

2026 Benefit and Plan Year Updates:

Introducing SENSIBLE HMO Network and Plan

Hometown Health is pleased to announce the launch of a new network offering under the SENSIBLE Plan, effective January 1, 2026. This new network, called the Renown SENSIBLE HMO Network, is designed to compete with the state mandated public option Battle Born Plans that will be released in the Individual and Family market in the 2026 plan year.

Key Items of SENSIBLE HMO:

- Members must see a Renown PCP and will require a PCP referral for specialty care.
- Referrals are made only to providers within the Renown Sensible HMO Network.
- The Renown Sensible HMO Network is only in Washoe County.
- Members enrolled in the Renown Sensible Plan can be identified by their Hometown Health member ID card. The network name, "Renown SENSIBLE HMO Network" will be clearly listed in the upper right-hand corner of the card.
- For members on the Renown Sensible Plan, it is essential that referrals are made only to providers within the Renown SENSIBLE HMO Network
- Providers that are part of this network have already been notified.

Please use the Hometown Health online provider directory and choose the Renown SENSIBLE HMO Network to confirm participation here: [Online Provider Directory | Hometown Health](#)

If you have any questions regarding this new network or member identification, please contact your Provider Relations Representative.

2026 Benefit Update Overview

For 2026, our plan designs will remain largely the same. Some plans will have minor updates to deductibles, out-of-pocket maximums, and member cost-sharing amounts.

Please continue to use the provider portal, EpicCare Link, or visit our website for the most up-to-date benefit and authorization requirements.

Hometown Health has discontinued the IFP PPO plan for 2026. Members were provided with an alternative plan either the EPO or PPO.

Thank you for your continued partnership and quality care for our members.

New Self-Funded Employer Group Coming in 2026

We're pleased to welcome a new self-funded employer group, Carson Tahoe Health to our network in 2026. Providers may begin seeing members from this group after the effective date.

Please continue to verify eligibility and benefits through our provider portal, EpicCare Link, to help ensure accurate claims processing.

Thank you for supporting a smooth transition and continuing to provide excellent care to our members.

2026 Renown Self-Funded Plan Changes

Renown employees will now have more choices for medical plans. Starting 1/1/26 Renown is offering a new HMO and HDHP. HMO will require referral from PCP to access specialists. They continue to offer a PPO option.

Utilization Management Updates

Hometown Health is implementing several important updates to our prior authorization processes to comply with the new regulatory turnaround time requirements outlined in Nevada Assembly Bill 463 (AB463) and to improve the efficiency of provider submissions. These changes are designed to streamline review timelines, improve communication, and ensure members receive timely, high-quality care. Please review the following updates carefully to ensure continued compliance and smooth processing of authorization requests.

Effective January 1, 2026, review timeframes are as follows:

- **Senior Care Plus**
- Non-Urgent: 7 business days
- Urgent: 72 hours

- **Commercial Plans**

- Non-Urgent: 2 business days
- Urgent: 2 business days or 72 hours (whichever is less)

- **TPA Plans**

- Non-Urgent: 14 business days
- Urgent: 72 hours

Note: Requests submitted without appropriate clinical documentation may require up to a 14-day extension for a determination. Please ensure all documentation is included upon submission.

To meet the new TAT standards, all contracted providers must submit preservice authorization requests electronically via EpicCare Link. Faxed and telephone submissions will no longer be accepted (except for Inpatient admissions which may still submit their face sheets and clinical information via fax for proper notification).

For instructions on how to create a referral, please see the EpicCare Link Provider Tip Sheet, under the Hometown Health Tip sheets section, located on the lower right-hand corner of the portal home page.

If you need help accessing EpicCare Link, please call the IT help desk at 775-982-4042 or reach out to your provider relations representative.

Discontinuation of Direct Prior Authorization Line – Effective January 1, 2026

Hometown Health's direct prior authorization phone line will be discontinued effective January 1, 2026.

For current prior authorization requirements, please refer to the Authorization Matrix available on our provider website [Authorization Matrices | Hometown Health](#). You can view authorization status at any time through our provider portal, EpicCare Link.

If you have any questions, please contact the Hometown Health Provider Line at (775) 982-3232.

