

# **Staying Connected:** **Your Silversummit Healthplan Update**

*Insights, Updates, and Resources to Empower Your Practice*



**silversummit  
healthplan**™

**Spring 2026**

**FOR MORE INFORMATION REGARDING PROVIDER NEWS PLEASE VISIT [SILVERSUMMITHEALTHPLAN.COM](https://silversummithealthplan.com)**

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# What's New? Educational Resources

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## Provider Education is on the Move

SilverSummit is transitioning provider and caregiver education to **EthosCE**, a single learning platform designed to simplify access to required and optional training. On **April 1, 2026**, EthosCE began serving as our centralized home for provider education.



### What this means for providers:

- One time account setup
- Centralized access to required and optional training
- Ability to track completed and upcoming courses
- Easy access to certificates and CE records

Training links and step by step guidance will be updated on our website to support a smooth transition. Additional information will be available at [SilverSummitHealthplan.com](https://www.SilverSummitHealthplan.com).



## Improving Youth Access to Outpatient Behavioral Health Care



SilverSummit Health Plan is expanding access to outpatient behavioral health services for youth and families through a new partnership with **Foundations Counseling**. This partnership is intended to address common barriers families face when trying to access timely outpatient care.

Foundations offers a **Care Navigation model** that helps families quickly connect to the appropriate level of care. During a **30 minute virtual Care Navigation appointment**, bilingual (English/Spanish) navigators assess needs and assist with scheduling for individual, family or group therapy services. This supports smoother transitions, earlier outpatient engagement, and reduced delays in care.

### When to refer:

Providers are encouraged to refer youth and families when additional outpatient support or timely connection to services is needed, including following ED visits, after hospital discharge, or when families are experiencing difficulty accessing care.

### How to refer:

- Scan the Care Navigation QR code to schedule a virtual appointment
- Direct referrals: [hramirez@foundationsbhs.com](mailto:hramirez@foundationsbhs.com)
- Phone: 1-800-992-9485
- Website: [www.foundationsbhs.com](http://www.foundationsbhs.com)





## Working Together to Support Complex Care

SilverSummit's **Behavioral Health Medication Management (BHMM)** and **Members Empowered to Succeed (METS)** programs are core components of our Care Management approach for members with complex behavioral health needs. These programs are designed to support safe prescribing, continuity of care, and alignment across providers during periods of high risk or transition.

Effective Care Management depends on **active provider collaboration**. Early and consistent engagement helps reduce fragmented care, duplicative outreach, all while supporting better outcomes for shared members.

### Behavioral Health Medication Management (BHMM)

BHMM focuses on medication safety and appropriateness, particularly for members prescribed multiple psychiatric medications. When a member is identified for BHMM, providers may be contacted to share clinical context that supports coordinated decision making, including:

- Current clinical presentation
- Treatment goals
- Prior medication trials and response
- Clinical rationale for the current regimen

Participation in BHMM supports shared clinical oversight, continuity, and member safety, and is an expected component of collaboration for identified members.

### Members Empowered to Succeed (METS)

METS supports members with significant behavioral health complexity who are already engaged in



care. The program emphasizes reducing barriers to engagement, supporting continuity during transitions (such as post hospital or step down), and reinforcing the treatment plan already in place.

Active provider engagement in METS allows Care Managers to support the clinical care you are delivering and is a key expectation when members are enrolled.

### What this means for providers

SilverSummit views BHMM, METS, and other Care Management programs as extensions of your care. As partners, providers are expected to respond to Care Management outreach, share relevant clinical information, and participate in collaborative care planning. Consistent engagement helps minimize repeated outreach, supports member stability, and strengthens coordination across the system.



## Crisis Support and Statewide Partnership with Novum Health

SilverSummit partners with **Novum Health** to provide **statewide, 24/7 behavioral health crisis support** for members across Nevada. This partnership ensures members and providers have access to real time clinical support during moments of acute need, regardless of location.

Novum clinicians can support members experiencing escalating symptoms, assist with de-escalation, and help determine the most appropriate next level of care. Early use of crisis resources helps prevent unnecessary emergency department utilization and supports safer, more coordinated responses.

Providers are encouraged to educate members and families about available crisis supports and to utilize these resources when urgent clinical concerns arise. Partnering with Novum allows providers to maintain continuity while ensuring members receive immediate support when they are needed most.



