Staying Connected:

Your Silversummit Healthplan Update

Insights, Updates, and Resources to Empower Your Practice

silversummit healthplan™

Fall 2026

FOR MORE INFORMATION REGARDING PROVIDER NEWS PLEASE VISIT SILVERSUMMITHEALTHPLAN.COM

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Section 1

Latest Updates

- Healthplan Updates
- Provider Roster Maintenance

What You Need to Know

Healthplan Updates

- **Reminder:** Ordering, Prescribing and Referring Provider Enrollment
  - » Under the Affordable Care Act and CMS regulations, all ordering, prescribing, and referring (OPR) physicians and eligible practitioners must be enrolled in Nevada Medicaid—even if they do not submit claims directly—for Medicaid to reimburse services or supplies resulting from their orders, prescriptions, or referrals.
- Notification of Configuration Impact: Psychotherapy Services
  - » The following psychotherapy procedure codes were affected: 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90847, 90853, H0004, 90846, 90849, 90875, and 90876
- More Restrictive Clinical Policies
- Interpreter Services FAQ for Providers

- **AMBETTER UPDATES:**
  - » Update for HCPCS Codes G0482 and G0483
  - » Update for Procedure Codes S9083 and S9088 **Effective 8/1**

Provider Roster Maintenance

Is Your Provider Information Up to Date?

Help members access accurate provider directory information by promptly reporting demographic changes, including address, telephone number, office hours, panel status, practitioner affiliations, and network terminations.

Submit or verify your information today:

- Complete the PDQ Request Form on our website
- Email NVSS_Providerquality@SilverSummitHealthplan.com to submit an update or request a current provider roster
- Provider data forms and additional resources can be found HERE
- View all updates here

Section 2

Educational Resources

- Behavioral Health Updates
- Blood Pressure Cuff Initiative
- Maternal-Fetal Medicine Referrals
- Nevada Well-Child Visit (WCV) Challenge
- Member Story

Behavioral Health Updates

Meet Your BH Practice Support Partner

SilverSummit Healthplan is excited to welcome Tammi King, LCPC, into the role of Behavioral Health Clinical Practice Advisor. This role was created to strengthen clinical practice support and provider engagement across SilverSummit's behavioral health network.

Whether through virtual check-ins, in-person meetings, or targeted education, Tammi is available to help providers navigate behavioral health documentation expectations, Medicaid updates, and clinical best practices that support quality care for members.

Tammi has begun outreach across the network to support provider education and engagement. Providers may contact her directly at Tammi.King@SilverSummitHealthplan.com or reach out to SilverSummit Provider Relations at NVSS_ProviderRelations@SilverSummitHealthplan.com for assistance connecting with the Behavioral Health team.

Psychotherapy Documentation: Make Every Note Count

Psychotherapy services are a core part of outpatient behavioral health care and one of the most commonly utilized behavioral health services. Because of that, clear coding and documentation around this level of care are especially important to help ensure the record aligns with the service delivered, the code billed, and the member's clinical need.

Did you know? SilverSummit authorizes individual psychotherapy under a single authorization umbrella, so either **90832**, **90834**, or **90837** may be billed under the same authorization where clinically appropriate. When billing, providers should select the code that best matches the member's clinical need, the service provided, and the actual time spent in care for that date of service.

Quick documentation tips

- **Match Scheduling to Clinical Need:** Standard appointment blocks may be common in certain office settings, but the code billed should still match the member's clinical need and the documented service provided for each date of service. If 60-minute sessions are used consistently, the record should clearly support why that duration remains medically necessary.
- **Document the Clinical Need:** Each progress note should describe the member's current symptoms, functioning, and clinical status.
- **Support the Code Selected:** Documentation should clearly support why the psychotherapy code billed was appropriate based on the intervention provided, the member's presentation, and the clinical need addressed that day.
- **Treat to Target:** Notes should connect the session to the treatment goal being addressed, the intervention used, the member's response, and progress or lack of progress toward treatment goals.

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Behavioral Health Updates, continued

- **Include Billable Time:** Documentation should include the actual time spent providing psychotherapy, including start/stop time or total billable time, based on the provider's documentation standards.

