep your doctor until after your baby is born and you've had your check-up.
- If you are very sick with a serious illness, you may keep your doctor for your care.

If you're switching to another Medicaid plan, we will share your approved services with your new plan to help keep your care going.

Questions? Call Member Services. We'll help you keep getting the care you need.

HOW FAST YOU CAN GET AN APPOINTMENT

SilverSummit Healthplan checks to make sure doctors are giving appointments fast enough. This helps make sure you don't have to wait too long and don't end up in the ER when you don't need to be. We check this every year.

Definitions:

Term	Definition
Urban Counties:	Carson City, Urban Clark, and Urban Washoe
Rural Counties:	Douglas County, Lyon County, Rural Clark, Rural Washoe, and Storey County
Frontier Counties:	Churchill County, Elko County, Esmeralda County, Eureka County, Humboldt County, Lander County, Lincoln County, Mineral County, Nye County, Pershing County, and White Pine County

HOW LONG YOU MIGHT WAIT FOR AN APPOINTMENT

SilverSummit Healthplan wants you to get care as soon as you need it. Below is a list of how long you may have to wait to see different types of doctors. The wait time depends on where you live: in a city (Urban), in a smaller town (Rural), or in a far-away area (Frontier).

Type of Visit	City (Urban)	Small Town (Rural)	Far-Away Area (Frontier)
Regular doctor (adult)*	Within 10 business days	Within 15 business days	Within 15 business days
Regular doctor (child)*	Within 10 business days	Within 15 business days	Within 15 business days
Mental health or drug/alcohol treatment (adult)	Within 10 business days	Within 10 business days	Within 10 business days
Mental health or drug/alcohol treatment (child)	Within 10 business days	Within 10 business days	Within 10 business days
OB/GYN (not for pregnancy)	Within 10 business days	Within 15 business days	Within 15 business days
Pregnancy care (1st or 2nd trimester)	Within 7 calendar days	Within 10 calendar days	Within 10 calendar days
Pregnancy care (3rd trimester or high-risk)	Within 3 calendar days	Within 5 calendar days	Within 5 calendar days
Physical, speech, or occupational therapy	Within 15 business days	Within 20 business days	Within 20 business days

***Note:** If you have a health condition and already have regular check-ups scheduled (like every few months), you can keep that schedule even if it's not within the time listed above.

ONGOING LTSS STANDARD

Ongoing home health, private duty nursing and personal care services	Fourteen calendar days from the date when the need(s) is/are identified.	Fourteen calendar days from when the need(s) is/are identified	Fourteen calendar days from when the need(s) is/are identified
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*The appointment wait time standards for primary care do not apply to regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than would be allowed by the standards.

WAITING AT THE DOCTOR'S OFFICE

When you go to your regular doctor or a specialist, you should not have to wait more than 1 hour after your scheduled time. Sometimes there may be delays if the doctor is helping someone with a serious or emergency problem.

WHAT TO DO IF YOU GET A BILL

SilverSummit Healthplan pays for many services if they are needed and approved by Nevada Medicaid and Nevada Check Up. These are called covered services.

Before you get care, talk to your doctor about what is covered and what is not. If you follow the rules, you should not get a bill for covered care.

If you do get a bill, **don't wait**—call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711). We will check the bill and help you fix it.

WHAT IS COST-SHARING?

Cost-sharing means paying part of the cost for your care. But with SilverSummit, **you do not have to pay** for the care you need.

If a doctor accepts Medicaid, they **must** give you needed services at **no cost** to you.

Always bring both your SilverSummit Member ID card and your Nevada Medicaid card to every appointment. Ask the office:

- “Do you take Nevada Medicaid?”
- “Are you in the SilverSummit Healthplan network?”

If they say **no**, call us right away. We might be able to help them get paid or add them to our network.

If you get a bill for care covered by SilverSummit, call your doctor first. If the bills keep coming, call **Member Services: 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711).

Do not pay the bill yourself. If you pay, we cannot pay you back.

If you ask for care **not covered** by SilverSummit, your doctor will ask you to sign a paper saying **you agree to pay**. If you sign and get the care, **you must pay the bill**.

If you have any billing questions, call **Member Services** Monday–Friday, 8:00 a.m. – 6:00 p.m. PT.

Phone: **1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

NEW WAYS TO SEE YOUR HEALTH RECORDS

You can get your health records more easily. It's called the **Interoperability and Patient Access Rule**.

Now, you can see your health info on your **phone or computer**. This helps you take better care of your health.

For example:

- You visit a new doctor. They can see your health history from the last 5 years.
- You use an online list to find a doctor or specialist.
- That doctor uses your info to help give you the best care.
- You check online to see if a claim was paid or denied.
- You take your health records with you if you change health plans.

You can now easily find info about:

- Your claims (paid or denied)
- Parts of your medical record
- Drug coverage
- Your doctors and providers

You can see records from **January 1, 2016** and later.

To learn more, log in to your [online Member account](#).

NON-TRADITIONAL PROVIDERS

- Doulas and Midwives
- Community Paramedicine Providers
- Mobile Crisis Teams
- Peer Support Specialists and Community Health Workers (CHW)
- School-Based Health Centers (SBHC)
- CBOs delivering ILOS Housing Supports and Services
- Other community-based organizations (CBO) and Family Resource Centers (FRC)

Help For Your Health



EARN REWARDS FOR STAYING HEALTHY

SilverSummit Healthplan gives **rewards** when you do things that help keep you healthy. After you finish a healthy activity and your doctor tells us, we will send you info about your rewards and how to use them.

You can **keep earning more rewards** by doing other healthy things that count!