### Available crisis resources (24/7):

- 988 Suicide & Crisis Lifeline call or text **988**
- Novum Health Clark County: 702-935-8700; call and select **option 8** to connect with a live clinician
- Novum Health Washoe & Rural Counties: 775-499-2401; call and select **option 8** to connect with a live clinician



## Behavioral Health Disparities Committee: Shaping 2026 and Beyond



SilverSummit's **Behavioral Health Disparities Committee** provides an opportunity for providers to directly inform future priorities, program design, and Care Management approaches that impact access, engagement, and outcomes.

Provider participation helps ensure that expectations related to care management programs and BH initiatives are informed by real world clinical experience and operational realities.

Providers interested in participating are encouraged to reach out to **Dawnesha Powell, Behavioral Health Director**, to learn more: [Dawnesha.Powell@SilverSummitHealthPlan.com](mailto:Dawnesha.Powell@SilverSummitHealthPlan.com)



## SBIRT in Pregnancy: Making the Brief Intervention Count



### Screening is only the first step—conversation drives change.

Screening for substance use during pregnancy and the postpartum period is essential—but **what happens next matters just as much**. The **Brief Intervention (BI)** component of SBIRT gives maternity and primary care providers a structured, evidence-based way to address risk early, without requiring a referral or extended visit.

### What Is a Brief Intervention?

A **Brief Intervention** is a **short, focused, patient-centered conversation** (typically **5–10 minutes**) that helps patients understand their substance use, recognize risks, and increase motivation for change.

### In maternal populations, Brief Interventions are:

- Non-judgmental
- Trauma-informed
- Strength-based
- Centered on healthy pregnancy and postpartum outcomes

Even one Brief Intervention has been shown to reduce alcohol and substance use during pregnancy.

### When Should Brief Intervention Be Used?

#### A Brief Intervention is appropriate when:

- A prenatal or postpartum screen is **positive but does not indicate dependence**
- The patient reports **occasional or risky use**
- There is **ambivalence or uncertainty** about changing behavior

**Action:** Brief Intervention is indicated even for occasional or “social” use.

*Brief interventions are not treatment—but they often prevent the need for it.*



## SBIRT in Pregnancy: Making the Brief Intervention Count

### What Counts as a Positive Screen?

In maternal care, **any current substance use during pregnancy or the postpartum period is considered a positive screen.**

A positive screen signals the need for a **brief, supportive conversation**—not an automatic referral or diagnosis.

### Positive Screen ≠ Diagnosis

- **Positive screen** → indicates risk or use
- **Diagnosis** → requires further clinical assessment
- **Brief Intervention** → appropriate for most positive screens
- **Referral to treatment** → only when clinically indicated




Most positive screens in prenatal care **require a conversation, not a referral.**

**A referral alone does not meet the definition of a Brief Intervention.**





## SBIRT in Pregnancy: Making the Brief Intervention Count

What Triggers a Brief Intervention?		
Alcohol	Drug Use (Illicit or Non-Medical Use)	Tobacco/Nicotine (including vaping)
<p>A screen is <b>positive</b> if there is <b>any alcohol use</b> during pregnancy or the postpartum period.</p>	<p>A screen is <b>positive</b> if the patient reports <b>any use</b> of:</p> <ul style="list-style-type: none"> <li>▪ Illicit substances (e.g., cannabis, cocaine, methamphetamine)</li> <li>▪ Non-medical use of prescription medications</li> <li>▪ Misuse of opioids, benzodiazepines, or stimulants</li> </ul>	<p>A screen is <b>positive</b> if there is <b>any current use</b>:</p> <ul style="list-style-type: none"> <li>▪ Current smoking</li> <li>▪ Vaping</li> <li>▪ Use of nicotine products (including e-cigarettes)</li> </ul>
<p>Common tools and thresholds:</p> <ul style="list-style-type: none"> <li>▪ <b>T-ACE:</b> Score <math>\geq 2</math></li> <li>▪ <b>TWEAK:</b> Score <math>\geq 2</math></li> <li>▪ <b>AUDIT-C:</b> Score <math>\geq 1</math> in pregnancy (lower than non-pregnant adults)</li> <li>▪ <b>Single-question screen:</b> Any “yes” to alcohol use since becoming pregnant</li> </ul>	<p>Common tools and thresholds:</p> <ul style="list-style-type: none"> <li>▪ <b>4P’s Plus:</b> Any positive response</li> <li>▪ <b>DAST-10:</b> Score <math>\geq 1</math></li> <li>▪ <b>NIDA Quick Screen:</b> Any past-year use</li> </ul>	<p>Common tools and thresholds:</p> <ul style="list-style-type: none"> <li>▪ <b>Single question:</b> “Do you currently use any tobacco or nicotine products?”</li> </ul>
 <p><b>Action:</b> Brief Intervention is indicated even for occasional or “social” use.</p>	 <p><b>Action:</b> Brief Intervention for low-risk use; referral to treatment if use appears ongoing, heavy, or meets criteria for SUD.</p>	 <p><b>Action:</b> Brief Intervention with cessation counseling and pregnancy-safe supports.</p>