Providers can also review SilverSummit's Behavioral Health Clinical Tip Sheet and psychotherapy education materials available on our website for additional guidance.

ASAM 4th Edition Is Here: What Providers Should Know

As of August 1, Nevada Medicaid has implemented the ASAM 4th Edition criteria, and SilverSummit has incorporated the updated framework into its authorization review process. Providers delivering substance use disorder services should review internal workflows, assessment documentation, level of care determinations, and clinical justification to ensure they reflect the current ASAM standards. Additional training and implementation resources may be available through CASAT and Nevada Medicaid provider education programs.

Billing Spotlight: E/M Visits and Psychotherapy Add-On Codes

Reminder: If you're billing psychotherapy add-on codes with an Evaluation and Management (E/M) visit, the medical visit and behavioral health service must be separate, distinct, and supported in the documentation. Medication education, medication adherence counseling, or general discussion tied to the medical visit does not support billing a psychotherapy add-on code by itself.

The record should clearly show the separately identifiable E/M service and psychotherapy intervention, including the member's clinical need, intervention provided, time, and response to treatment. If the member would benefit from ongoing therapy or additional behavioral health support, providers should consider referring the member to a licensed therapist or other appropriate behavioral health provider.

Blood Pressure Cuff Initiative

Supporting Healthy Pregnancies Through Self-Monitoring Blood Pressure

Hypertensive disorders of pregnancy (HDP), including gestational hypertension and preeclampsia, remain a significant contributor to maternal morbidity and pregnancy-related death. According to the Centers for Disease Control and Prevention (CDC), the prevalence of hypertensive disorders during delivery hospitalizations increased from 13.3% in 2017 to 15.9% in 2019, and 31.6% of maternal deaths occurring during delivery hospitalization had a documented hypertensive disorder diagnosis.

Nevada's data also underscores the importance of monitoring blood pressure during pregnancy. The March of Dimes 2025 Nevada Report Card reported that 8.4% of Nevada live births were affected by HDP. Additionally, Nevada maternal mortality review efforts emphasize the importance of postpartum access, care coordination, and warm handoffs for pregnant and postpartum members with complex medical or social needs. Early identification, ongoing monitoring, and timely treatment are key strategies to reduce preventable complications.

To support early detection of hypertension-related complications, SilverSummit Healthplan offers a ***free automatic blood pressure cuff Value-Added Benefit (VAB) for all pregnant and postpartum members, regardless of known risk level or hypertension history***. The benefit is available at any stage of pregnancy and extends through 12 months postpartum, supporting continued monitoring during a high-risk period.

The goal of this initiative is to promote routine self-monitoring blood pressure (SMBP) throughout pregnancy and the postpartum period, when hypertension-related complications can still occur.

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Blood Pressure Cuff Initiative, continued

How Providers Can Help

We encourage providers to:

- Discuss the importance of SMBP during pregnancy and postpartum.
- Educate members on the signs and symptoms of preeclampsia and postpartum hypertension.
- Reinforce when members should contact their provider or seek urgent medical attention for elevated readings.
- Refer eligible members for the Blood Pressure Cuff Value-Added Benefit.

How to Request a Blood Pressure Cuff

Obtaining a blood pressure cuff for eligible members is simple:

1. Email the SilverSummit Care Management Team at SilverSummit_CareCoordination@Centene.com.
2. Include **"BP Cuff Request"** in the subject line.
3. Include the members:
    - » Full name
    - » Date of birth
    - » Phone number
    - » Mailing address

The Care Management team will coordinate delivery of the blood pressure cuff to the member.

Nevada Maternal Health Snapshot

- Approximately **8.4% of Nevada births are affected by hypertension during pregnancy.**
- More than half of pregnancy-related deaths occur during the postpartum period, highlighting the importance of continued monitoring after delivery.
- HDP of pregnancy remains an important contributor to preventable maternal morbidity and mortality.

Maternal-Fetal Medicine Referrals: Supporting Timely Access to Specialized Care

Maternal-Fetal Medicine (MFM) specialists provide consultation and management for pregnancies complicated by maternal, fetal, or obstetrical conditions that may increase risk for the member or baby. SilverSummit Healthplan does not require referrals for specialty care; however, we strongly encourage timely referrals to a MFM specialist when clinically appropriate.