HOW TO EARN REWARDS

You can earn My Health Pays™ rewards for:

- Getting your yearly wellness check
- Doing yearly screenings and tests
- Taking other steps to stay healthy

To see the full list of ways to earn, visit: SilverSummitHealthplan.com

You can also log in online to check your rewards balance.

Important: If you're pregnant, you must sign up for our **Start Smart for Your Baby®** program to earn rewards for pregnancy visits.

- You will only get rewards for visits **after** you sign up.
- To join, fill out the **“Notification of Pregnancy” form** in the back of this book or call **Member Services: 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

Note: It may take up to **60 days** for your rewards to show on your card. We add rewards **after** your doctor tells us you got the care.

CARE DURING PREGNANCY

There are ways to help keep you and your baby safe during pregnancy.

- Tell your doctor if you have medical problems like **diabetes** or **high blood pressure**.
- Do **not** use **tobacco, alcohol, or drugs** while you're pregnant.

You should see a doctor before getting pregnant if you have had:

- Three or more miscarriages
- A baby born too early (before 38 weeks)
- A stillbirth (baby born without a heartbeat)

If you're pregnant:

- Go to the OB/GYN as soon as you think you're pregnant.
- Seeing a doctor early is very important for you and your baby's health.
- If you had problems in a past pregnancy, you may need extra care.
- Pick a doctor you can keep seeing the whole pregnancy.
- It's best to see a doctor before you get pregnant to help get your body ready.

Here is your text rewritten at a 4th grade reading level without changing the meaning:

CHOOSING A DOCTOR FOR YOUR BABY

You should **pick a baby doctor (pediatrician)** before your baby is born. If you don't choose one, **SilverSummit Healthplan will pick one for you.**

HEALTHY HABITS DURING PREGNANCY

It's important to take care of your body while you're pregnant. Here are some ways to stay healthy:

- **Exercise**
- **Eat healthy meals**
- **Don't smoke**
- **Get 8-10 hours of sleep each night**

These habits help you and your baby stay strong and healthy.

ABOUT FOLIC ACID

Folic acid is a vitamin that helps your baby grow strong and healthy. It can stop some serious birth problems. You can find folic acid in foods like:

- | | |
|--|--|
| ■ Orange juice | ■ Breakfast cereal with added vitamins |
| ■ Green vegetables like spinach and kale | ■ Enriched rice |
| ■ Beans and peas | ■ Whole wheat bread |

But food might not give you enough folic acid, so ask your doctor if you should take a vitamin made for pregnancy. Your baby needs folic acid early, so see your doctor as soon as you think you might be pregnant.

To help you have a healthy pregnancy, we need to know if you're expecting a baby. Call **Member Services at 1-844-366-2880**, or TTY: 1-844-804-6086, Relay 711. We'll help you get the care you and your baby need.

START SMART FOR YOUR BABY®

Start Smart is a special program just for moms-to-be and new moms. It helps keep you and your baby safe and healthy during pregnancy and after.

When you join, you'll get helpful tips, support, and even fun rewards! Our team will call you or send you things by mail or email if you sign up.

If you finish the program, you can choose a gift like:

- A small crib (cribette)
- A car seat
- A "Baby Shower in a Box"

You'll also have people ready to answer your questions. If you need extra help, we can even visit you at home!

Want to learn more? Visit www.startsmartforyourbaby.com.

HELP TO QUIT SMOKING

If you are pregnant and smoke, we can help you stop. We have a free program just for pregnant women. You will get help from trained health workers who talk with you one-on-one.

They will teach you, give you support, and help you make a plan to quit smoking. You will talk with your health coach on the phone to make changes that help you stop.

To learn more, look at the table on page 17 called "Stop Smoking / Tobacco Cessation."

CARE MANAGEMENT

Some people need extra help with their health. SilverSummit Healthplan gives special help to members with health problems. You or your doctor can ask for this help.

A Care Manager can:

- Help you after you leave the hospital
- Connect you with programs in your area
- Help you get care at home

Care Management helps you stay as healthy as possible. It includes:

- Learning how to live healthier
- Getting care at home
- Finding help in your community

DO YOU NEED CARE MANAGEMENT?

You might need Care Management if:

- You have a long-term illness like asthma or diabetes
- You are at risk for a serious illness like Sickle Cell or HIV/AIDS
- You have mental health needs
- You have a child with special needs
- You have a disability
- You have other special health needs

WHAT IS A CARE MANAGER?

A Care Manager is like a health coach. They help you make health goals and figure out how to reach them.

Care Managers can be:

- Nurses
- Social workers
- Community helpers

Our Care Team has different helpers who work together to take care of you:

- Nurses who are trained and licensed
- Social workers who help with personal and family needs
- Special social workers who help with mental health and tough problems
- Community helpers who connect you with local services

Your Care Manager works with you and your doctors to make a care plan just for you. Sometimes they can help you get special treatments if:

- You have a serious illness that needs long care
- There are less expensive ways to get the same care
- You need more care than usual

SilverSummit Healthplan can stop a care plan if it's not working or not needed anymore. You will get a letter at least 10 days before it stops.

To learn more, call us at **1-844-366-2880**, TTY: 1-844-804-6086, Relay 711. Ask to talk to Care Management.

CHRONIC CARE MANAGEMENT

SilverSummit Healthplan helps people with long-term health problems feel better. Health Coaches work with your doctors to give you the best care. They teach you about your condition and help you make a health plan.

This help is for people with:

- ADHD
- Anxiety
- Asthma
- Bipolar Disorder
- Heart problems
- Diabetes
- Depression
- Bleeding problems
- Hepatitis C
- HIV/AIDS
- High blood pressure
- Weight problems
- Pain
- Drug use during pregnancy
- Schizophrenia
- Sickle Cell Disease

Health Coaches will:

- Listen to your concerns
- Help you get what you need
- Teach you about your condition
- Help you make a care plan
- Show you how to take your medicine
- Tell you what tests you need
- Help you know when to call your doctor

The goal is to help you understand your health and take control of it.

