Provider Newsletter

Insights, Updates, and Resources to Empower Your Practice

Winter 2025





What's New This Quarter?

- Educational Resources
- Provider Notifications
- Upcoming Events





Educational Resources of the Quarter

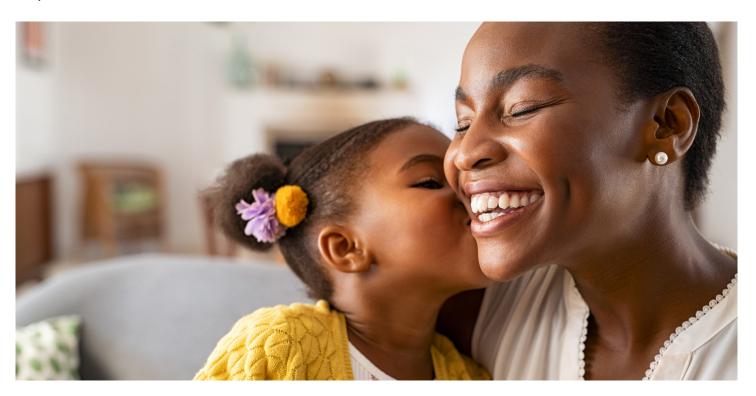








Navigating health care can be overwhelming, especially for families managing both physical and behavioral health needs. That's why we launched the Novum Women's & Family Center in 2023 a one-stop care center for women and children.



No referral needed.

- Location: 3321 N Buffalo Dr, Las Vegas, NV 89129
- Appointments & Info: 702-500-0060

Available Services:

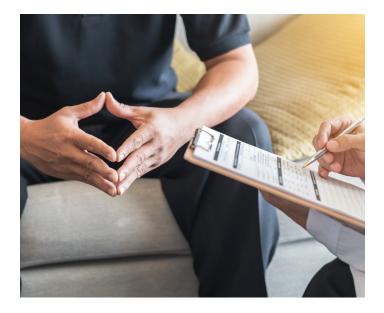
- Primary care, OB/GYN, and pediatric visits
- Adult and pediatric behavioral health services
- Onsite case management
- Transportation support
- Daycare is available onsite during appointments.

Please share with families who could benefit from coordinated, wraparound care.









SBIRT Incentive Pilot Now Live

To support early identification and intervention for substance use, SilverSummit Healthplan launched a new SBIRT (Screening, Brief Intervention, and Referral to Treatment) incentive pilot on June 1, 2025. This program is available to providers delivering routine care, including primary care providers, APRNs, PAs, and OB/GYNs, and will run through December 2025.

Incentive Details:

- \$10 for each completed SBIRT screening (CPT H0049)
- Additional \$5 for screenings completed for pregnant members
- \$15 for each completed brief intervention (CPT 99408 or 99409)

No extra paperwork required, incentives are automatically reimbursed through the claims process.

Let Us Help Support The Work You're Already Doing

We recognize that many providers are already engaging in substance use conversations and assessments during routine care appointments. This initiative is designed to support and formalize that work.

To help you take full advantage of this opportunity and ensure that assessments and billing align with SBIRT guidelines, our Provider Relations and Behavioral Health teams are available to support you.

We're here to:

- Clarify what qualifies as SBIRT
- Help integrate SBIRT into existing workflows
- Ensure proper billing and documentation
- Highlight the important work you're already doing

Reach out to a provider relations representative to schedule a quick team huddle or training session.

Additional Resources Available:

Visit our website or contact us directly to receive the SBIRT Ouick Reference Guide, which includes:

- Step-by-step billing instructions
- Approved screening tools
- Referral resources for members who screen positive

We're proud to partner with you in expanding access to early substance use screening and intervention and ensuring the great work you're doing is recognized and reimbursed.







Behavioral and physical health are deeply connected and disparities in either area can have serious consequences for the overall well-being of our members and their families. For those with Medicaid insurance, barriers such as limited access to care, delayed diagnoses, stigma, and lack of culturally responsive services often lead to even worse health outcomes.

That's why we launched the Disparity Impact Committee in 2024, a cross-sector workgroup focused on identifying and addressing health disparities across our communities.

What the Committee Does: The committee meets quarterly to:

- Review health plan data to identify disparities in behavioral outcomes
- Explore trends in screening, access, diagnoses, and utilization across populations
- Develop actionable initiatives that are culturally responsive and community-informed

Recent focus areas include:

- Increasing youth behavioral health screenings
- Enhancing provider training in traumainformed, evidence-based care
- Supporting health literacy efforts for families navigating complex care needs

Who Can Join?