While SilverSummit respects and supports provider clinical decision-making, our Maternal-Fetal Medicine Referral Guidelines recommend MFM consultation for members with the following diagnoses or risk factors. These guidelines are intended to support timely access to specialized care and are not intended to replace clinical judgment.

Pre-referral guidance: When possible, providers should confirm pregnancy viability and determine gestational age by ultrasound before referral.

Referral Diagnosis:

Conditions

- Advanced Maternal Age (AMA)
- BMI 30-34.9
- BMI > 40.0
- IVF

Past Pregnancy Problems

- Fetal Growth Restriction
- Preeclampsia: Early onset < 32 weeks or eclampsia
- Preeclampsia: Late onset after 32 weeks
- Previous IUFD
- Previous GDM
- 3 or more miscarriages in first trimester
- History of preterm delivery/ PROM
- Previous classical cesarean
- Previous cerclage

Past Medical Problems

- Hypertension
- Pre-gestational Diabetes
- Systemic Lupus Erythematosus
- Hypothyroidism
- Hyperthyroidism
- Sickle Cell Disease
- Other hemoglobinopathies
- Renal Disease
- Asthma requiring medications

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Maternal-Fetal Medicine Referrals, continued

- History of DVT/PE
- History of Cancer
- HIV
- Heart Disease
- Maternal Structural Heart Abnormality
- Father of baby, siblings of fetus with structural heart abnormality
- Seizure Disorder
- History of brain abnormality- tumor, aneurysm, AVM
- Opioid Use Disorder

Other Conditions

- Uterine fibroids > 6 cm
- Uterine Anomaly
- H/O 2nd trimester termination
- H/O Cone Biopsy
- Teratogen Exposure
- Twins- Di/Di
- Twins- Mo/Di

Contracted Maternal Fetal Medicine Providers

MFM Group	Location / Service Area	Phone	Region
UNLV Medicine	1707 West Charleston Boulevard, Las Vegas, NV 89102	702-671-5028	Southern NV
High Risk Pregnancy Center	Las Vegas, Henderson, and Reno locations	702-382-3200	Southern & Northern NV
Desert Perinatal Associates	Las Vegas and Henderson locations	702-341-6610	Southern NV
Renown Network Services	Reno locations	775-982-4455	Northern NV

In Conclusion

While we respect and support provider clinical judgment, we encourage consideration of MFM consultation for members meeting referral guideline criteria. By working together to connect high-risk pregnancies with specialized care when appropriate, we can help improve maternal and neonatal outcomes and advance our shared commitment to safe, equitable, and high-quality maternity care throughout Nevada.

SilverSummit Healthplan values our partnership with Nevada's maternity care providers and remains committed to supporting timely access to Maternal-Fetal Medicine services, care coordination resources, and evidence-based interventions that help mothers and babies thrive.

Nevada Well-Child Visit (WCV) Challenge

Help Nevada Children Thrive Through Preventive Care

The Nevada Well-Child Visit (WCV) Challenge recognizes participating provider groups that improve completion rates for annual Well-Child Visits among eligible SilverSummit Health Plan members. Providers are competing to increase the percentage of attributed members who receive a timely Well-Child Visit during the challenge period, helping close care gaps and improve preventive care outcomes for Nevada children and adolescents.

Every completed Well-Child Visit supports better health outcomes, early identification of health concerns, and stronger engagement in preventive care services.

What Counts as a Well-Child Visit?

Eligible members must receive a comprehensive Well-Child Visit with a primary care provider during the measurement period. These visits may include:

- Annual physical examinations
- Growth and developmental assessments
- Behavioral and mental health screenings
- Preventive counseling and health education
- Recommended immunizations and screenings
- Early detection of health concerns

How Providers Can Improve Performance

- Review attributed member rosters regularly.
- Identify members due or overdue for a Well-Child Visit.
- Conduct outreach using phone calls, text messages, patient portals, and reminder campaigns.
- Offer appointments that make preventive care more accessible for families.
- Schedule the next annual Well-Child Visit before the member leaves the office.
- Ensure visit documentation and coding are submitted accurately and timely.