To learn more, call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

General Eligibility



WHO CAN GET SILVERSUMMIT HEALTHPLAN?

SilverSummit Healthplan is a health plan you can get through [Nevada Medicaid](#) and [Nevada Check Up](#). SilverSummit does not decide who gets the plan. The Division of Social Services (DSS) makes that decision.

You may be able to get this health plan if you are:

- A parent or caregiver of a child under 19
- Pregnant
- A child under 19
- A child under 19 living in a low-income family
- A child between 6 and 18 who qualifies for CHIP (Children's Health Insurance Program)
- A young adult (up to age 26) who used to be in foster care in Nevada
- A baby born to a mom who has Medicaid
- Someone getting help through Transitional or Extended Medical Assistance
- An older adult, blind, or disabled person

If you want to know more, you can call [DSS](#). They will help you understand if you can get the plan.

BIG LIFE CHANGES

Big changes in your life can affect your health plan. If something big happens, you need to tell DSS and SilverSummit Healthplan. If they can't reach you, you might lose your coverage.

Call DSS if you have a big life change:

- **Main number:** 1-800-992-0900
- **Northern Nevada:** 1-775-684-7200
- **Southern Nevada:** 1-702-486-1646

You can also visit their website:

- Nevada Check Up: dss.nv.gov/Medical/NCUMAIN/
- Nevada Medicaid: [NVHA.nv.gov](https://nvha.nv.gov)

Here are some examples of big life changes:

- You change your name
- You get new health insurance or lose your current one
- You move to a new home (You can update your address at [UpdateMyAddress](#) and [Nevada Medicaid](#))
- You get a new job or lose your job

- Your health or disability changes
- Your family changes (like someone gets married, has a baby, passes away, or moves out)
- Your money or property changes
- You become pregnant (If you are pregnant, call us! We have special help for you and your baby: **1-844-366-2880**, TTY: 1-844-804-6086, Relay 711)

OTHER INSURANCE

If you have another health insurance plan, please tell us. Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

This helps us make sure your medical bills are paid the right way. We will also let Nevada's health department know about your other insurance.

IF YOU GET HURT AT WORK OR HAVE A CLAIM

If you get hurt while working, Workers' Compensation might pay for your care. SilverSummit Healthplan does not pay for care that Workers' Compensation covers.

Sometimes it takes time to figure out if Workers' Compensation will pay. While you wait, SilverSummit can still help you get the care you need. But first, you must agree to give us the information we need. We may ask for papers to help with this.

Please call us if:

- You are in a lawsuit because of an injury
- You are in a lawsuit about a doctor's mistake
- You were in a car accident and are making a claim

There may be other insurance that can help pay for your care. Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

OPEN ENROLLMENT

Open enrollment is a time each year when you can choose your health plan. You can stay with SilverSummit Healthplan or pick a different one. Nevada Medicaid and Check Up have four plans to choose from.

To change your plan:

- Fill out and return the form that was mailed to you
- If you lost the form, you can send a signed letter to:

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

You can also call:

- **Las Vegas Office:** 702-486-1646
- **Reno Office:** 775-684-7200

They will help you learn about your choices and give you information to help you decide.

If you don't choose a new plan, you will stay with SilverSummit Healthplan.

WHEN YOUR BABY IS BORN

If you are a SilverSummit Healthplan member when your baby is born, your baby is also covered.

Sometimes it takes a little time to get your baby's Nevada Check Up ID. But don't worry—your baby can still get the care they need during this time. SilverSummit will cover the services that are approved.

LEAVING SILVERSUMMIT HEALTHPLAN

We want you to be happy with SilverSummit. If something isn't working for you, please call **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711). We'll try to help fix the problem.

If you still want to leave SilverSummit, here's what you can do:

If You Just Joined

You can switch to a different health plan anytime during your first 90 days with SilverSummit.

If you are new to Medicaid or Nevada Check Up, you can send a letter to:

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

Make sure to include:

■ Your name	■ Your Medicaid number	■ Your address	■ Your phone number
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During Open Enrollment

Once a year, there is a time called **open enrollment**. During this time, you can change your health plan without needing a reason.

If you choose SilverSummit during open enrollment, you'll stay with that plan for 12 months. You can still change your plan in the first 90 days after it starts. On the 91st day, you can only change if you have a good reason.

Good Reasons to Leave (Disenroll)

You may be allowed to leave SilverSummit if:

- You move out of the area where SilverSummit works.
- SilverSummit's contract with Nevada ends.
- SilverSummit doesn't cover a service you need because of religious or moral reasons.

- You need two services at the same time, but SilverSummit doesn't offer both, and getting them separately could be risky.
- You're not getting good care.
- You can't get services that are supposed to be covered.
- You can't find doctors who understand your health needs.

Note: Wanting to go to a doctor who isn't part of SilverSummit is not a good reason to leave.

HOW TO LEAVE SILVERSUMMIT AND PICK A NEW HEALTH PLAN

To cancel Medicaid benefits, the Member must contact The Division of Social Services (DSS) at 1-800-992-0900, Northern Nevada 1-775-684-7200, Southern Nevada 1-702-486-1646.

If you want to leave SilverSummit and choose a different health plan, here's what you can do:

Option 1: Call Us

Call SilverSummit **Member Services at 1-844-366-2880** (TTY: 1-844-804-6086, Relay 711). Ask for a **form to leave the plan**. You can fill it out over the phone with someone from our team.