## SBIRT in Pregnancy: Making the Brief Intervention Count

### Brief Intervention: Core Elements

A Brief Intervention can be effective without being complicated:

- 1. Ask Permission:** “Would it be okay if we talked for a minute about your screening results?”
- 2. Share Results Clearly:** “Your screen suggests alcohol use that could affect your pregnancy.”
- 3. Link to Maternal & Infant Health:** “Even small amounts can increase the risk of preterm birth and low birth weight.”
- 4. Elicit the Patient’s Perspective:** “What are your thoughts about this?” or “What would make cutting back easier or harder right now?”
- 5. Encourage Small, Achievable Change:** “What’s one change you’d feel comfortable trying before our next visit?”



### Documentation & Follow-Up Tips

- Document the screening tool, result, and Brief Intervention provided
- Note the patient’s readiness to change
- Reinforce progress at the next prenatal or postpartum visit
- Refer to treatment only if clinically indicated

**Tip:** If you plan to **bill SBIRT-specific codes**, document the **time spent** on the Brief Intervention. When not billing separately, documenting time is optional—but still a best practice.



### Brief Intervention: Documentation Examples

#### Example 1: Universal SBIRT Brief Intervention

**Screening Tool Used:** 4ps

**Screening Results:** positive for cannabis use

**Risk Level:**  Low  Moderate  High

#### Brief Intervention Details

*Reviewed screening results with patient in a non-judgmental manner and asked permission to discuss. Provided brief education on how certain health behaviors may impact pregnancy/postpartum health and overall well-being. Explored patient’s perspective, concerns, and readiness for change using a patient-centered approach. Discussed potential benefits of making small, achievable changes and identified supportive strategies.*

**Total time spent on Brief Intervention:** 15 minutes.



## SBIRT in Pregnancy: Making the Brief Intervention Count



### Example 2: Shorter EHR-Friendly version

*“Positive **NIDA** SBIRT screen reviewed with patient. Brief, patient-centered intervention provided including education on health risks, assessment of readiness to change, and collaborative discussion of next steps.”*

**Total time spent on brief intervention: 15 minutes.**

### Brief Intervention Billing Tips

#### Applicable CPT Codes

- **CPT 99408** – SBIRT, 15–30 minutes
- **CPT 99409** – SBIRT, >30 minutes

#### For these codes, charts should document:

- That a Brief Intervention occurred
- Face-to-face (or telehealth) time spent delivering the intervention
- That time met the minimum threshold

### Bottom Line

Screening identifies risk.

#### **Brief Intervention drives change.**

Most patients don't need treatment, they need a conversation.



## Reminder: LARC Carve-Out for Nevada Medicaid Members – Including Rural Health Clinics and FQHCs



### Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) – don't forget!

The Nevada Health Authority (NVHA) approved a carve-out for Long-Acting Reversible Contraceptives (LARC) under the State Plan, **effective January 1, 2024**. With Medicaid Managed Care Organizations (MCOs) now serving rural counties, this is the perfect time to ensure your clinic is offering LARC to meet patient needs and improve access to family planning services.

### What Does This Mean for RHCs and FQHCs?

#### Separate Reimbursement for LARC Devices and Services:

- Clinics receive payment for LARC devices and their insertion/removal **in addition** to the established Prospective Payment System (PPS) or Multi-Visit Service Specific Alternative Payment Methodology (MVSSAPM) rates.

#### Reimbursement Details:

- **Device Costs:** Paid at the same rate as outlined in the State Plan.
- **Insertion/Removal Costs:** Paid at the same rate as outlined in the State Plan.

This carve-out ensures offering LARC will not negatively impact your PPS or APM rates.

