Culinary Health Fund

PPO Provider Newsletter



Issue 41 / August 2, 2022

Healthcare Services Team

healthcareservices@culinaryhealthfund.org 702-892-7313 (option 2)

Cindy Pearson

Sr. Director of Healthcare Delivery 702-691-5602 cpearson@culinaryhealthfund.org

Lucia James

Healthcare Services Associate 702-691-5698 ljames@culinaryhealthfund.org

Melanie Jensen

Healthcare Services Associate 702-691-5681 mjensen@culinaryhealthfund.org

Important Telephone Numbers

Clinical Pathology Laboratories (CPL) 702-795-4900

Contracts and Credentialing

contractsandcred@culinaryhealthfund.org 702-892-7313 (option 1)

Culinary Health Center

702-790-8000

Culinary Pharmacy

702-650-4417 (Culinary Health Fund) 702-963-9400 (Culinary Health Center)

Customer Service Office

702-733-9938

Desert Radiologists

702-759-8600

Harmony Healthcare

702-251-8000 (24/7) 702-788-9875 (Rapid Response)

Nevada Health Solutions (NHS)

702-216-1653

https://provider.nevadahealthsolutions.org/production

OptumRx Prescription Services

866-611-5960 (24/7)

800-791-7658 (home delivery)

Vision Eligibility Express Line

702-216-1298 (24/7)

Zelis/ePayment 855-774-4392

NHS – Updated Prior Authorization Form

Nevada Health Solutions (NHS) has updated their prior authorization form. A copy has been attached to this newsletter, but the form will be available to fill out on their website.

To request prior authorization for a service, please visit the NHS website at:

https://provider.nevadahealthsolutions.org/production

Virtual Wellness Classes

Each month, The Culinary Health Fund offers virtual wellness classes.

A referral is not required for any of our classes, but patients are more likely to attend when their doctor refers them and follows up on their progress.

This month's classes include the following topics:

- Diabetes 1 Learn about diabetes, how to measure your blood sugar and tips to live healthier.
- **Diabetes 2** Find out how to make smart changes to vour diet.
- **High Blood Pressure** Learn how high blood pressure can affect your life.
- Breastfeeding Learn what to expect when breastfeeding.

You can conveniently view class dates and times on the website at: www.culinaryhealthfund.org.

Inactive Providers – July 2022

The following is a list of providers* that are **no longer active** as a Plan Provider on the Culinary Health Fund provider network:

LAST NAME	FIRST NAME	TITLE	SPECIALTY	
Huang	Kimball	MD	Internal Medicine	
Izuora	Kenneth	MD	Endocrinology	
Mackie	Daisy	APRN	Pulmonology	
Markin-Newsome	Rebecca	PAC	Dermatology	
Palmer	Kasie	PAC	Dermatology	
Redfern	Frederick	MD	Orthopedic Surgery	
Rillo	Arlene	MD	General/Family Practice	
Schlaack	Michael	MD	General/Family Practice	
Shakir	Irshad	MD	Orthopedic Surgery	
Siskind	Eric	MD	General Surgery	
Sullivan	Janika	PAC	Orthopedic Surgery	

*List provided monthly



NEVADA HEALTH SOLUTIONS PRIOR AUTHORIZATION AND REFERRAL FORM

****All sections of this form must be completed.****
NHS Fax (702) 691-5614

PATIENT INFORMATION						
Primary Insurance? ☐ YES or ☐ NO						
Name of Primary Insurance:						
Patient Name / Member ID#:		Card Holder Name / Member ID#:				
Patient DOB:		Patient Address / Telephone No.:				
Patient Alternative / Mobile Telephone No.:						
PROVIDER INFORMATION						
Requesting Provider Name / Address / Telephone and Fax No.:		Contact Person / Name:				
		Telephone No. and Extension:				
		Totophone 130. and Extension.				
TEL: • FAX:		Fax No.:				
NPI: Tax ID:		* Scheduling Issues do not meet the definition of Urgent				
Primary Care Provider Name / Address / Telephone and Fax		request. The definition of an urgent request is the imminent and				
No.:		serious threat to the health of the				
		limited to: severe pain, potential loss of life, limb, or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the patient.				
TEL: • FAX:						
AUTHORIZATION REQUEST		PENDING REF #:	NO FAX PAGES:			
Date of Request:	ocedure Date:	No. of Treatments Requested:	Is Service Requested by			
or		-	Patient:			
☐ Outpatient			☐ Yes or ☐ No			
Diagnosis (include ICD Code)		Procedure/Treatment Request (include CPT Code)				
Servicing Provider Name / Address / Telephone No.:		Place of Service / Name of Facility / Address / Telephone No.:				
			1			
☐ SAME AS REQUESTING PROVIDER		NDI.	Tax ID:			
PLEASE attach the latest available Medical Records and Progress Notes.						
I LEASE attach the fatest available friedleaf Reco		NPI: Notes.				
*All procedures/treatments requested require clinical	ords and Progress	Notes.	to prevent processing delays.			
*All procedures/treatments requested require clinical Pertinent Attachments = Information to supplies.	ords and Progress al information and port the proposed	Notes. should be submitted with this form	.e. current clinical findings			

*Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, and coordination of benefits, and other terms & conditions set forth in the member's Evidence of Coverage, Certificate of Coverage, or Self Insured Employer's Plan Documents.

The information contained in this form, including attachments, is proprietary & confidential & is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.

Revised 07.28.22