

PRIMARY CARE PHYSICIANS



Accepting New or Established Patients

We make every effort to ensure our provider listings are as current and accurate as possible, but listings do change frequently.

*Hometown
Health* 

Renown[®]
HEALTH

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Senior Care Plus Renown Preferred Plan Provider Directory

This directory is current as of 03/01/2024.

This directory provides a list of Senior Care Plus's current network providers.

This directory is for Senior Care Plus members that reside in Carson City, Storey and Washoe County, Nevada.

To access Senior Care Plus's online provider directory, you can visit www.SeniorCarePlus.com. For any questions about the information contained in this directory (hardcopy or online), please call our Customer Service Department at 775-982-3112 or toll-free at 1-888-775-7003. (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit www.SeniorCarePlus.com.

To get the most up-to-date information about Senior Care Plus's network providers in your area, please visit www.SeniorCarePlus.com or call our Customer Service Department at the phone numbers listed above.

Senior Care Plus is a Medicare Advantage organization with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

This information is available for free in other languages. Please call our Customer Service number at 775-982-3112, toll-free at 888-775-7003. TTY users should call the State Relay Service at 711. (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente al 775-982-3112, sin cargo al 888-775-7003. Los usuarios de TTY deben llamar al Servicio estatal de retransmisión de mensajes al 711. Nuestro horario de atención es de lunes a domingo, de

8:00 a. m. a 8:00 p. m. (del 1.º de octubre al 31 de marzo), y de lunes a viernes, de 8:00 a. m. a 8:00 p. m. (del 1.º de abril al 30 de septiembre). Cerramos todos los feriados federales.

ATTENTION: If you speak Spanish, language assistance services are available to you free of charge. Call 1-888-775-7003, (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. TTY users should dial 711. We will be closed on all Federal holidays.

This document is available in other formats such as Braille and large print.

Senior Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The provider network may change at any time. You will receive notice when necessary.

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Section 1 – Introduction

This directory provides a list of Senior Care Plus’s network providers. You must use network providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Senior Care Plus will be responsible for the costs.

To get detailed information about your health care coverage, please see your Evidence of Coverage (EOC). For the most up to date provider and pharmacy listings, please visit www.SeniorCarePlus.com.

What is the service area for Senior Care Plus?

The counties in our service area are listed below.

- Carson City, Nevada
- Storey County, Nevada
- Washoe County, Nevada

Choosing a Primary Care Provider (PCP)

You will have to choose one of our network providers listed in this directory to be your **Prietary Care Provider (PCP)**. Generally, you must get your health care services from your PCP.

What Is A “PCP”?

A PCP is a physician or health care professional who meets state requirements and is trained to give basic medical care. You can receive routine or basic care from your PCP. A PCP can also coordinate the rest of the covered services you need. A referral is not required from your PCP to see a Network Specialist on our plan for a routine office visit.

The network providers listed in this directory have agreed to provide you with your health care and vision services. You may go to any of our network providers listed in this directory however, some services may require a referral and/or a prior authorization. If you have been going to one network provider, you are not required to continue going to that same provider. In some cases, you may get covered services from non-network providers.

What If You Use Out-of-Network Providers To Get Covered Services?

“Out-of-network providers” are providers that are not part of Senior Care Plus and are under no obligation to treat Senior Care Plus enrollees, except in emergencies. For members enrolled in a Senior Care Plus (HMO) Plan, care or services received from out-of-network providers will not be covered, except for ambulance services and emergency care, including post- stabilization care, urgently needed care, renal dialysis (kidney), and any services which were ordered covered through an appeals process. For cost sharing information, see your “Evidence of Coverage.”

Bills from Non-Plan Providers That You Think Should Be Paid By Senior Care Plus

If an out-of-network provider asks you to pay for covered services, please contact us at: Senior Care Plus, 10315 Professional Circle, Reno, NV 89521. You should never pay any provider more than what is allowed by Medicare. The out-of-network provider has a right to get his/her fees, but does not have a right to get them from you. Ask the non-plan provider to bill us first. If you have already paid for the covered services, we will reimburse you for our share of the cost. If you get a bill for the services, you can send the bill to us for payment. We will pay your out-of-network provider for our share of the bill and will let you know what, if anything, you must pay.