Clinical Guidelines

Hometown Health has made our clinical guidelines easy for you to access. Clinical guidelines, including **MCG criteria**, can be accessed on our website, [Clinical Guidelines | Hometown Health](#).

AB52: Updated Claims Payment Timeframes

To align with recent state legislation, **Nevada Assembly Bill 52 (AB52)** establishes updated requirements for the timely payment of healthcare claims. This change aims to improve payment efficiency and reduce administrative delays for healthcare providers.

Under **AB52**, the following timelines now apply:

- **Electronic (EDI) claims** must be processed and paid within **21 calendar days** of receipt.
- **Paper claims** must be processed and paid within **30 calendar days** of receipt.

We appreciate your continued partnership as we implement these regulatory changes to support timely, efficient claims administration.

Administrative Guideline Updates: What You Need to Know

We are pleased to share that several important updates have been made to our Administrative Guidelines. These enhancements are designed to improve clarity, streamline operations, and strengthen coordination across our provider network. Please see the brief description of each change below, for more information visit [Announcements | Hometown Health](#).

Latest updates include changes in the following areas:

- **Plan Updates and New Offerings**
 - Introduction of the Renown SENSIBLE HMO Network, effective January 1, 2026
- **Departmental and Organizational Changes**
 - Population Health Department Added
- **Operational and Policy Clarifications**
 - EpicCare Link Registration and Use
 - Customer Service and Escalation Policy

- **Utilization Management and Authorization**
 - Prior Authorization Requirements, including timelines for different plan types and consequences for non-compliance
 - Prior Authorizations must be submitted through EpicCare Link
- **Claims and Payment Policies**
 - Information on submitting claims with attachments
 - Reductions for provider allowables for midlevels and certain behavioral health specialty types in line with CMS payment policies
 - RNFA Services

Customer Service Call Center Process Changes

Please note that our Customer Service team supports several lines of business, including the dedicated Provider Line. Because call wait times can occasionally exceed expectations, we expect all providers to utilize EpicCare Link for claim status inquiries to ensure a more efficient experience.

- **EpicCare Link:** This is the fastest way to check claim status and access information. This should be utilized within the 30-45 day processing period for real-time claim status updates.
- **Allow 30-45 days before calling Customer Service:** This ensures our team can provide accurate and efficient support.
- **Third Party Representatives:** To avoid repeated calls on the same claim and/or member, ensure your contracted vendors have access to EpicCare Link as providers/third party vendors should not expect to receive an update with Customer Service within the 30-45 processing period.
- **Immediate Assistance:** Contact Customer Service only if immediate attention is needed as EpicCare Link will have all the updates you need regarding status.

Thank you for your continued partnership and for helping us provide a smoother experience for all.

Important Reminders for Provider Partners

Telehealth Services Update

Hometown Health would like to clarify our position regarding telehealth services following recent updates to Medicare's telehealth coverage. The Centers for

Medicare & Medicaid Services (CMS) has officially extended telehealth visit coverage for Medicare Advantage organizations through December 31, 2025.

Hometown Health recognizes the value telehealth brings in supporting timely access to care, member convenience, and continuity of services. We will continue to reimburse telehealth visits as we currently do and are not restricting telehealth services at this time. Existing payment policies for covered services delivered via telehealth will remain in place.

We will continue to monitor regulatory updates and industry best practices to ensure our policies support quality, accessible care for our members. Any future changes will be communicated in advance.

Cologuard Initiative

Hometown Health in collaboration with Exact Sciences will be conducting a Cologuard Initiative starting this October. We have had much success with this initiative in the last two years. Senior Care Plus and Hometown Health members will be given the opportunity to opt out of the initiative and told if they have a history of colon cancer in the family or a history of polyps, they should talk to their provider about the need for more comprehensive testing. Both members and providers will be notified by Exact Sciences of their results.

Upcoming 2026 Fee Schedule Audit

To ensure plans and fee schedules process accurately for the new year, Hometown Health will undergo an annual audit for 2026 fee schedules and plans. As such, your office may experience a slightly longer claims turn-around time for dates of service after January 1, 2026. . We ask that you be patient during this audit process and not call Customer Service for claim status updates until at least 30 days after Hometown Health received the claim. The fastest way to see the status of a claim is by using the provider portal [EpicCare Link](#). We appreciate your patience as we complete the auditing work so that your claims pay accurately for the remainder of the year.