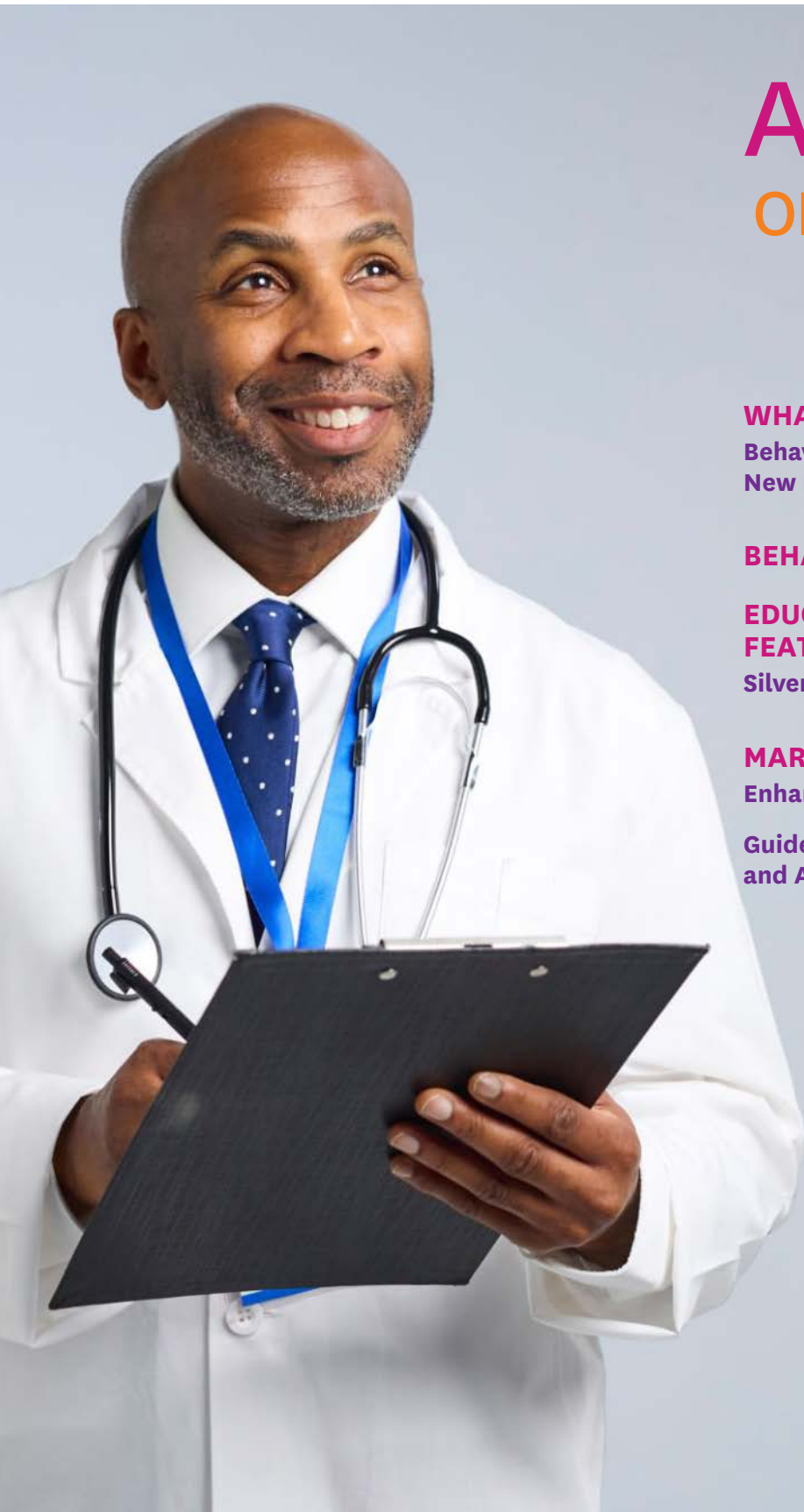


Summer 2025

# Provider Newsletter



## A SPOTLIGHT ON BEHAVIORAL HEALTH

### WHAT'S NEW THIS QUARTER?

Behavioral Health Clinical Policies  
New Programs for Behavioral Health

### BEHAVIORAL HEALTH AND POSTPARTUM

### EDUCATIONAL RESOURCES, SPOTLIGHT FEATURE:

Silversummit Healthplan Behavioral Health Staff

### MARK YOUR CALENDARS

Enhancing Resilience & Career Satisfaction

Guidelines for Providers: Appointment Availability  
and Access Standards



Section

1

## What's New This Quarter?

*A spotlight on Behavioral Health*

- ☒ **Clinical Policies: Behavioral Health focused**
  - ☒ **Applied Behavior Analysis Reference Number: CP.BH.104**
  - ☒ **Applied Behavioral Analysis Documentation Requirements CP.BH. 105**
  - ☒ **Behavioral Health Treatment Documentation Requirements CP.BH.500**
- ☒ **Expand Your Clinical Supervision Options with Motivo**



## Clinical Policies

### *Behavioral Health focused*



**See Important  
Reminder at the end  
of this policy for  
regulatory and  
legal information.**

### Clinical Policies

- Applied Behavior Analysis Reference Number: CP.BH.104
- Applied Behavioral Analysis Documentation Requirements CP.BH. 105
- Behavioral Health Treatment Documentation Requirements CP.BH.500

[Read up on the SilverSummit Clinical Policies ►](#)

CLICK  
HERE



## Expand Your Clinical Supervision Options with Motivo

**SilverSummit Healthplan has partnered with Motivo to offer virtual clinical supervision for pre-licensed clinicians serving rural Medicaid members.**

### What is Motivo?

Motivo is a virtual clinical supervision platform that connects pre-licensed clinicians with licensed supervisors in Nevada. Through this partnership, SilverSummit is fully covering two years of virtual clinical supervision for eligible providers.