Need Assistance?

Your Provider Quality Liaison (PQL) is available to provide challenge updates, performance reporting, outreach resources, and support throughout the challenge period.

Together, we can improve Well-Child Visit rates and support healthier futures for Nevada's children and adolescents.

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Member Story

Understanding Patients

Healthcare providers play a critical role in supporting the whole health of patients. A simple conversation can reveal challenges and opportunities that extend far beyond the exam room.

During a recent Quality outreach campaign, our team connected with the father of a 14-year-old member who was due for preventive care. As the conversation progressed, he shared that he had been raising his daughter on his own since she was eight years old and was navigating many of the challenges that come with adolescence.

Taking time to understand his situation, our Outreach Specialist discussed available resources for our eligible Nevada Medicaid members, including the CVS Over-the-Counter benefit, which provides a $30 quarterly allowance for essential health and wellness items, including hygiene products.

As the discussion continued, the father became emotional, expressing concerns about whether he was doing enough to support his daughter's well-being. Our Specialist reassured him that his dedication to keeping her healthy and engaged in preventive care demonstrated the commitment and care he provides every day.

After assisting with scheduling the recommended visits, he expressed sincere gratitude for both the support and encouragement he received.

Stories like this serve as a reminder that patients and families often face challenges that may not be immediately visible during a visit. By partnering together to support preventive care and connecting members to available resources, we can help remove barriers, strengthen relationships, and improve health outcomes for the communities we serve.

Section 3

Provider Notifications

- Housing Supports
- Download Today
- Medicare Member Overpayment Reimbursements

Housing Supports & Services (HSS) Is Here: What Providers Need to Know

Nevada Medicaid has officially launched **Provider Type (PT) 50–Health-Related Social Needs**, creating a pathway for eligible organizations to enroll in Medicaid and provide Housing Supports & Services (HSS).

SilverSummit Healthplan is preparing to launch HSS services in Clark County during late Q4 2026 with an initial network of participating providers.

As provider enrollment continues to expand, SilverSummit will gradually grow its network to support Members in urban Washoe County in 2027, followed by expansion into Nevada's rural communities.

Organizations interested in learning more about HSS and provider enrollment opportunities are encouraged to review these resources below:

- Housing Supports & Services Homepage
- Provider Type 50 (Health-Related Social Needs) Web Announcement 3934

Members may be referred for Housing Supports & Services by:

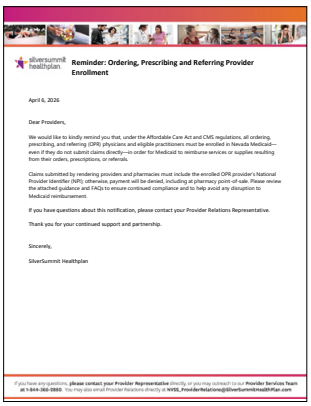
- Calling SilverSummit's Member Services department at 1-844-366-2880
- Emailing Community Solutions at CommunitySolutions@SilverSummitHealthPlan.com
- Submitting a request through the Find Help resource platform

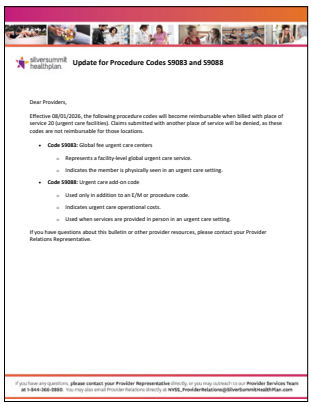
We look forward to partnering with community organizations to improve housing stability and health outcomes for our Nevada Medicaid Members.

