

provider information

health advocacy programs

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Disease Management and Complex Case Management

Nevada Health CO-OP has Case Management services available for all members. The CO-OP offers different levels of support from basic care coordination through complex case management for members who have experienced a catastrophic event or who have multiple illnesses. Our case management program accepts referrals from our members and their caregivers as well as from network practitioners and facility staff, especially discharge planners and Utilization Management (UM) staff. To refer a member for case management, please call 702-823-COOP (2667) or 1-855-606-COOP (2667).

We also have specific disease management programs available for our members with diabetes and asthma. These programs focus on helping our members manage their chronic conditions. If you would like to refer a member to our disease management programs, please call 702-823-COOP (2667) or 1-855-606-COOP (2667).

Medical Necessity Criteria

Nevada Health CO-OP uses written criteria to assist in making Utilization Management (UM) decisions. If you would like to view our medical necessity criteria, please call the Health Advocacy Department at 702-823-COOP (2667) or 1-855-606-COOP (2667).

Access to Utilization Management Staff

As a practitioner in our network, we understand that you may have questions about Utilization Management (UM). Our Utilization Management staff are available every work day during normal business hours, toll-free at 1-855-606-COOP (2667).

We have TDD/TTY services available for our members, just call Nevada Relay at 711, and then ask to be connected to 702-823-COOP (2667) or 1-855-606-COOP (2667).

For members whose preferred language is not English, we have language services available through bilingual staff and three-way calling to an interpreter service.

Utilization Management Decision-Making

Nevada Health CO-OP adheres to the following principles regarding Utilization Management (UM) decision-making:

- UM decision-making is based only on appropriateness of care and service and existence of coverage.
- NHC does not reward practitioners or other individuals for issuing denials of coverage.
- There are no financial incentives for UM decision makers that would encourage decisions that result in underutilization. NHC expressly bans such incentives.