### Who is eligible?

- Pre-licensed clinicians serving rural Medicaid communities
- Providers seeking supervision for LCSW, MFT, or CPC licensure
- Clinicians in need of flexible, high-quality supervision

### Why is this program important?

We recognize the shortage of clinical supervisors in rural areas and want to remove barriers to supervision, making it easier for clinicians to complete their training and gain licensure.



**motivo**  
An all-in-one **clinical supervision** platform.

Our virtual clinical supervision platform gives employers and pre-licensed clinicians the supervision they need.

Motivo provides **vetted, quality, external clinical supervision** on our **easy-to-use virtual platform**

Sessions, communication, and documentation are all stored on one user-friendly dashboard.

Our amazing supervisors are committed to helping new clinicians obtain licensure and excel in their career.

Clinical supervision sessions focus on clinical skills, ethics, and cases management – the foundation required to become an exceptional mental health professional

1200+ clinical supervisors in our directory **for everyone.**

37% of our supervisors are BIPOC

29% of our supervisors are LGBTQ+

60% of our supervisors hold a specialized clinical credential

**Let's get started – contact me or schedule a demo.**  
debble@motivohealth.com • motivohealth.com/for-employers

### Interested in learning more?

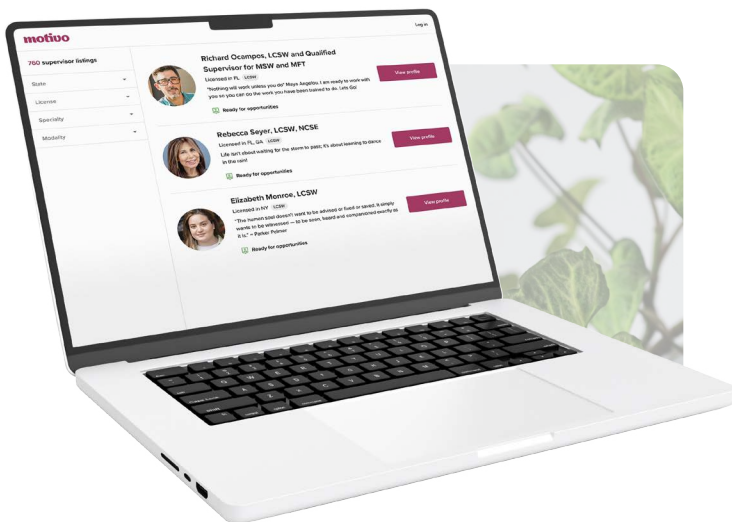
Scan the QR code on the next page to visit Motivo's platform or reach out to our team for an introduction and next steps.