Getting Care When Traveling or Away From the Plan's Service Area

You can get care when you are outside the service area. If you get your care outside the service area from a non-plan provider, you may have to pay more. However, you won't have to pay more for emergency or urgently needed care whether it is provided by in or out-of-network providers. For additional information about medical emergencies and urgently needed care, see "Getting Care If You Have a Medical Emergency or an Urgent Need for Care". If you have questions about medical costs when traveling, please call Customer Service at 775-982-3112 or 888-775-7003, 7 am to 8 pm Monday through Sunday. TTY users should call the State Relay Service at 711. We will be closed on all federal holidays except New Year's Day.

Getting Care in a Medical Emergency or an Urgent Need for Care

What Is a Medical Emergency?

A situation is a medical emergency if you reasonably believe that your health is in serious danger. It means that every second counts. Some examples of medical emergencies are severe pain, a bad injury, a serious illness, or a medical condition that is getting worse.

What to Do If You Have a Medical Emergency?

If you have a medical emergency:

- Get medical help as quickly as possible. Call 911 for help or go directly to the nearest emergency room. In any emergency, you never need to contact any plan provider, even your own PCP, for either permission (authorization) or referral (approval in advance).
- However, as soon as possible, you or someone else should contact Senior Care Plus about your emergency. Our telephone number is on your membership card. Senior Care Plus needs to know about your emergency because we will help manage and follow-up on your emergency care. Please try to contact Senior Care Plus about your emergency within 48 hours.

Senior Care Plus or Your PCP Will Help Manage and Follow-Up On Emergency Care

It is important to know that every emergency has two stages.

When the doctors, or hospital, providing emergency care consider your condition stable, the first stage of the medical emergency ends. However, even after your condition is stabilized, you are still considered in an emergency situation and Senior Care Plus must still pay for post-stabilization treatment provided by the hospital (whether or not this hospital is in or out-of-network). The second stage of the emergency, after your condition is stabilized, is called post-stabilization.

Generally, the hospital or doctors providing emergency care will try to talk to Senior Care Plus. This helps the plan arrange for in-network providers to take over your care as soon as your condition gets better. Once Senior Care Plus or your PCP takes over your care, or agrees with the attending hospital on an appropriate course of action (or once you are discharged if you are fully-recovered), you are no longer in an emergency or post-stabilization situation.

Although you are past the emergency and post-stabilization, you may still need follow-up care. Your plan is responsible for your follow-up care. Your plan will only pay for follow-up care after your emergency and post-stabilization if you follow the plan rules. You will need to use plan providers to get authorization and/or referrals (approval in advance) if necessary.

What Is Covered If You Have A Medical Emergency?

- You can get covered emergency medical care whenever you need it anywhere in the world.
- Ambulance services are covered in situations where other means of transportation would endanger your health anywhere in the world.

What If It Wasn't Really A Medical Emergency?

To have your plan pay for your emergency care, you do not have to be certain that it is an emergency. For example, you might go in for emergency care—thinking that your health is in serious danger—but the doctor may disagree and not consider it a medical emergency. If this happens, you are still covered for the diagnostic treatment and care you received to determine what was wrong, provided that you thought your health was in serious danger as explained in the section above. Please note that:

- If you get any extra care after the doctor says it was not a medical emergency, the amount of the covered extra care that we pay will depend on whether you get the care from in-network providers.
- If you get the care from in-network providers, your costs will usually be lower than if you get the care from out-of-network providers.

What Is “Urgently Needed Care”? (This Is Different From A Medical Emergency.)

Urgently needed care refers to a non-emergency situation where you are temporarily absent from the plan's authorized service area, you need medical attention right away

for an unforeseen illness, injury, or condition, and it isn't reasonable given the situation for you to obtain medical care through Senior Care Plus's participating provider network. Note: Under unusual and extraordinary circumstances, care may be considered urgently needed when you are in the service area, but in-network providers are temporarily unavailable or inaccessible.

The Difference between “Medical Emergency” And “Urgently Needed Care”

The two main differences between urgently needed care and a medical emergency are in the danger to your health and your location. A medical emergency occurs when you reasonably believe that your health is in serious danger whether you are in or outside of the service area. Urgently needed care is when you need medical help for an unforeseen illness, injury, or condition, but your health is not in serious danger and you are generally outside of the service area.