### Why This Matters for Rural Clinics and FQHCs

- LARC methods are highly effective in preventing unintended pregnancies and improving maternal and child health outcomes.
- Expanding access in rural areas and through safety-net providers like FQHCs helps **address care deserts**, where patients often face limited options for reproductive health services.
- Providing LARC supports equity and patient choice, especially with MCOs now active in these communities.

### CALL TO ACTION

#### Start offering LARC today!

Take advantage of the carve-out to expand access to effective contraceptive options for your patients.

**Promote same-day insertion** to reduce barriers and improve patient satisfaction.

### Need help?

#### SilverSummit Healthplan (SSHP) can assist by:

- Facilitating insertion training for your clinical team
- Facilitate access to Point of Care stocking options

### Important Disclosure

*If a LARC device insertion or removal is the **only service provided during the visit**, the PPS encounter rate cannot be billed in addition to the LARC reimbursement. To qualify for PPS payment, a **shadow code for a covered encounter service must also be billed**. This requirement applies specifically to FQHCs.*



## Newborn Coverage Reminder: Deemed Newborn Eligibility



Newborns whose mothers were enrolled in Nevada Medicaid at the time of delivery are automatically covered from birth under federal and Nevada Medicaid policy.

### What Providers Should Know

- **Coverage begins at birth** — no separate application needed
- Coverage continues **through the end of the month when the baby turns one**
- Coverage remains in place **even if the mother's Medicaid status changes after delivery**
- Coverage remains in place, **unless the child dies or ceases to be a resident of the State or the child's representative requests a voluntary termination of eligibility**
- Newborns are usually enrolled in the **same Medicaid MCO as the mother**

**Federal authority:** 42 C.F.R. § 435.117

**Nevada Medicaid authority:** DHCFP Medicaid Eligibility Policy (Infants)



## Newborn Coverage Reminder: Deemed Newborn Eligibility

### Please Don't Delay Care

#### Care for eligible newborns should not be delayed due to:

- Pending Medicaid ID numbers
- Managed care plan assignment still in process
- Enrollment paperwork not yet completed

Medically necessary services—newborn hospital care, well-baby visits, immunizations, NICU and specialty services—are covered from **day one**.

#### Billing Tips:

- Newborn services may be billed to **Nevada Medicaid or the applicable MCO**
- Temporary newborn identifiers and **retrospective eligibility** are allowed once enrollment is finalized
- Coverage applies even if administrative steps are completed after services are rendered

If you need help, your MCO provider services team is available.

#### How You Can Support Families:

- Reassure parents that their baby **is covered from birth**
- Encourage families to complete newborn enrollment steps
- Coordinate with hospital discharge planners and Medicaid enrollment staff as needed

Your support helps ensure seamless care during the newborn period.



Section **2**



# Did You Know? Provider Notifications

**The SilverSummit Learning Lab**

**Updated Evolent Prior Auth Requirements**

**SafeRide Transportation Benefit (Rural Nevada)**

**Complete Annual Health Risk Screening - Unlock Free Benefits**





## The SilverSummit Learning Lab

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.



**SCAN QR CODE TO REGISTER ON OUR WEBSITE! WE LOOK FORWARD TO SEEING YOU THERE!**

### ✓ SilverSummit Learning Lab

*Duration: 30 minutes*

#### What's Covered:

- Health Plan Tools & Resources
- Plan Updates
- Quality & Risk Adjustment  
Incentive Programs
- Common Billing Questions

### ✓ Contracting & Credentialing 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](mailto:NVSS_ProviderRelations@SilverSummitHealthplan.com)



## Updated Evolent Prior Authorization Requirements

### Dear Providers,

Effective April 1, 2026, the following procedures were removed from prior authorization.

The following **RADIOLOGY AND DIAGNOSTIC CARDIOLOGY (RBM)** codes have been removed from the Evolent's Utilization Review Matrix and no longer require prior authorization for **Medicaid**.

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480, 70481, 70482
CT MAXLOFCE AREA; W/O CONTRAST MATL	70487, 70488, 70486, 76380
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250, 71260, 71270, 71271
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT HRT WITH 3D IMAGE CONGEN	75573
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
MRI BONE MARROW BLOOD SUPPLY	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318

The following **RADIOLOGY AND DIAGNOSTIC CARDIOLOGY (RBM)** codes have been removed from the Evolent's Utilization Review Matrix and no longer require prior authorization for **Medicare**.