## An all-in-one **clinical supervision** platform.

Our virtual clinical supervision platform gives employers and pre-licensed clinicians the supervision they need.

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**Let's get started – contact me or schedule a demo.**

**debbie@motivohealth.com • [motivohealth.com/for-employers](https://motivohealth.com/for-employers)**

## Section 2



# Educational Resource of the Quarter

*Improving Outcomes Through Education*

- ☒ Postpartum Depression Screenings During Well Infant
- ☒ BH Prior Authorization Tip Sheet
- ☒ Strengthening Integrated Care in Your Practice







## Postpartum Depression Screenings During Well Infant Visits

### Integrating screening for postpartum depression during infant check-ups

Postpartum depression (PPD) is one of the most common perinatal mental health disorders (PMHD) experienced during the six months following childbirth. Approximately 1 in 8 birthing individuals experience postpartum depression. All birthing individuals should be screened for PPD at postpartum visits and/or *infant check-ups*. The American Academy of Pediatrics (AAP) recommends that PPD screening be conducted at the infant's **one-month, two-month, four-month and six-month** checkups, using validated screening tools.

### Benefits of screening during infant check-ups

Preventive checkups provide an opportunity to screen mothers who:

- Have not yet had their postpartum checkup
- Missed their postpartum checkup
- Would benefit from repeat PPD screening
- Did not undergo earlier PPD screening for any reason

### Approved Validated PPD Screening Tools

- **Edinburgh Postnatal Depression Scale (EPDS)**
  - ▶ A 10-item screening tool available free of charge. A score of 10 or more suggests depressive symptoms. A score of 13 or more indicates a high likelihood of major depression. A score of 1 or more on **question 10** is an automatic positive screen because it indicates possible suicidal ideation, and it requires immediate further evaluation.
- **Patient Health Questionnaire–9 (PHQ-9)**
  - ▶ A 9-item screening tool available free of charge in multiple languages. A score of 10 or more indicates a high risk of having or developing depression. A score of 2 or more on question 9 is an automatic positive screen because it indicates possible suicidal ideation, and it requires immediate further evaluation

### Postpartum depression screening coding/billing

CPT/HCPCS/ ICD-10 CODE	DESCRIPTION
<b>96161</b>	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument. This is reimbursable after the child is born, up to 12 months of age, under the <b>child's Medicaid ID #</b> .
<b>Z13.32</b>	Encounter for screening for maternal depression

SilverSummit Healthplan provides reimbursement for PPD screenings completed during infant check-ups.



## BH Authorization Tip Sheet

### CLINICAL REVIEW CRITERIA

SilverSummit Healthplan follows American Society of Addiction Medicine (ASAM) criteria and other nationally recognized assessment and placement tools, such as InterQual, to guide evidence-based clinical decisions. Clinical documentation received from providers is carefully reviewed using these tools to support the review process and to ensure Members receive the most appropriate care based on their strengths and presenting needs.

The information below is intended as a guide for preparing the required documentation for services requiring Prior Authorization. While not all the information below will be relevant to all services, Providers are encouraged to focus on those elements which are applicable to the service being requested.

### PRIOR AUTHORIZATION PROCESS

If you need to look up a service that requires prior authorization, start by viewing the [Prior Authorization Prescreen tool](#). For Member-specific information, log into the [provider portal](#), or register for Availity for both authorization and member eligibility queries.