We welcome participation from Providers, Community organizations, healthplan members and caregivers. Your insights help ensure that initiatives are grounded in real-world experience and tailored to meet the needs of the people we serve. If you're interested in participating or simply want to learn more, we'd love to connect. This is an opportunity to shape programs that advance equity and improve care across Nevada.

Contact our Director of Behavioral Health:

Dawnesha.Powell@SilverSummitHealthplan.com

Together, we can build a healthier, more equitable future for all.





Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) also known as Healthy Kids is a Medicaid benefit designed to ensure that children and youth under age 21 receive timely, comprehensive preventive care.

This benefit is required for all Medicaid-enrolled members under 21, and providers play a crucial role in delivering and documenting this care.

What's Required Under EPSDT

EPSDT screenings must be completed according to the state's periodicity schedule, which follows American Academy of Pediatrics (AAP) guidelines. This includes routine well-child visits at regular intervals from infancy through adolescence.



At each recommended visit, the screening must include:

- Comprehensive health and developmental history (including assessment of physical and behavioral health development)
- Unclothed physical exam
- Age-appropriate immunizations
- Laboratory testing, including lead screening at required ages
- Vision, hearing, and dental screening

Behavioral health screening using validated tools

Providers are also responsible for ensuring that any necessary diagnostic services or follow-up treatment identified during the screening are either provided or referred appropriately.

Behavioral Health Screening: A Key Component

Behavioral health concerns can often be overlooked or misunderstood, especially in younger children. EPSDT ensures that mental health is screened early and regularly, supporting earlier diagnoses, stronger interventions, and better long-term outcomes.

While many providers already ask about behavioral health during well visits, using validated screening tools and documenting them properly ensures:

- Accurate identification of concerns
- Appropriate follow-up or referral
- Reimbursement for services provided

Need Help Implementing or Enhancing EPSDT Screenings?

Our Provider Quality Liaisons are here to support you. We can:

- Set up or optimize your EPSDT workflow
- Provide training for clinical and front office staff
- Supply validated tools and materials to support screenings and family education

Let's work together to ensure every child gets the preventive care they need, early, often, and completely.

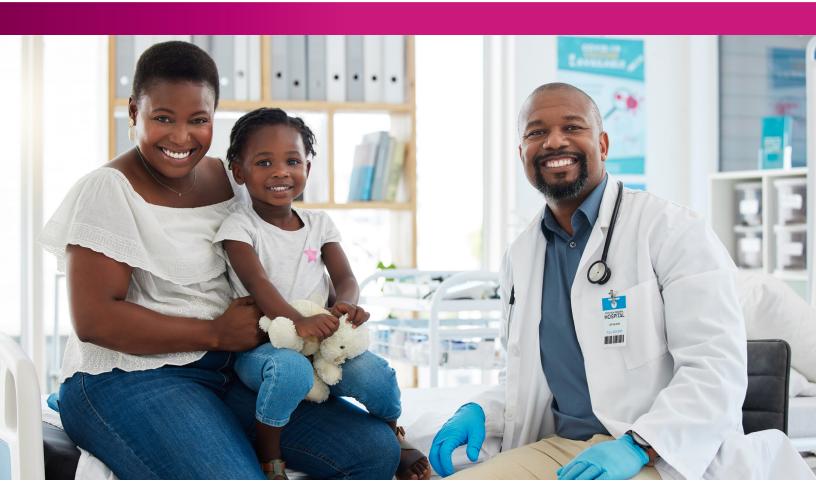
Contact us at: 1-844-366-2880.







Collaborating to Reduce Behavioral Health Disparities



Behavioral health disparities, from delayed diagnoses to lack of culturally responsive care, continue to impact members and families across Nevada. To address these issues, SilverSummit Healthplan launched a Disparity Impact Committee in 2024. The committee meets quarterly and brings together providers and community partners to shape effective, culturally responsive programs.

Recent initiatives have focused on:

- Increasing behavioral health screening for youth
- Supporting health literacy
- Strengthening provider training in trauma-informed, evidence-based care

We want to hear your voice and welcome your participation. Your insights help tailor programs to the needs of your patients. If you are interested in joining or learning more, please reach out to our Director of Behavioral Health at Dawnesha.Powell@SilverSummithealthplan.com







Location: 3321 N Buffalo Dr, Las Vegas, NV 89129 | Appointments & Info: 702-500-0060

Navigating the healthcare system can be overwhelming, especially for families managing both behavioral and physical health challenges. That's why SilverSummit Healthplan launched the Novum Women's & Family Center in 2023. The support center serves as a one-stop location offering coordinated, whole-person care for women and children. No referral is needed!