Option 2: Send a Letter

You can also send us a letter. Please include:

- Your name
- Your SilverSummit ID number
- A phone number where we can reach you
- The reason you want to leave (make sure it's a good cause reason from the list above)

Send your letter or form to:

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

Option 3: Send a letter to Nevada Medicaid

Requests to change health plans **without a good reason** to leave can be submitted in writing to:

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

Request a health plan change with a **good reason** to leave by fax or mail to:

Nevada Medicaid
Attn: Nevada Medicaid MCQA Unit
4070 Silver Sage Dr.
Carson City, NV 89701
Fax: (775) 684-3773

What Happens Next

Once we get your form or letter, we'll look at it and make a decision. We'll send you a letter within **14 days** to let you know what we decide. If you need help quickly because of your health, we'll decide faster.

If you don't agree with our decision, you can **ask us to look at it again**. This is called an **appeal**.

If You Don't Agree with a Decision – You Can Ask for an Appeal

If you don't agree with a decision we made, you or someone you choose to speak for you can ask us to look at it again. This is called an **appeal**.

You can ask for an appeal by:

■ Calling us	■ Sending a letter	■ Sending a fax
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You must ask for an appeal **within 60 days** from the date on the letter we sent you.

Where to Send Your Appeal:

SilverSummit Healthplan
Appeals Department
2500 N. Buffalo Drive, Suite 250
Las Vegas, NV 89128

Phone: 1-844-366-2880 • TTY: 1-844-804-6086 • Fax: 1-855-742-0125

If you call to ask for an appeal, you also need to send us a **signed letter**.

What to Include in Your Letter:

- Your name
- Your member number
- A phone number where we can reach you
- Why you think we should change our decision

You or the person you choose to help you can ask for the appeal. We will send you an answer **within 30 days**.

If You Need a Fast Answer

If waiting 30 days could hurt your health or stop you from getting better, tell us when you ask for the appeal. If we agree, we'll make a decision faster—**within 72 hours**. This is called a **fast (expedited) appeal**. You can ask for a fast appeal by phone and don't need to send a letter.

Letting Someone Help You

If you want someone else to ask for the appeal for you, you must give them **written permission**. No one can speak for you unless you say it's okay. There is a **Personal Appeal Representative Form** at the back of this book that lets us know you gave permission.

Need help? Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

If you still don't agree with our answer after the appeal, you can ask for a **State Fair Hearing**.

Who Reviews Your Request to Leave SilverSummit

If you ask to leave SilverSummit, [Nevada Medicaid](#) will look at your request and decide if it's okay.

If they say yes, you can pick a **new health plan**.

If they say no and you don't agree with their decision, you can ask for a **State Fair Hearing**. This means someone else will listen to your side and help decide what's fair.

WHEN SILVERSUMMIT MIGHT ASK YOU TO LEAVE THE PLAN

Sometimes, SilverSummit Healthplan may ask for a member to be removed from the plan. If this happens, we will send a letter to the state office (DSS). This can happen at any time if:

- A member acts in a way that is very disruptive, unsafe, or uncooperative, and it stops us from being able to give care. (This does not include behavior caused by special needs or health problems.)
- A member lets someone else use their SilverSummit ID card.
- A member uses services in a dishonest or abusive way.
- A member moves out of the area where SilverSummit provides services.

Reasons We Cannot Ask You to Leave

SilverSummit **cannot** ask you to leave the plan for these reasons:

- You have a health problem that started before you joined.
- Your health changes.
- You use medical services.
- You have trouble thinking clearly.
- You say no to medical care or tests.
- You file a complaint or appeal.
- You ask to change doctors.
- Because of your race, color, where you're from, age, disability, sex (including pregnancy, gender identity, or sexual orientation), or your need for healthcare.

Member Satisfaction



ARE YOU HAPPY WITH YOUR HEALTH PLAN?

We want all our Members to be happy with the care they get. If you are not happy, we want to hear from you! Your opinion matters to us.

SilverSummit Healthplan has different ways for you to tell us how we're doing:

- **Member Advisory Committee:** a group where Members share ideas
- **Care Team Satisfaction Survey:** – a short survey about your care team
- **Grievance System:** a way to report problems
- **Member Satisfaction Surveys:** a survey to tell us what you think. Give families a chance to talk about their experiences with their health plan.

You can learn more about how happy SilverSummit's members are and how well the health plan is doing by visiting the SilverSummit Healthplan [Quality Improvement page click here.](#)

JOIN THE MEMBER ADVISORY COMMITTEE

You can help make SilverSummit Healthplan better! Our Member Advisory Committee lets Members like you share ideas and talk about how to improve care.

The committee:

- Shares health tips with other Members
- Talks about how to stay healthy
- Meets four times a year in different places
- Lets you join without needing to travel

At the meetings, you can:

- Talk about the care you get
- Share your ideas
- Ask questions
- Tell us what we can do better

Want to join? Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

RESPECTING YOUR CULTURE

SilverSummit Healthplan wants to make sure you feel respected and understood. We train our staff and doctors to give care that respects your culture, language, and beliefs.

Here's what we do:

- We offer free help with language, including sign language and TTY services
- We teach our doctors and staff how race and culture can affect health
- We collect information about race and language to help us improve care
- We explain race and ethnicity choices so you can pick what fits you and your family

We think about all parts of who you are when planning your care, including:

- Race and country you're from
- Age and gender
- Language you speak
- Abilities and how you see the world
- Religion and traditions

We also have signs and papers in many languages at our offices.

QUALITY IMPROVEMENT PROGRAM

SilverSummit Healthplan wants to make sure you and your family get the best care. Our goal is to help you stay healthy and feel better if you are sick or have a disability.

We follow special rules from a group called the **National Committee on Quality Assurance (NCQA)** to make sure our care is safe and high quality.