Failure to obtain the required approval or pre-certification may result in a denied claim(s). All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

### SUBMITTING A REQUEST

Administrative and clinical staff can use the provider portal to submit prior authorizations. Register and log in at [Provider.SilverSummitHealthplan.com](#). Prior authorization requests can also be faxed directly to:

Medical Requests Fax: 1-844-367-7022	BH OP (PHP, IOP and LLOC) Request Fax: 1-855-868-4940
Transplant Request Fax: 1-833-414-1503	BH Discharge Summaries should be faxed to:
BH IP (IP and RTC) Request Fax: 1-833-840-0459	1-866-535-6974

### TIMEFRAMES FOR AUTHORIZATION REQUESTS AND NOTIFICATIONS

Authorization must be obtained prior to the delivery of certain elective and scheduled services. The following timeframes are required for prior authorization and notification.

Service Type	Timeframe
Scheduled admissions	Prior Authorization required at least five business days prior to the scheduled
Elective outpatient services	Prior Authorization required at least five business days prior to the elective outpatient
Emergent inpatient admissions	Notification within one business day





Observation – 23 hours or less	Notification within one business day for non-participating providers
Observation – greater 48 hours	Requires inpatient prior authorization within one business day
Emergency room and post stabilization, urgent care and crisis intervention	Notification within two business day
Maternity admissions	Notification within one business day, with delivery outcome
Newborn admissions	Notification within one business day
Neonatal Intensive Care Unit (NICU) admissions	Notification within one business day

## CHECK THE STATUS OF YOUR AUTHORIZATION REQUEST

Use the Authorization Look Up function to check the status of a request. Providers will be notified and will receive a singular notification via fax and mail for any request that may be denied.

## REVISING AN AUTHORIZATION REQUEST

- An authorization should be revised when a change is needed before services are rendered.  
Example: Date change, facility change, changes or corrections to procedure code.
- Providers may go into the provider portal to request a revision to an Existing Auth and upload additional clinical information as soon as the need is known.
- It's Important to indicate Circumstances / Reason for Revision in the Remarks Section.
- An authorization revision can only be requested up until a determination is rendered. Requests for an extension of end date (not additional days/units) can be submitted no later than the authorization term date.

## APPEALING AN AUTHORIZATION DECISION

- To appeal a denied authorization decision, you should first review the denial letter for specific reasons and deadlines, then gather supporting medical documentation, and finally, submit an appeal outlining why the denial should be overturned
- Requests for appeal must include:
  1. Reason for appeal
  2. Whether a standard or expedited appeal is being requested
  3. Authorized Representative Designation Form (complete w/ Member signature)
- Submit via mail or fax to:

**SilverSummit HealthPlan Appeal Department**  
**PO Box 10378**  
**Van Nuys, CA 91410-0378**

**Phone 1-844-366-2880**  
**Fax 1-866-714-7991**



## GENERAL GUIDELINES

- **Legibility:** All clinical information must be legible.
- **Provider Licensing:** All providers must be licensed for the level of care they are requesting.
- **Synopsis:** Provide a synopsis of the clinical information instead of attaching the entire chart.
- **Pertinent Notes:** Attach most current MD notes, pertinent nursing notes, and family sessions/collateral information. For groups notes, only include Member specific notes relevant to the continued stay request.
- **Clarity:** Be clear in the level of care requested and submit the correct CPT codes.

## SUBMITTING CLINICAL DOCUMENTATION

### *Required Information*

- **Member Information:** Name, Date of Birth, Medicaid/Member ID.
- **Provider Information:** Name, NPI, TIN.
- **Level of Care:** Specify the level of care requested e.g., Psychiatric Inpatient, Psychiatric Residential, Withdrawal Management, Residential-Rehab (Substance Use Rehab).
- **Provider Contact Information:** Phone and Fax Numbers