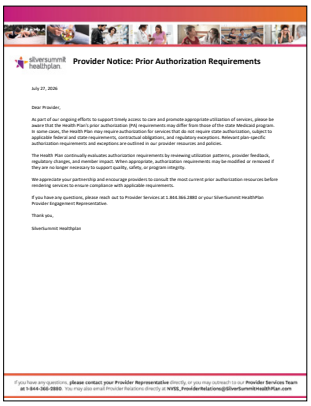
Download Today

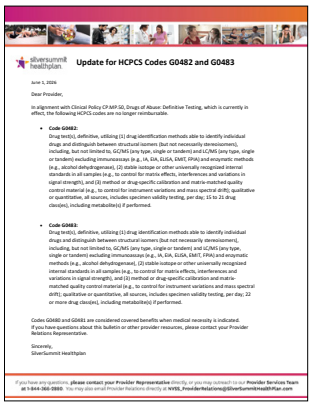
To help providers stay informed and compliant with current Medicaid and SilverSummit Healthplan requirements, we have compiled a collection of key resources available for download. These materials include the Provider Toolkit, Ordering, Prescribing and Referring (OPR) Provider Enrollment FAQ, Prior Authorization Requirements updates, and an update regarding HCPCS codes G0482 and G0483. We encourage providers and office staff to review these documents.

Provider Toolkit: HR1 Medicaid New Requirements


Ordering, Prescribing and Referring Provider Enrollment: Frequently Asked Questions


Update for Procedure Codes S9083 and S9088


Prior Authorization Requirements


Ambetter HCPCS Codes G0482 and G0483

Medicare Member Overpayment Reimbursements:

What Providers Need to Know

Protecting members from inappropriate out-of-pocket costs is a shared responsibility. As a reminder, under *42 C.F.R. §422.270(b)*, providers are required to refund all amounts inaccurately collected from Medicare members.

Follow these 3 easy steps when a Medicare member overpayment has occurred:

1 Reimburse Timely	2 Show Evidence of Reimbursement	3 Send Documentation
Reimburse the member within a reasonable timeframe using one of the following methods. ▪ Reimbursement by check ▪ Applied as a member account credit ▪ Completed through another agreed upon method	**Provide evidence of reimbursement or account credit which may include one of the following:** ▪ An image of the reimbursement check and mail date. ▪ A screenshot of member's account that shows the credit adjustment. ▪ A printout of the member's account reflecting a zero balance, including the full account history showing no member payment received since the date of service. ▪ A letter on company letterhead, signed by an authorized representative including name and title, confirming the member has a zero balance and was not charged.	**Send the required documentation via secure email within two (2) weeks of receiving a letter from us requesting documentation for adjusted claims showing overpayment.**

Failure to reimburse members in a timely manner may result in Civil Monetary Penalties (CMP) imposed by CMS.

If you have questions about this requirement, please contact Provider Services.

For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. If you have any questions, please contact Provider Relations.

By Allwell
By Fidelis Care
By Health Net
By 'Ohana Health Plan

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Section 4

Upcoming Events

- September is National Suicide Prevention Awareness Month
- SSHP Provider Training
- Weight Management Echo

September is National Suicide Prevention Awareness Month

New Suicide Prevention Resources for Primary Care Teams

Primary care providers and their staff play a vital role in recognizing and responding to patients at risk of suicide. To support you in this critical work, new resources and training opportunities are now available through the Association of Clinicians for the Underserved (ACU), with support from the Centene Foundation.

The **Suicide Safer Care (SSC)** curriculum offers practical, evidence-based guidance for assessing suicide risk, implementing interventions, and fostering a culture of safety in clinical settings. These resources are designed specifically for primary care teams, including physicians, health centers, and administrative staff.

Available Toolkits Include

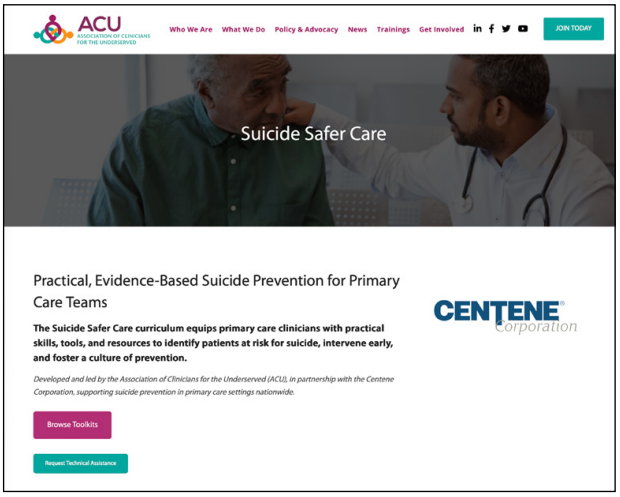
- Suicide Safer Care Toolkit
- Pediatric Suicide Prevention Toolkit
- Geriatric Suicide Prevention Toolkit
- Organizational Approaches for Staff Wellbeing
- Quick Tips for Medical Students & Trainees