Getting Urgently Needed Care in the Plan's Service Area

If you have a sudden illness or injury that is not a medical emergency and you are in the plan's service area, please call your doctor. Keep in mind that if you have an urgent need for care while you are in the plan's service area, you should get this care from plan providers. In most cases, you will pay more for urgently needed care that you get from an out-of-network provider while you are in the plan's service area.

Getting Urgently Needed Care outside the Plan's Service Area

Senior Care Plus covers urgently needed care that you receive from out-of-network providers when you are outside the plan's service area anywhere in the world. If possible, you should call Senior Care Plus if you need urgent care while you are outside the plan's service area. If you are treated for an urgent care condition while out of the service area, we prefer that you return to the service area to get follow-up care from plan providers. However, we will cover follow-up care that you get from out-of-network providers outside the plan's service area as long as the care you are getting still meets the urgently needed care definition.

We also cover dialysis (kidney) services that you get when you are outside the plan's service area. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor Senior Care Plus will be responsible for the costs.

How do you find Senior Care Plus providers that serve your area?

To select a PCP and find out which providers are accepting new patients, refer to this Provider Directory, access our website www.SeniorCarePlus.com, or call Customer Service. You can change your PCP at any time, as explained later in this section.

If you have questions about Senior Care Plus or require assistance in selecting a PCP, please call our Customer Service Department at 775-982-3112 or toll-free at 1-888-775-7003, Monday-Sunday, 7am-8pm (October 1st - March 31st); and Monday-Friday, 7am-8pm (April 1st - Sept 30th). TTY users should dial 711. We will be

closed on all Federal holidays. The most up-to-date provider listings are also available on our website at www.SeniorCarePlus.com.

Receiving Care from Your PCP

Usually, a PCP is seen first for most routine health care needs. If you see an out-of-network provider, your costs may be different from what is paid to see an in-network provider.

A PCP can help arrange or coordinate your covered services. This includes x-rays, laboratory tests, therapies, specialists, hospital admissions, and follow-up care. A PCP also contacts other plan providers for updates about your care and/or treatments. This means you may need a referral to see a specialist. In some cases, your PCP will also need to get prior authorization (approval in advance). A referral is not required from your PCP to see a Network Specialist on our plan for a routine office visit.

How to Change Your PCP

You may change your PCP for any reason, at any time. To change your PCP, call Customer Service at 775-982-3112 or 888-775-7003, Monday-Sunday, 7am-8pm (October 1st - March 31st); and Monday-Friday, 7am-8pm (April 1st - Sept 30th). TTY users should dial 711. We will be closed on all Federal holidays. When you call, be sure to tell Customer Service if you are seeing specialists or getting other covered services that need your PCP's approval (such as home health services and durable medical equipment). Customer Service will help make sure that you can continue with the specialty care and other services you have been receiving when you change to a new PCP. They will also check that the PCP you wish to switch to is accepting new patients. Customer Service will change your membership record to show the name of your new PCP and will tell you when the change to your new PCP will take effect.

Since your PCP will provide and coordinate your health care, you should have all of your past medical records sent to your new PCP's office. The law requires us to protect your privacy of your medical records and personal health information. For more information about privacy, see your Evidence of Coverage.

What If Your Doctor Or Provider Leaves Senior Care Plus?

Sometimes a doctor, specialist, clinic, or other plan provider might leave the plan. If this happens, you will have to switch to another provider who is part of Senior Care Plus. If your PCP leaves Senior Care Plus, we will notify you, and help you switch to another PCP so that you can continue getting covered services.

Getting Care from Specialists

When your PCP thinks you need specialized treatment, they might refer you to a specialist. You don't need a referral from your PCP to see a specialist for routine office visits. A specialist is a doctor who provides health care services for a specific disease or part of the body. Some examples of specialists are oncologists, who treat cancer; cardiologists, who treat heart conditions; and orthopedists, which treat certain bone,

joint, or muscle conditions. For some types of referrals to a specialist, your PCP may need to get approval in advance from Senior Care Plus. This is called prior-authorization.