### *Initial Review (typically all included in the assessment/evaluation)*

- Clinical information compiled from the Member and all available sources to determine Member is appropriate for the specific Level of Care. The initial evaluation must contain the following information:
  - » The Member's chief complaint and include Member's understanding of the factors that lead to requesting services (i.e. the "why now" factors)
  - » The history of the presenting illness
  - » Mental status evaluation
  - » The Member's current level of functioning
  - » Urgent needs including those related to the risk of harm to self, others, or property
  - » Psychiatric and medical histories including the histories of substance use, abuse and trauma
  - » Co-occurring behavioral health and physical conditions
  - » The Member's history of behavioral health treatment
  - » Pertinent current and historical life information including the Member's: age, gender, sexual orientation, culture, spiritual beliefs, educational history, employment history, living situation, legal involvement, family history, relationships with family, friends and others.
  - » The Member's strengths
  - » Barriers to care
  - » Member's instructions for treatment or appointment of an agent to make treatment decisions
  - » The Member's broader recovery, resiliency and wellbeing goals
- Initial program assessments demonstrating Member's level of care must be submitted with the initial request
- Clinical information to be included at initial review for SUD services: (matches ASAM dimensions)
  - » Precipitating event
  - » History of substance use (substance(s), amount, frequency, age of first use, last use)
  - » Urine drug screen/blood alcohol level



- » Substance use treatment history
- » Longest period of abstinence
- » Triggers for use
- » Stage of change
- » Current withdrawal symptoms (if applicable)
- » COWS/CIWA score (if available)
- » Vitals (for inpatient only)
- » Medications
- » Detox protocol being used
- » Medical history
- » Psychiatric history
- » Family history of substance use or mental health issues
- » Support system
- » Legal issues
- » Education/employment

### ***Treatment Plan (initial and continued stay reviews)***

- The short- and long-term goals of treatment;
- The expected outcomes for each problem that are measurable, functional, time-framed and relevant
- How the Member's family and other natural resources will participate in treatment when indicated
- How treatment will be coordinated with other providers, agencies or programs
- Includes interventions that further engage the Member in treatment that promote the Member's participation in care, promote informed decisions and support the Member's broader recovery and resiliency goals.
- Treatment focuses on the "why now" factors to the point that the Member can be safely treated in a less intensive level of care or treatment is no longer required
- The provider informs the Member of safe and effective alternatives, potential risks and benefits
- A change in the Member's condition prompts a reassessment of the treatment plan and re-evaluation

### ***Continued Stay Review***

- Individual counseling for evaluation of the treatment and whether changes in the treatment plan are needed at least 2 times per week for Residential and at least weekly for PHP
- Updated daily clinical information reflecting active treatment is being delivered
- Clinical best practices are being provided timely with sufficient intensity to address the Member's treatment needs and reasonably expected to stabilize the Member's condition and/or the precipitating factors
- The Member's family and other natural resources are engaged to participate in the Member's treatment as clinically indicated.
- Clinical information to be included at concurrent review for SUD services:
  - » Urine drug screen/blood alcohol level
  - » Problem statement from treatment plan
  - » Primary treatment goal (include target and completion dates)
  - » Objectives (include target and completion dates)
  - » Interventions
  - » Stage of change
  - » Progress or non-progress (as evidenced by)
  - » Discharge plan
  - » Barriers to community tenure

## **FOR ADDITIONAL INFORMATION**

Contact Provider Service at 1-844-366-2880 or email us at [NVSS\\_ProviderRelations@SilverSummitHealthPlan.com](mailto:NVSS_ProviderRelations@SilverSummitHealthPlan.com).



## Strengthening Integrated Care in Your Practice

For many of the individuals we serve, accessing both physical and behavioral healthcare can be a challenge due to transportation barriers, lack of provider availability, or difficulty navigating the healthcare system. Integrating these services within a single practice helps remove these obstacles, leading to better engagement, improved health outcomes, and increased follow up on treatment goals. By providing whole-person care, we can address both physical and behavioral health needs in a way that is more effective, accessible, and sustainable. To support providers in implementing integrated care, SilverSummit Healthplan has launched our Integrated Care Center. Our Integrated Care Center is an online hub with tools, resources, and training opportunities to help practices create a more coordinated approach to care.