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480, 70481, 70482
CT MAXLOFCE AREA; W/O CONTRAST MATL	70487, 70488, 70486, 76380
CT SOFT TISSUE NECK WITH O DYE	70490, 70491, 70492
MRI IMAGING BRAIN; INCLUDING BRAIN STEM; WITHOUT CONTRAST MATERIAL	70551, 70552, 70553
MRI- SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	72141, 72142, 72156
MRI, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	72146, 72147, 72157
MRI- SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	72148, 72149, 72158
MRI PELVIS WITH DYE	72195, 72196, 72197
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
MRI JOINT UPR EXTREM WITH O DYE	73221, 73222, 73223
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
CT ABDOMEN WITH O DYE	74150, 74160, 74170
MRI ABDOMEN WITH O DYE	74181, 74182, 74183, S8037
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT HRT WITH 3D IMAGE	75572
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
MRI BONE MARROW BLOOD SUPPLY	77084

The following **RADIOLOGY AND DIAGNOSTIC CARDIOLOGY (RBM)** codes have been removed from the Evolent's Utilization Review Matrix and no longer require prior authorization for **Marketplace**.

Modality	Impacted CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480, 70481, 70482
CT MAXLOFCE AREA; W/O CONTRAST MATL	70487, 70488, 70486, 76380
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250, 71260, 71270, 71271
MRI PELVIS WITH DYE	72195, 72196, 72197
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702
MRI FETAL SNGL/1ST GESTATION	74712, 74713
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078
GATED HEART PLANAR SINGLE	78472, 78473, 78494
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318

If you have any questions, please contact your Provider Representative directly, or you may outreach to our Provider Services Team at 1-844-366-2880. You may also email Provider Relations directly at [NVSS\\_ProviderRelations@SilverSummitHealthplan.com](mailto:NVSS_ProviderRelations@SilverSummitHealthplan.com)



## SafeRide Transportation Benefit (Rural Nevada)

Information below can be shared with Members to support awareness of transportation services.



If you're a SilverSummit Healthplan Medicaid Member who lives in rural Nevada and needs help getting to a doctor, dentist, hospital, or pharmacy (but not in an ambulance), you can get a free ride. We work with **SafeRide Health** to make this happen.

### ✓ You Can Get

- Rides from your home to your appointment and back
- Help getting from your door to the car
- Money back for gas if someone drives you in their own car

### ✓ How to Ask for a Ride

Call SilverSummit Member Services at 1-844-366-2880/TTY: 1-844-804-6086, Relay 711

Call *SafeRide Health* at 1-888-583-1109

Scan the QR code to download the *SafeRide Health* app and use it to schedule a ride



Apple Store



Google Play



### When you call or go online, be ready to give:

- ✓ Your Member ID number
- ✓ Your birthday
- ✓ Your phone number
- ✓ Your doctor's name
- ✓ The date and time of your appointment
- ✓ Where you want to be picked up
- ✓ Where you're going

## ✓ Who Can Use This Program

- SilverSummit Healthplan Medicaid Members who live in rural Nevada
- Kids under 14 must go with a parent or adult
- Kids 15–17 can go alone only if a parent or guardian gives permission (unless the visit is private)

## ✓ Types of Transportation You Can Get with SafeRide Health

- Car rides in vans or sedans (including vehicles for wheelchairs and stretchers)
- Train tickets

## ✓ When to Schedule Your Ride

**Try to ask for your ride at least 3 business days before your appointment.  
For long distance rides over 101 miles please book 14 days in advance.**

**You can ask for a ride with less notice if:**

- You're leaving the hospital
- You need to pick up prescription or medical supplies
- You have an urgent health issue that needs care within 24 hours

## ✗ Changing or Canceling a Ride

**If your appointment is canceled or changed, call Member Services at 1-844-366-2880 / TTY: 1-844-804-6086, Relay 711 or you can call *SafeRide Health* direct at 1-888-583-1109 at least 24 hours before your scheduled ride.**

## ✓ Emergency Help

- If it's an emergency, call 911 or go to the nearest hospital.
- If you're not sure, call your doctor or SilverSummit's 24-hour nurse line at 1-844-366-2880 TTY: 1-844-804-6086, Relay 711. A nurse is available anytime to help.