Here's what we do to help:

- Check doctors and providers before they join our network
- Make sure you can get the care you need
- Teach you about staying healthy and managing illnesses
- Send reminders for important checkups like physicals and cancer screenings
- Listen to your concerns about the care you received
- Ask for your opinion in a yearly Member Survey

We want to hear from you! Your answers help us improve our services.

If you have questions about how we work or how we reward doctors, call **Member Services** at **1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

ADVANCE DIRECTIVES

An **Advance Directive** is a way to plan your medical care before an emergency happens. It helps doctors know what you want if you can't speak for yourself.

All adult Members of SilverSummit Healthplan have the right to make an Advance Directive. It does not take away your right to make choices just help others know your wishes if you can't talk.

To make one:

- Fill out the "Advance Directives" form on our website
- Ask your doctor to keep it in your file
- Call Member Services if you need help finding the form

Here are some common types of Advance Directives:

Living Will

This tells doctors what care you want or don't want if you are very sick and can't get better. It can include:

- Feeding tubes
- Organ transplants
- Breathing machines
- Comfort care

Healthcare Power of Attorney

This lets you choose someone to make medical decisions for you if you can't speak.

Do Not Resuscitate (DNR) Order

This tells doctors **not** to do CPR if your heart or breathing stops. It only applies to CPR, not other treatments.

You will not be treated unfairly if you don't have an Advance Directive. If the law changes, we will tell you within 90 days.

If your Advance Directive is not followed, you can file a complaint with [Nevada Medicaid](#).

GRIEVANCES: TELLING US WHEN SOMETHING IS WRONG

A grievance is when you tell us you're unhappy about something. You or someone you trust can tell us by phone, in writing, or online. You can do this anytime.

You can file a grievance if:

- You don't agree with how long we take to make a decision
- You think the care you got wasn't good
- Someone was rude to you
- You feel your rights weren't respected
- Our rules or processes caused a problem
- We didn't give you a decision fast enough

We want to fix problems and make things better. We will not treat you differently if you file a grievance.

HOW TO FILE A GRIEVANCE

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

- **Call Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711
- Mail or bring it to us:

SilverSummit Healthplan
ATTN: Grievances
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128
Fax it to 1-855-742-0125.

What to Include:

Please give us this information:

- Your name
- Your Nevada Medicaid ID number
- Your address and phone number
- What happened and why you're unhappy
- What you would like us to do

There's a form at the end of this book that can help you. You don't have to use it, but it shows what information we need.

What Happens Next

- We'll send you a letter within **3 business days** to say we got your grievance.
- We'll keep a copy of your grievance and our **response for 10 years**.
- If someone else is filing for you, we need your **written permission**. You can use the **Personal Appeal Representation Form** in this book or on our website.

If you have any papers or proof to support your grievance, please send them to us. Please know there is a limited time for you to send in this proof. You can also ask for copies of anything we used to make our decision—**for free**.

When You'll Hear Back

We'll try to fix the problem as fast as we can. If it's urgent, please tell us. You'll get a letter from us within **45 calendar days** with our decision. We may also try to call you.

If we need more time, we may ask Nevada Medicaid or Nevada Check Up for an extension. If they say yes, we'll tell you why and send you a letter within **2 days**.

You can also ask for more time—**14 extra days**—if you need it. Just call Member Services and ask for the **appeals department**.

If you don't agree with the extra time, you can file another grievance.

We will never treat you unfairly for speaking up. We want to hear your concerns so we can do better.

APPEALS: ASKING US TO LOOK AGAIN

An **appeal** is when you ask us to look again at a decision we made about your care. You can file an appeal if we:

- Say no to care you asked for
- Approve less care than you need
- Stop care that was already approved
- Say we won't pay for care you might have to pay for

These are called **adverse benefit decisions**. If this happens, we'll send you a letter explaining what we decided and why. You have **60 days** from the date on that letter to file an appeal.

You can also ask for copies of the records or any information we used to make our decision. These are free. We keep these records for **10 years**.

We will not treat you differently if you file an appeal.

HOW TO FILE AN APPEAL

You have the right to look at your case file, including your medical records, before and during the appeal.

You can file an appeal by:

- **Calling** Member Services: 1-844-366-2880, TTY: 1-844-804-6086, Relay 711
- **Filling out the appeal form** in the back of this book
- **Sending a letter**
- **Faxing** the form or letter
- **Asking in person**

Send appeals for physical health or pharmacy services to:

SilverSummit Healthplan
ATTN: Appeals
2500 North Buffalo Drive, Suite 250
Las Vegas, NV 89128
Fax: 1-855-742-0125

Send appeals for mental health or substance use services to:

SilverSummit Healthplan
ATTN: Appeals
12515-8 Research Blvd., Suite 400
Austin, TX 78759
Fax: 1-866-714-7991

You don't have to use the form, but it helps show what information we need.

Send appeals for imaging to:

Evolent Specialty Services, Inc. Appeals Department
P.O. Box 361
Portland, ME 04104
Phone 1-866-972-9842 / TTD/TTY 711 / Fax: 1-888-656-0701

What Happens After You File

After we get your appeal, we'll send you a letter to let you know we received it. The letter will also tell you the last day you can send us more information.

You can give us more details like:

- Medical records
- Proof or facts
- Legal reasons

There's a time limit, so check the date in your letter.

We'll send you a decision within **30 days**. We may also try to call you to explain the decision.

If we need more time, we may ask Nevada Medicaid or Nevada Check Up for an extension. If they say yes, we'll send you a letter and try to call you.

You can also ask for **14 more days** if you need more time. Just call Member Services and ask for the **appeals department**.

If you don't agree with the extra time, you can file a grievance.

Need Help?