### What You'll Find in the Integrated Care Center:

- **Clinical Integration Resources** – Best practices and guidelines, including the Integrated Practice Assessment Tool (IPAT), and other national models for integrated care.
- **Training & Support** – Access to Project ECHO, SAMHSA practitioner trainings, APA's Transforming Clinical Practice Initiative, and other resources to strengthen integrated care in your clinic.
- **Provider Resources** – Information on Traditional Health Workers (Community Health Workers, Peer Support Specialists, and Doulas) who can help members access care, reduce barriers, and serve as navigators within your practice, an easy first step in integrating care.
- **Behavioral Health Screening Tools** – Guidance to help providers screen members for behavioral health concerns within their practice, ensuring earlier identification and intervention.
- **Clinical Consultation** – Connection to providers like Nevada Pediatric Access Line (PAL) who offer real-time consultation with behavioral health specialists and psychiatrists, designed to assist pediatric providers in managing behavioral health concerns. Novum is another resource for support in connecting members with behavioral health providers and clinicians for additional care coordination.
- **Additional Training Opportunities** – We offer live and on-demand trainings with continuing education (CE) credits, designed for both clinical and administrative staff. Available topics include Physical Health Conditions & Their Links to Mental Health, Co-Occurring Disorders, Implementing Integrated Care, screening tools and more!

Integrated care is essential to improving health outcomes especially for Medicaid members so get started today and explore the Integrated Care Center [HERE](#).




For assistance with integrating or implementing these tools in your practice, reach out to our Provider Relations Team at [NVSS\\_ProviderRelations@SilverSummitHealthPlan.com](mailto:NVSS_ProviderRelations@SilverSummitHealthPlan.com).

## Section **3**



### Spotlight Feature

*Meet the Provider Relations BH Team covering all lines of business*

-  **Northern Nevada BH Provider Relations Specialist for all lines of business**
-  **Southern Nevada BH Provider Relations Specialist for all lines of business**
-  **Behavioral Health and Special Programs Director**



## Northern Nevada: BH Provider Relations Specialist for all lines of business



### **Karina Torres**

#### **Provider Relations Specialist – Northern Nevada**

*PCP Groups (all counties excluding Clark and Rural Health Clinics) FQHCs, Behavioral Health/CCBHCs/IMD/Crisis Stabilization Centers, Ob-Gyn, Pediatrics and Pediatric Sub-Specialties, Labs, DMEs, Specialties for Medicaid, Ambetter and Wellcare (Medicare) (all counties excluding Clark)*

**775-900-7128 • [Karina.Torres@SilverSummithealthplan.com](mailto:Karina.Torres@SilverSummithealthplan.com)**

I entered the medical industry to explore my passion for helping those in need and making a difference in their lives. In addition to my primary job functions, I am driven, dedicated, and committed to the diversity that healthcare brings especially in terms of working with different specialties and people from different backgrounds that come together to benefit both patients as well as providers. I currently live in Reno, Nevada where I was both born and raised. My beautiful children are my world. When I am not engaged in their activities, I love to enjoy my city and attend community events. I also love spending time with friends and loved ones. My personal and professional goals align by leading me towards a brighter future, not only for my family and myself, but also for the betterment of my community and those closest to me. My hope in life is to create a positive impact on others, my organization, and society at large.

## Southern Nevada: BH Provider Relations Specialist for all lines of business



### **Tamilya Hicks-Credle**

#### **Provider Relations Specialist – Southern Nevada**

*Behavioral Health, IMD, Crisis Stabilization Centers, CCBHCs, PCP Provider Group DBA Name K-O - for Medicaid, Ambetter and Wellcare (Medicare)*

**702-271-6752 • [Tamilya.E.HicksCredle@SilverSummithealthplan.com](mailto:Tamilya.E.HicksCredle@SilverSummithealthplan.com)**

I graduated from Virginia State University in 2011 and am proud to be a product of an HBCU. I've been in the healthcare industry for over 6 years now and have learned so much over that time. Meeting and forming relationships with our providers is key to our organization to better serve our members. One of my biggest passions is helping others and serving the community. I enjoy traveling, interior design, and going to music festivals and concerts.