Families can call directly to schedule:

- Primary care, OB/GYN, and pediatric appointments
- Adult and pediatric Behavioral health appointments
- Visits with onsite case management
- Transportation support

Please share this with families who could benefit from comprehensive, wraparound care. Daycare is available onsite for parents attending appointments, and transportation support is available if needed.





Early Intervention Starts with Early Screening

Behavioral health concerns are often missed in children until they escalate. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) also known as Healthy Kids is a Medicaid benefit that ensures youth under 21 receive timely preventive care, including behavioral health assessments. Many providers may already screen for Behavioral health concerns informally, but using validated tools and billing correctly ensures proper documentation, tracking, and reimbursement of any noted concerns. Be sure to screen early and often as recommended by the American Academy of Pediatrics.

	Infancy	Early Childhood	Middle Childhood	Adolescence
Maternal Depression Screening	Birthing parent interview at 1,2,4 and 6 Months			
Developmental Screening	9 months	18 and 30 months		
Autism Spectrum Disorder Screening		18 and 24 months		
Developmental Surveillance	Newborn,3-5 days, 1,2,4,and 6 months	12, 15 and 24 months. 3 and 4 yrs	Yearly ages 5-10	Yearly ages 11-21
Behavioral/Social/Emotional Screening	Newborn,3-5 days, 1,2,4, 6, and 9 months	12, 15, 18,24, 30 months. 3 and 4 yrs	Yearly ages 5-10	Yearly ages 11-21
Tobacco, Alcohol or Drug use Assessment				Yearly ages 11-21
Depression and Suicide Risk Screening				Yearly ages 12-21



Need help? Our Provider Quality Liaisons are available to:

- Set up or optimize your screening workflow
- Train clinical and support staff
- Provide tools and materials to educate families

For support or EPSDT materials, contact 1-844-366-2880







We've noticed an increase in clinical documentation missing stop times for time-based services. This small detail plays a big role in billing accuracy and compliance.

Why It Matters:

Nevada Medicaid requires both start and stop times for services billed by time (therapy, TCM, PSR, BST). Including this information is essential for validating billing, especially for CPT codes that allow multiple durations, such as therapy codes that can be billed for 30, 45, or 60 minutes.

- Missing stop times can lead to:
 - ► Claim denials
 - ▶ Billing discrepancies
 - Audit findings and potential recoupments
- Documentation Should Include:
 - ► Member name and date of service
 - ► Start and stop time
 - ► Duration of service
 - ► Description of service and location
 - ► Provider name, credentials, and signature
- Have questions about documentation or billing codes? Reach out to our Provider Relations team or refer to the Nevada Medicaid Provider Manual. the member within three business days.
 For care management questions, please email SilverSummit_CareCoordination@CENTENE.COM.



Provider Notifications

Did you know?

















We're excited to announce the launch of two ongoing provider forums designed to strengthen communication and collaboration between SilverSummit Healthplan and our valued provider partners.

These sessions are your go-to resource for updates, tools, and insights to support your team's day-to-day operations. You'll also have the chance to connect directly with health plan experts, ask questions, and explore helpful programs and resources.

Register now on our website:

https://www.silversummithealthplan.com/providers/provider-education-and-training.html

SilverSummit Learning Lab - Duration 30 minutes

- What's Covered:
 - ► Health Plan Tools & Resources
 - ► Plan Updates
 - ► Quality & Risk Adjustment Incentive Programs
 - ► Common Billing Questions

Credentialing & Contracting Office Hours - Duration 60 minutes

- What's Covered:
 - ► Credentialing Process & Centralized Credentialing
 - ► Contracting Timelines
 - ► Demographic Updates
 - ► Adding New Practitioners
 - ► Tax ID Changes
 - ► Open Q&A Ask Us Anything!

If you have any questions, feel free to reach out to the Provider Engagement Team at:

NVSS_ProviderRelations@SilverSummitHealthplan.com

We look forward to seeing you there!











Medicare Prior Authorization

List effective 10/1/2025

Wellcare by Allwell requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by SilverSummit Healthplan.

SilverSummit Healthplan is committed to delivering cost-effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website https://www.silversummithealthplan.com/providers/preauth-check/medicare-pre-auth.html.