It is important to notify your PCP before you see a plan specialist. However, you don't need to get a referral (approval in advance) for certain services, see "Self-Referrals." If the specialist wants you to come back for follow-up visits, be sure to check that the follow-up services do not require authorization (approval in advance) from Senior Care Plus.

If there are specific plan specialists you want to use, find out whether your PCP sends patients to these specialists. You can change your PCP at any time if you want to see a plan specialist that your current PCP does not refer you to. If you want to change your PCP, see "Choosing a Primary Care Provider (PCP)." If there are specific hospitals you want to use, find out whether Senior Care Plus or your PCP uses these hospitals.

Preferred vs. Non-Preferred Facilities

Preferred facilities are facilities that provide inpatient, outpatient, and ambulatory services to members for a lower copayment than other in-network facilities.

Non-Preferred facilities are in-network facilities that provide these services at a higher copayment amount.

For more information about copayments, please review your plan's Evidence of Coverage (EOC). EOC's are available online at www.SeniorCarePlus.com. You may also call Customer Service at 775-982-3112.

Self-Referrals

In some cases, you can receive the services listed below without a referral or approval in advance from your PCP. Self-referred means you get services on your own. If you receive self-referred services, you still have to pay a copayment. If you get a self-referred service from an in-network provider, you will only have to pay the in-network copayment. If you go to an out-of-network provider for these services, you may have to pay for these services yourself.

The following services may be self-referred:

- You do not need a referral to see a physician on the plan for routine services.
- Routine women's health care, which includes breast exams, mammograms (x-rays of the breast), pap tests, and pelvic exams, is covered without a referral from your PCP only if you get it from an in-network provider.
- Flu, pneumonia, and Hepatitis B vaccines (only if you get them from a plan provider) or at a Renown, Hometown Health, or Senior Care Plus event.
- Emergency services, whether you get these services from in or out-of-network providers; see "Getting Care If You Have a Medical Emergency or an Urgent Need for Care."
- Urgently needed care that you get from out-of-network providers when you are temporarily outside the plan's service area. For more information about urgently needed care, see "Getting Care If You Have a Medical Emergency

or an Urgent Need for Care.” For more information about the plan’s service area, see “Introduction.”

- Dialysis (kidney) services that you get when you are temporarily outside the plan’s service area. If possible, please let us know where you are going before you leave the service area so we can help arrange for you to have maintenance dialysis while away.

If you have questions about what medical care is covered when you travel, please call Customer Service. See “Getting Care If You Have a Medical Emergency or an Urgent Need for Care,” for more information about how to fill your prescriptions when you travel or are away from the plan service area.

Medical Care When Your PCP’S Office Is Closed

In an emergency, you can get care immediately. You do not have to contact your PCP or get authorization in an emergency. You can dial 911 for immediate help by phone, or go directly to the nearest emergency room, hospital, or urgent care center. For additional information about emergency or urgent needed care, see “Getting Care If You Have a Medical Emergency or an Urgent Need for Care.”

If It Is Not a Medical Emergency and Your PCP’s Office Is Closed

If you need to talk with your doctor or get medical care when the PCP office is closed and it is not a medical emergency, call the Hometown Health Hotline at 775-982-5757 or toll free at 888-324-3243. The Hometown Health Hotline is a triage help line where registered nurses can review your symptoms and offer guidance for medical care. There is always a health professional on-call to help you. For more information about what to do if you have an urgent need for care, see “Getting Care If You Have a Medical Emergency or an Urgent Need for Care.”

Appointment Wait Time Standards

Primary Care Services

- New Patient - Within 14 business days
- Emergent Services - Providers will direct member to call 911 or go to the nearest emergency room. If request is received during non-business hours, the provider’s voicemail will direct the member to call 911 or go to the nearest emergency room.
- Urgently needed services – Within 24 hours or direct member to Urgent Care
- Routine and preventive care - Within 14 business days

Behavioral Health Services

- New Patient - Within 10 business days
- Emergent Services – Within 6 hours, or provider will refer member to the Emergency Room or Behavioral Health crisis unit.
- Urgently needed services – Within 48 hours or direct member to Urgent Care
- Routine and preventive care - Within 30 days for prescribers and 20 days for non-prescribers