**Southern Nevada: BH Provider Relations Specialist for all lines of business****Dawnesha Powell****Director of Behavioral Health and Special Programs – State wide**

*Behavioral Health, IMD, Crisis Stabilization Centers, CCBHCs, Inpatient and Outpatient and CCBHC providers as well as PCP and FQHCs on integrated care.*

**775-567-5599 • [Dawnesha.Powell@silversummithealthplan.com](mailto:Dawnesha.Powell@silversummithealthplan.com)**

I'm a Licensed Clinical Social Worker (LCSW) and grew up in Las Vegas getting both my bachelor's and master's degree at UNLV. I became passionate about developing programs during my many years working directly with members as a provider, where I saw firsthand how gaps in services could impact people. That's what drove to SilverSummit Healthplan and I'm so excited about the programs we're able to create here. I look forward to collaborating with you and creating innovative solutions to problems you might face so you can focus on member care.

**[Meet the rest of the team ►](#)**



**CLICK  
HERE**

# Section 4



## Upcoming Events

*Mark Your Calendar*

-  **Enhancing Resilience & Career Satisfaction**
-  **Guidelines for Providers: Appointment Availability and Access Standards**





## Mark Your Calendar

### *Enhancing Resilience & Career Satisfaction*

Staff burnout, secondary trauma, and retention challenges continue to impact organizations supporting exploited and trauma-exposed populations. While self-care is often recommended, a more structured, evidence-informed approach is necessary to truly provider well-being and longevity in the field.

Join us for an engaging training on **Components for Enhancing Career Experience and Reducing Trauma** (CE-CERT), a skills-based model designed to help providers **not just survive but thrive**. This workshop will introduce five key clinical and supervisory skills to build resilience, process intense emotions, and reduce the long-term impact of secondary trauma.

#### *Training Details:*



**Dates:** Friday, August 8, 2025



**Time:** 6:30 AM – 2:30 PM (Pacific Time)



**Location:** Virtual (link provided upon registration)



**CEUs:** 6.5 Continuing Education Units available for LPCs, LMFTs, and Social Workers

#### *Who Should Attend?*

This session is for clinical and direct service level staff and supervisors.

#### *Important Information*

##### → **Save the Date for Part 2!**

A follow-up, half-day Supervisor Training will be held on **October 24, 2025**. (Supervisors must complete Part 1 to attend.)

→ Register Here <https://app.teachfloor.com/Pivot/c/20628> (save your username and password)

#### *Why Attend?*

This training equips providers with the clinical practice and supervision skills to:

- Learn five essential skills to manage emotional intensity and reduce post-work stress.
- Understand how to “metabolize” negative emotions to prevent burnout.
- Explore strategies to stay engaged, emotionally connected, and fulfilled in your work.
- Create a personal action plan to implement these strategies immediately.

For any questions, please contact Amber Bridges at [amber.bridges@centene.com](mailto:amber.bridges@centene.com). We hope to see you online!

## 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
<b>Emergency Services</b>	
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
<b>Primary Care Appointments</b>	
Emergent Care	Same day care
Urgent	Within (2) calendar days
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.
<b>Specialist Appointments</b> (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
<b>Prenatal Care Appointments</b> <i>Initial prenatal care appointments must be provided for pregnant members as follows:</i>	
First Trimester	Within 7 calendar days of the first request
Second Trimester	Within 7 calendar days of the first request
Third Trimester	Within 3 calendar days of the first request
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
<b>Home Health, Private Duty Nursing and Personal Care Services</b> <i>Initiation of ongoing services according to the Member's identified needs must be provided as follows:</i>	
Urgent Needs	Same day
Non urgent needs	Within fourteen (14) Calendar Days
<b>Appointments to Maintain Efficacy of Treatment</b> (For conditions that are not urgent or emergent, but where treatments are more medically effective when delivered sooner than routine care (for example, 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.