We can help you:

- Fill out forms
- Set up a ride to your appeal hearing
- Get an interpreter
- Use TTY/TDD services

You and your helper can look at your case file before and during the appeal. This is free and will be sent in time for your appeal.

WHO CAN FILE AN APPEAL?

- You (the adult Member)
- A parent or guardian (for a child Member)
- Someone you choose (a representative)
- A provider (like your doctor), if you give them permission

If someone else is filing for you, you must fill out the **Personal Appeal Representative Form**. You'll get this form with your denial letter, or you can find it on our website: SilverSummitHealthplan.com

We must get this form **within 60 days** of the date on your denial letter.

Need help? Call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711. We're here Monday through Friday, 8:00 a.m. to 6:00 p.m. PT.

Keep Getting Care During an Appeal

If you want to keep getting care while we review your appeal, these things must be true:

1. You ask for the appeal **within 10 days** after we send you the denial letter, or **before** your care is supposed to stop.
2. You file the appeal **within 60 days** of the date on the denial letter.
3. The appeal is about care that is being stopped, lowered, or taken away.
4. The care was ordered by a doctor or provider we approve.
5. The care is still within the approved time.
6. You are asking to keep getting the care.

If you ask for this, we will keep giving you care until:

- You cancel the appeal
- 10 days pass
- A state hearing officer says the care should not continue

IMPORTANT: If the final decision says our denial was correct, you might have to pay for the care you received during the appeal.

If your appeal is approved, we will start the care again within **72 hours**.

FAST APPEAL DECISIONS

If your health problem is **urgent**, we can make a faster decision. You might need a fast appeal if waiting could cause:

- Serious health problems or death
- Trouble with your heart, lungs, or other body parts
- A trip to the hospital

Your doctor must agree that you need care quickly.

To ask for a fast appeal, call **Member Services at 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

If we agree it's urgent, we'll decide within **72 hours**. If we don't think it's urgent, we'll let you know by phone and send a letter within **2 days**. Then we'll follow the regular appeal timeline of **30 days**, with a possible **14-day extension**. If you don't agree with the decision to change the timeline, you can file a grievance.

We will not treat you or your doctor differently for asking for a fast appeal.

STATE FAIR HEARINGS

If you don't agree with our appeal decision, you can ask for a **State Fair Hearing**. This means Nevada Medicaid will look at your case and make the final decision.

You must finish the SilverSummit appeal process first. After that, we'll send you a letter. You have **90 days** from the date on that letter to ask for a State Fair Hearing.

You can also ask to keep getting care during the hearing process. You must ask **within 10 days** from the date on your letter.

IMPORTANT: If the hearing agrees with our decision, you may have to pay for the care you got during the hearing process.

You can send your request in writing or online. Mail your request to:

Nevada Medicaid Hearings Office
4070 Silver Sage Dr.
Carson City, NV 89701
Phone: 775-684-3676 • Toll Free: 1-800-992-0900

Online request form: <http://dhcfp.nv.gov/Resources/PI/Hearings>.

SilverSummit can help you get a ride to the hearing and help you share your side of the story.

REPORTING MARKETING PROBLEMS

Nevada Medicaid has rules about how health plans can talk to people. SilverSummit Healthplan follows these rules. If you see something that doesn't seem right, you can report it.

To report a problem, fill out the [Nevada Medicaid Marketing Complaint Form](#). It's the same as the [Grievance or Appeal Form](#) at the end of this book. Nevada Medicaid will look into it.

Here are things that are **not allowed**:

- Trying to get you to switch health plans by mail, email, phone, or home visits
- Giving you a Medicaid or Nevada Check Up application with marketing materials
- Handing out marketing materials in hospital emergency rooms
- Giving false or confusing information
- Helping you pick a health plan
- Comparing themselves to other health plans by name
- Charging you money at events
- Charging you to use their website
- Trying to sell you other insurance plans

REPORTING FRAUD, WASTE, AND ABUSE

SilverSummit Healthplan works hard to stop people from using Medicaid or Nevada Check Up in the wrong way. This is called **fraud, waste, or abuse**.

Here are some examples:

- Letting someone use your Member ID card to get care
- Using someone else's Member ID card
- A doctor charging twice for the same service
- A doctor charging for care that didn't happen

Your health benefits are just for you. You should not share them with anyone. If you do, you could lose your benefits or face legal trouble.

If you think someone is misusing Medicaid or Nevada Check Up, please tell us. You don't have to give your name.

You can report it by:

- **Calling Member Services: 1-844-366-2880**, TTY: 1-844-804-6086, Relay 711
- **Calling the Fraud Helpline: 1-866-685-8664**
- **Going online:** SilverSummitHealthplan.com
- **Emailing:** ReportFWA@SilverSummitHealthplan.com

■ **Mailing a letter to:**

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

YOUR RIGHTS AS A MEMBER

As a Member of SilverSummit Healthplan, you have rights. These rights help make sure you are treated fairly and with respect. We want you and your doctors to follow these rights.