Section 2- List of Providers

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-775-7003. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-775-7003. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费翻译服务帮助您关于医药保险问题。您如需翻译服务，请电 1-888-775-7003 与我们联系。我们很高兴帮助您。这项服务。

Chinese Cantonese: 您如欲知詳情，請電 1-888-775-7003 為您提供免費翻譯服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-775-7003. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-775-7003. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-775-7003 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie 1-888-775-7003. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

PRIMARY CARE PHYSICIANS

ACCEPTING NEW OR ESTABLISHED PATIENTS

We make every effort to ensure our provider listings are as current and accurate as possible, but listings do change frequently. Please visit www.HometownHealth.com for the most up-to-date provider listings.

CONCIERGE MEDICINE

Providers who practice concierge medicine are available only to patients who pay an annual fee or retainer.

There are currently no contracted providers in this specialty/category. For the most up-to-date provider listings, please visit www.HometownHealth.com.

* = Established Patients Only

(NPP) = Non-Physician Practitioner

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RENOWN PREMIER CARE PHYSICIANS

The Renown Premier Care Program is offered through Renown Medical Group for an annual membership fee. This program allows physicians the ability to provide continuous communication and access beyond scheduled office visits. For more information please visit www.Renown.org/PremierCare.

There are currently no contracted providers in this specialty/category. For the most up-to-date provider listings, please visit www.HometownHealth.com.

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HOME VISITS ONLY

Providers in this section do not see patients at a physical office location. Services are provided in a home setting only.

There are currently no contracted providers in this specialty/category. For the most up-to-date provider listings, please visit www.HometownHealth.com.

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(NPP) = Non-Physician Practitioner

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NON-CONTRACTED PROVIDERS

Providers listed below are no longer contracted and are considered out-of-network providers. If applicable to your benefit plan, services provided by these providers will either be applied to out-of-network benefits or services could be denied. This is not a full list of out-of-network providers.

NON-CONTRACTED PROVIDERS			
PHYSICIAN NAME	GROUP NAME	ADDRESS	EFFECTIVE DATE
Hockenberry, Brandon J MD	University Health	101 E Stadium Way Reno, NV	02/14/2024
Higgins, Amanda MFT	Amanda Giles	1030 Holcomb Ave Reno, NV	02/22/2024
Murphy, James E MD	Northern Nevada Plastic Surgery Associates	10401 Double R Blvd Reno, NV	03/08/2024
Tuttle, Michael C PT	Dayton Physical Therapy	140 Douglas ST # 1 Dayton, NV	02/29/2024
Upton, Jeffrey D MD	Capitol Urology Inc	1525 Vista LN # 120 Carson City, NV	02/15/2024
Jensen, Tony C DC	Jensen Chiropractic	495 Apple ST # 105 Reno, NV	02/17/2024
Evans, Mara G CNM	OB/GYN Associates	645 N Arlington Ave # 400 Reno, NV	03/08/2024
Allen, Hilary MD	OB/GYN Associates	645 N Arlington Ave # 400 Reno, NV	03/08/2024
Adecer, Janina APRN	Behavioral Health Solutions	645 Sierra Rose Dr # 105b Reno, NV	03/01/2024
Chuman, Brandon R PsyD	Behavioral Health Solutions	645 Sierra Rose Dr # 105b Reno, NV	03/01/2024
Black, Melissa L LCSW	Behavioral Health Solutions	645 Sierra Rose Dr # 105b Reno, NV	03/01/2024
Button, Jacquelyn F CPC	Behavioral Health Solutions	645 Sierra Rose Dr # 105b Reno, NV	03/01/2024
Bunnell, Erin MFT	Behavioral Health Solutions	645 Sierra Rose Dr # 105b Reno, NV	03/01/2024
Upton, Jeffrey D MD	Capitol Urology Inc	801 E Williams # 1101 Fallon, NV	02/15/2024
Upton, Jeffrey D MD	Capitol Urology Inc	925 Ironwood Dr # 1108 Minden, NV	02/15/2024
Smith, Lauren M LCSW	Smith Family Management Llc	Telehealth Only MC Dermitt, NV	02/22/2024

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