## ✗ Comments or Concerns

**If you have an issue with your ride, call Member Services at 1-844-366-2880 TTY: 1-844-804-6086, Relay 711.**



## Want to be a driver?

- Join *SafeRide Health*'s driver team today!  
Scan the QR code and fill out the short form



- Scan the QR code to learn how to earn gas money  
for driving a family member or friend





## Complete Annual Health Risk Screening – Unlock Free Benefits

Information below can be shared with Members. By completing their Health Risk Screening, Members can unlock free benefits.



## Complete Your Annual Health Risk Screening to Unlock Free Benefits

### Why your Health Risk Screening Matters!

Your Health Risk Screening helps us understand your health needs so we can:

- Connect you with a Case Manager
- Support managing health conditions
- Find local community resources
- Help with appointment, medication, or transportation

Completing your Health Risk Screening ensures you get the right care, at the right time, from a team that understands your unique situation.

### You Get More With SilverSummit

When you complete your Health Risk Screening, you can unlock FREE extra benefits such as:

- Costco card
- Gym membership
- YMCA membership
- Boys & Girls Club membership

Some benefits may require eligibility and/or Health Risk Screening completion. Restrictions apply.

Section **3**



# Mark your Calendars: Upcoming Events

**Project Echo Nevada Series**

**Project Echo Nevada & Pacific AIDS Education Presents**



## PROJECT ECHO NEVADA PRESENTS

# HEART FAILURE IN PRIMARY CARE

## PROGRAM OVERVIEW

This ECHO program strengthens primary care providers' ability to identify, manage, and optimize care for patients with heart failure through an overview of Project ECHO and the 2026 heart failure landscape, updates on emerging therapies for HFrEF and HFpEF, guideline-directed management strategies, recognition of less common causes of heart failure, best practices for timely referral, and case-based learning to apply evidence-based care in real clinical scenarios.

## REGISTRATION QR CODE



## MONDAYS AT 12 PM PST 60 MINUTE SESSIONS

### Intro to Project ECHO & Heart Failure Landscape in 2025

*April 13th*

### Guideline-Directed Management of HFrEF

*April 20th*

### Diagnosis and Guideline-directed management of HFpEF

*April 27th*

### Decompensated Heart Failure

*May 4th*

### Suspecting Less Usual Causes of Heart Failure

*May 11th*

### When to Refer Your Heart Failure Patients

*May 18th*

**REGISTER FOR THIS SERIES AT:**  
<https://tinyurl.com/HeartFailureInPrimaryCareECHO>

PROJECT ECHO NEVADA & PACIFIC AIDS EDUCATION AND TRAINING CENTER-NEVADA PRESENTS

# SYPHILIS & HIV IN PRIMARY CARE

## PROGRAM OVERVIEW

This program aims to support primary care providers including women's health, ER, outpatient, and pediatricians with needs related to syphilis, HIV and other STIs. This program will focus on both adult and congenital syphilis beginning with screening and testing. In addition, the program will review populations at risk for syphilis, HIV or other STIs, as well as complications that can occur due to these diseases.

## TUESDAYS AT 12 PM PST 60 MINUTE SESSIONS

### SPRING 2026 COHORT STARTS MAY 5, 2026

Orientation & State of  
Syphilis and HIV in Nevada  
*May 5th*

STI & HIV Screening, Testing,  
& Sexual History  
*May 12th*

Complications of Syphilis & HIV: Signs &  
Symptoms Across All Ages  
*May 19th*

Interpreting Labs & Treatment Protocols  
for Syphilis & HIV in the Adult Population  
*May 26th*

Clinical Presentation & Management for  
Syphilis & HIV in the Pediatric Population  
*June 2nd*

Maternal Screening & Treatment for HIV  
& Congenital Syphilis Prevention  
*June 9th*

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**REGISTER FOR THIS SERIES AT:**  
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Section **4**



# Guidelines for Providers

## Appointment Availability and Access Standards





## Appointment Availability and Access Standards

To support timely care for Members, the chart below outlines maximum wait time for services based on provider type and geographical area.

### 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





## Appointment Availability and Access Standards

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### 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.

**\*Note:** 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.



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### 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 the date when the need(s) is/are identified.	Fourteen calendar days from the date when the need(s) is/are identified.
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### 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.



### Contact Information:

- Email: [support@healthplan.com](mailto:support@healthplan.com)
- Phone: 1-800-555-1234
- Website: Visit Our Provider Portal