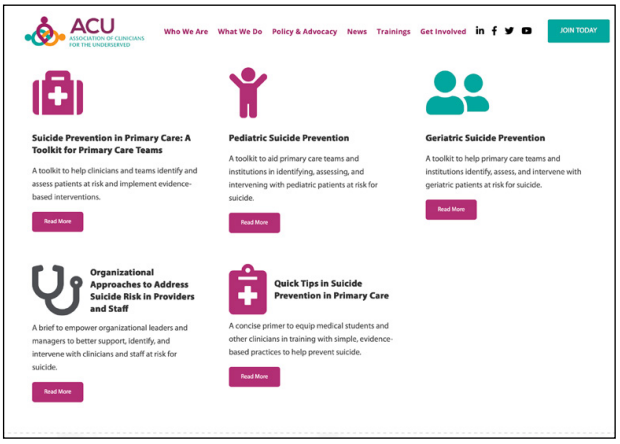
Why This Matters

About 45% of individuals who die by suicide visit a primary care provider in the month before their death. Regular patient visits are key opportunities to intervene—and having the right tools can make all the difference.

How to Get Started

- Explore the full suite of toolkits on the ACU website





SSHP Provider Trainings

The SilverSummit Learning Lab

SilverSummit will be hosting an ongoing provider forum, The SilverSummit Learning Lab to answer common provider questions and concerns. These sessions will give you and your staff the opportunity to meet with healthplan experts as they share various plan resources and programs. Each forum will be approximately 30 minutes.

Link to Register

www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/the-learning-lab.html

All sessions will run from 11:30 am to 12 pm.

- 10/8 – Community Solutions/Open Enrollment
- 11/12 – Maternal Child Health
- 12/10 – Telehealth

Credentialing and Contracting Office Hours

SilverSummit Healthplan is offering a series of Credentialing and Contracting Office Hours about the provider applications process.

Do you have questions on how to move through the contracting and credentialing process at SSHP?

This call includes subject matter experts available to answer all of your questions regarding contracting and credentialing.

Register and be prepared to have your questions answered timely and easily.

- September 28, 2026
- October 12, 2026
- October 26, 2026
- November 9, 2026
- November 16, 2026
- December 7, 2026
- December 14, 2026

Link to register:

www.silversummithealthplan.com/providers/provider-education-and-training/clinical-training/credentialing-and-contracting-office-hours.html

PROJECT ECHO NEVADA PRESENTS

WEIGHT MANAGEMENT ECHO

PROGRAM OVERVIEW

This 6-session ECHO series provides a comprehensive overview of obesity management including current guidelines, nutrition and lifestyle interventions, supplements, anti-obesity medications, and bariatric surgery. Through expert didactic presentations and case-based discussions, participants will gain understanding of evidence-based strategies to deliver effective, patient-centered obesity care across a variety of clinical settings.

REGISTRATION QR CODE

TUESDAYS AT 7 A.M. PST | 60 MIN

Obesity Diagnosis & Clinical Framework
September 22nd, 2026

Pillars of Health: Assessment of Obesity in the Outpatient Setting
September 29th, 2026

Addressing Nutritional Myths: Evidence-Based Conversations with Patients
October 6th, 2026

Pharmacotherapy of Weight Management: Initiation & Patient Counseling
October 13th, 2026

Bariatric Surgery and GLP-1 Therapy: Patient Selection and Preoperative Decision-Making
October 20th, 2026

Long-Term Weight Management: Maintenance, Rebound, & Follow-up Care
October 27th, 2026

REGISTER FOR THIS SERIES AT:
https://tinyurl.com/5x5u59ps

University of Nevada, Reno
School of Medicine
Project ECHO

Section 5

Guidelines for Providers

- [x] **Appointment Availability and Access Standards**

Appointment Availability and Access Standards

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.

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

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

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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.

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.

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.