Effective October 1, 2025, the following are changes to prior authorization requirements:

Service Category	PA Rule	Procedure Codes
Skin Substitutes & Wound Dressings	PA Required	C9358, C9360, C9363, Q4111, Q4115, Q4117, Q4118, Q4125, Q4134, Q4135, Q4136, Q4139, Q4145, Q4162, Q4165, Q4166, Q4167, Q4168, Q4170, Q4171, Q4174, Q4176, Q4177, Q4179, Q4180, Q4181, Q4182, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4214, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4251,Q4252, Q4253

There are several new notifications on the website that can be found under the following link https://www.silversummithealthplan.com/providers/ProviderNotifications/2025-notifications.html







Dear Behavioral Health Partners.

We appreciate your continued commitment to providing high-quality care to our members. As part of our shared goal to ensure continuity of care and improve outcomes for individuals hospitalized, we would like to highlight key requirements related to the HEDIS Follow-Up After Hospitalization for Mental Illness (FUH) measure.

HEDIS FUH Measure Requirements

To meet the FUH measure, a follow-up visit must occur within 7 calendar days after the date of discharge (excluding the discharge date itself). This visit is a critical component in the care continuum, helping to:

- Prevent early post-hospitalization reactions
- Address medication-related concerns
- Support stabilization and recovery

Discharge Summary Submission

To facilitate timely follow-up and care coordination, please ensure that discharge summaries are faxed within 24 hours of discharge to: SilverSummit Behavioral Health Utilization Department Fax: 1-866-535-6974

Discharge Planning Expectations

Effective discharge planning is essential for successful transitions. Please ensure the following steps are completed:

- Finalize the discharge plan in collaboration with the member, their support system, and follow-up providers.
- 2. Include detailed medication information in the discharge documentation.
- 3. Identify self-care instructions, including reminders to use skills learned during treatment (e.g., coping strategies, problem-solving techniques, daily self-care routines).
- 4. Schedule a follow-up appointment within 7 calendar days of discharge.
- 5. Document all follow-up appointments with other providers and include information on connections to both formal and informal supports.
- 6. Provide guidance on how to return to care if needed.
- 7. Ensure the discharge plan is documented in the member's permanent record, and copies are provided to the member, their support persons, and relevant service providers.

Your partnership is vital in ensuring our members receive the care and support they need during this critical transition period. If you have any questions or need further clarification, please do not hesitate to reach out.

Thank you for your continued collaboration.





Upcoming Events

Mark Your Calendar





SCHOOL BASED MENTAL HEALTH ECHO SERIES

PROGRAM OVERVIEW

This 6-week educational series is aimed at improving the understanding of and enthusiasm for providing, communicating, and delivering school based mental health. This program will consist of extended 75-minute teleconference sessions for school-based and community healthcare/mental health professionals with the goal of supporting their implementation of Tier 3 interventions...

REGISTRATION QR CODE



WEDNESDAYS AT 4 PM | 75 MINS

Laying the Foundation: Identifying and Assessing Students for Tier 3 Interventions

August 20th

Planning with Purpose: Developing Care
Plans, Entrance/Exit Criteria, and Consent
Practices

September 3rd

Choosing What Works: Intervention Selection and Evidence-Based Practices (EBPs)

September 17th

From Plan to Practice: Treatment Delivery and Progress Monitoring Essentials

October 1st

When Safety Comes First: Crisis
Management and Safety Planning in
Schools

October 15th

What to do with Echo Findings: Pulmonary Hypertension and Valve Disease

October 29th

REGISTER FOR THIS SERIES AT: https://tinyurl.com/SBMHFall2025







Fun. Community Resources. Raffle Prizes.

- Pahrump Friday, October 17 | 4:00 p.m. 7:00 p.m.

 Nye Coalition (NyECC Activity Center)

 1020 E. Wilson Rd, Pahrump, NV 89048
- Carson City Saturday, October 18 | 3:00 p.m. 6:00 p.m.
 Carson City Community Center (Gym)
 851 E. William St, Carson City, NV 89701
- Fernley Wednesday, October 22 | 4:00 p.m. 7:00 p.m.

 Boys & Girls Clubs of Truckee Meadows
 (Community Resource & Response Center)

 695 E. Main St, Fernley, NV 89408
- Elko Saturday, October 25 | 12:00 p.m. 3:00 p.m. Elko Convention Center – Turquoise + Gold Room 700 Moren Way, Elko, NV 89801

Guidelines for Providers



Appointment Availability and Access Standards

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

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