You have the right:

- To be treated with respect and privacy
- To learn about SilverSummit Healthplan and the care you can get
- To choose or change your doctor
- To be free from being held down or kept alone as punishment
- To contact your doctor when you need to
- To go to any clinic for family planning
- To get emergency care right away
- To be told what your illness or condition is
- To talk with your doctor about all treatment options, even if they cost more
- To help make decisions about your care
- To say yes or no before tests, treatments, or surgery
- To say no to treatment
- To keep your medical records private
- To ask for a copy of your medical records
- To ask for changes to your medical records if needed
- To report a complaint or appeal about your care
- Report any critical incident that might hurt you or make you sick (tell someone if something happens that could hurt you or make you sick)
- To tell someone right away if something happens that could hurt your health or safety
- To appeal if care is denied or reduced
- To get help with transportation to appeal hearings
- To talk about treatment without being pressured
- To be treated fairly no matter your race, color, age, gender, disability, or background
- To be treated in a way that respects your culture
- To ask for a second opinion
- To be told about your right to leave the health plan
- To make an Advance Directive (a plan for your care if you can't speak for yourself)

- To file a complaint if your Advance Directive is not followed
- To choose a provider when possible
- To get care that is like what Medicaid offers
- To get enough care to help you reach your health goals
- To not be denied care just because of your illness or condition
- To use your rights without being treated unfairly
- To get written information in your language and at no cost
- To get help if you have trouble reading or understanding information
- To get free interpreter services in any language
- To be told how to get interpreter services
- To get help understanding your health plan from Nevada DHHS
- To get a copy of your rights and responsibilities and share ideas to improve them

YOUR RESPONSIBILITIES AS A MEMBER

You also have responsibilities. These help you get the best care possible.

Tell the [Division of Social Services \(DSS\)](#) if:

- Your family size changes
- You move or change your address
- You get other health insurance or your coverage changes

As a Member, you should:

- Give correct and complete medical information to your doctor and SilverSummit
- Try to improve your health
- Tell SilverSummit if you go to the emergency room
- Talk to your doctor about getting approval for services
- Tell SilverSummit if your Member ID card is lost or stolen
- Show your Member ID card when you get care
- Learn about your health plan rules and coverage
- Contact SilverSummit if you have questions
- Follow your treatment plan or tell your doctor why you can't
- Ask questions to understand your care
- Learn about the risks, benefits, and costs of treatments
- Help make decisions about your care
- Be involved in your treatment and work with your doctor to set health goals
- Use the grievance process if you have concerns about your care

Notice of Privacy Practices



YOUR PRIVACY IS IMPORTANT

This notice explains how your health information may be used and shared. It also tells you how you can see and manage your information. Please read it carefully.

Effective Date: 1/1/2026

If you need help understanding this or want it in another language, call us at 1-844-366-2880.

If you are hearing impaired, call **TTY/TDD 1-844-804-6086**, or use **Relay 711**. Interpreter services are **free**.

Our Promise to Protect Your Privacy: SilverSummit Healthplan follows privacy laws to keep your health information safe. This includes your spoken, written, and electronic health information. We follow the rules of a law called **HIPAA**.

We must:

- Keep your health information private
- Tell you how we use and share your information
- Let you know if your information is ever shared by mistake

This notice explains:

- How we use and share your health information
- Your rights to see, change, or manage your information
- How to ask for those rights

We will only use or share your information in other ways if you give us written permission.

We May Update This Notice: We can change this notice at any time. If we do, the new rules will apply to all the information we have about you. We will post the new notice on our website or send it to you.

How We Keep Your Information Safe: We work hard to protect your health information. We also keep your race, language, gender identity, and sexual orientation private. Here's how we protect your information:

- We train our staff to follow privacy rules
- We make sure our partners follow privacy rules too
- We keep our offices safe and secure
- We only talk about your health information when needed for work
- We protect your information when we send or store it electronically
- We use special technology to stop the wrong people from seeing your information.

How We Can Use or Share Your Health Information: Sometimes we can use or share your health information without asking you first. Here are some examples:

For Your Care (Treatment): We may share your health information with your doctor or other healthcare providers to help take care of you. This helps your doctors work together and make decisions about your care.

For Payment: We may use your information to pay for your care. We might also share it with other health plans or doctors to help with:

- Paying bills
- Checking if you have coverage
- Reviewing if the care was needed

For Healthcare Operations: We use your information to help run our health plan. This includes:

- Helping with customer service
- Looking at complaints and appeals
- Managing your care
- Checking the quality of care
- Working with trusted partners who help us (they must also protect your information)

We may also share your information with other health groups that help with:

- Improving care
- Checking doctor qualifications
- Managing care
- Stopping fraud

Protecting Personal Information: We keep your race, language, gender identity, and sexual orientation private. We only share this with your healthcare providers to help improve your care. We do **not** use this information to decide if you can get services or coverage.

This information helps us:

- Understand your health needs
- Know your language
- Share helpful health information
- Offer programs to help you stay healthy

Group Health Plans: If your job or another group gives you health coverage, we may share your information with them—but only if they agree to keep it private and not use it for job decisions.

Other Times We May Use or Share Your Information

- **Fundraising:** We may contact you to help raise money for health programs. You can say no to these messages.
- **Underwriting:** We may use your information to review applications, but we will not use your genetic information.

- **Reminders and Health Tips:** We may remind you about doctor visits or share tips like how to quit smoking or eat healthier.
- **When Required by Law:** If the law says we must share your information, we will—but only as much as the law allows.
- **Public Health:** We may share your information to help stop the spread of disease or report safety problems to the FDA.
- **Abuse or Neglect:** If we believe someone is being abused or neglected, we may report it to the proper authorities.
- **Court or Legal Requests:** We may share your information if a court or legal group asks for it with the right paperwork.

Other Times We May Share Your Health Information: Sometimes we are allowed to share your health information without asking you first. Here are some examples:

Law Enforcement: We may share your health information with police if it's needed to help with a crime.

Substance Use Disorder Records (SUD): We won't use your SUD records in court unless:

- You say it's okay in writing, or
- A judge gives us a special paper (called a court order), and you know about it and get a chance to speak up. That paper must also include another legal document that says we have to respond.

Coroners and Funeral Directors: We may share your health information with people who find out the cause of death or help with funeral plans.

Organ, Eye, and Tissue Donation: We may share your health information with groups that help with organ, eye, or tissue donations.

Protecting Health and Safety: If we believe someone is in danger, we may share your health information to help keep people safe.

Government and Military: If you are in the military, we may share your health information with military leaders. We may also share it with government officials for national security or to help protect important people.

Workers' Compensation: If you get hurt at work, we may share your health information to help with workers' compensation claims.

Emergency Situations: If you are in an emergency and can't speak for yourself, we may share your health information with:

- A family member
- A close friend
- A disaster relief group

We will only share what's needed to help with your care.

Inmates: If you are in jail or prison, we may share your health information with the jail or police to:

- Help with your care
- Keep you and others safe
- Keep the jail secure

Research: Sometimes we may share your health information for research studies. This only happens if the study is approved and your privacy is protected.

When We Need Your Permission: We must ask you first before sharing your health information in these cases.

Selling Your Information: We will ask for your written permission before selling your health information.

Marketing: We will ask for your permission before using your health information to sell products or services. We don't need permission if we talk to you face-to-face or give you small gifts.

Psychotherapy Notes: We will ask for your permission before sharing notes from therapy sessions, unless they are needed for treatment or payment.

YOUR RIGHTS ABOUT YOUR HEALTH INFORMATION

You have rights when it comes to your personal health information (PHI). If you want to use any of these rights, you can contact us using the information at the end of this notice.

Your Rights Include:

Canceling Permission: If you gave us permission to share your health information, you can change your mind anytime. Just let us know in writing. We can't take back anything we already shared before you canceled.

Asking for Limits: You can ask us not to share your health information with certain people, like family or friends. You can also ask us not to use it for treatment, payment, or healthcare operations. We don't have to agree, but if we do, we'll follow your request unless there's an emergency.

If you paid for a service yourself (not through insurance), we will not share that information with your health plan.

Asking for Private Communication: You can ask us to send your health information to a different address or call you in a special way if you feel unsafe. You don't have to say why, but you must tell us how and where to contact you. If it's reasonable, we will do it.

Seeing and Getting Copies: You can ask to see or get a copy of your health records. You can also ask for them in a different format (like digital). We'll try to give it to you the way you ask, unless we can't. If we say no, we'll explain why and tell you how to ask for a review.

Asking for Changes: If you think something in your health record is wrong, you can ask us to fix it. You must write down what's wrong and why it should be changed. If we say no, we'll explain why. You can also send us a note saying you disagree, and we'll keep it with your record.

If we agree to change it, we'll let others know and update future records.

Asking for a List of Shared Info: You can ask for a list of times we shared your health information in the past 6 years (not including times we shared it for treatment, payment, or things you gave permission for). If you ask more than once in a year, we may charge a small fee.

Filing a Complaint: If you think your privacy rights were not respected, you can file a complaint with us. You can also file a complaint with the U.S. Department of Health and Human Services: **Address:**

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: 1-800-537-7697 Website: www.hhs.gov/ocr/privacy/hipaa/complaints

We will not punish you for filing a complaint.

Getting a Copy of This Notice: You can ask for a paper copy of this notice anytime, even if you got it by email or online.

Contact Us: If you have questions or want to use your rights, contact:

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

We Treat Everyone Fairly: SilverSummit Healthplan follows the law and treats everyone with respect. We do **not** treat people unfairly because of their:

- Race or skin color
- Country they come from
- Age
- Disability
- Gender (this includes pregnancy, sexual orientation, and gender identity)

We give everyone the same care and services, no matter who they are.

FREE HELP FOR COMMUNICATION

We offer **free help** to people who need support to understand or communicate with us:

For people with disabilities:

- Sign language interpreters
- Written materials in large print, audio, or other formats

For people who speak other languages:

- Language interpreters
- Written materials in other languages

If you need these services, call us at **1-844-366-2880**, TTY: 1-844-804-6086, Relay 711.

If You Feel Treated Unfairly: If you think SilverSummit Healthplan didn't give you the help you needed or treated you unfairly, you can file a complaint. Contact our 1557 Coordinator. **Mail:**

1557 Coordinator

PO Box 31384

Tampa, FL 33631

Phone: 1-855-577-8234 • TTY: 711 • Fax: 866-388-1769

Email: SM_Section1557Coord@centene.com

You can send your complaint by mail, phone, fax, or email. If you need help, the 1557 Coordinator can assist you.

You Can Also File a Complaint with the Government

You can also [file a civil rights complaint](#) with the U.S. Department of Health and Human Services. **Mail:**

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

Online forms: <http://www.hhs.gov/ocr/office/file/index.html>

We will **not** punish you for filing a complaint.

Glossary of Terms



Addendum: Extra information added to something that was already written. It helps update, fix, or add more details to the original document. Think of it like a bonus page that gives more important information after the main part is done. You might see an addendum at the end of a book or report, In a letter or form.

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 Nevada Medicaid 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:

Performing assessments to determine the basis for action or the need for action;

1. Monitoring fluid and electrolyte balance;
2. Suctioning of the airway;
3. Central venous catheter care;
4. Mechanical ventilation; and
5. 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

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 good about where I live.

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

I have transportation for my daily needs.

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

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:

*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:

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

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



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 2500 North Buffalo Drive Suite 250 Las Vegas, NV 89128 Fax 1-866-694-3734	Behavioral Health appeals: SilverSummit Healthplan - Appeals 12515-8 Research Blvd Suite 400 Austin, TX 78759 Fax 1-866-714-7991
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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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
5. Representative signature [SIGNATURE OF GRIEVANCE OR APPEAL REPRESENTATIVE*]		
*Relationship to Member: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other, please specify: _____		

NOTES

[illegible]

NOTES

[illegible]



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

1-844-366-2880

SilverSummitHealthPlan.com

 facebook.com/SilverSumitHealthplan

 twitter.com/SilverSummitHP

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).