Division of Health Care Financing and Policy (DHCFP)

Applied Behavior Analysis Provider Enrollment Training
June 2015
Agenda

- Welcome & Introductions
- Roles and Responsibilities
- Contacts
Welcome!

- By end of session you will have a better understanding of the Nevada Medicaid system
- Understand how to enroll as a Nevada Medicaid provider
- Have direct contacts to assist you with questions
Administers two federally funded programs
  ◦ Title XIX Nevada Medicaid
  ◦ Title XX Nevada Check Up

Fee-for-Service
  ◦ Aged, Blind, Disabled–statewide
  ◦ TANF, CHAP, Nevada Check Up, newly eligibles– rural counties
  ◦ Custody Kids
  ◦ Severe Emotional Disturbance (SED) kids which opt out of managed care

Managed Care
  ◦ TANF, CHAP, Nevada Check Up, Newly eligibles, – Urban Washoe & Urban Clark Counties
Program Operations...

- FFS program is contracted with
  - HPES Enterprise Services ®
    http://www.medicaid.nv.gov/Home.aspx

- Managed Care is contracted with two vendors
  - Amerigroup RealSolutions ®
    http://www.amerigroup.com/
  - Health Plan of Nevada ®
    http://www.healthplanofnevada.com/

The managed care vendors follow the medical coverage polices which are developed by DHCFP. Each managed care company may use different utilization management criteria, provider networks and reimbursement rates.
Roles & Responsibilities

- Policy Development & Interpretation
- MMIS Contract Oversight
- Liaison Activities
- Rate Development
- Stakeholder discussions
- Report request
- Provider Enrollment
- Customer Service – providers
- Claims adjudication
- Prior Authorization
- Billing questions
- Provider billing training (individual/group)

DHCFP Central Office

HPES – FFS Fiscal Agent
State Plan – highest authority for Medicaid serves as contract between state and CMS

Medicaid Services Manual– compilation of chapters. Each chapter is the providers responsibility to review in its entirety.
- Draft versions discussed at workshops with stakeholders
- Final versions must be adopted through public hearing process with open meeting law (October 8, 2015)
- Policy effective date of January 1, 2016
- Reference chapter’s 100, 1500, and Addendum

https://dhcfp.nv.gov/index.htm
Content of Policy Chapters

- Scope of service
  - Descriptions of services
  - Covered services
  - Non-covered services

- Provider qualifications
  - Who can provide the service
  - Licensure requirements

- Service limitations
  - Duration of a service
  - Prior authorization requirements
Invite–On DHCFP website under public notices
Format– Formal process, based on open meeting law
Goal of Hearing– Codify policy into regulation (Medicaid Services Manual)
  ◦ If successful collaboration prior to hearing stakeholder support at the meeting.
  ◦ Sometimes, there’s an understanding respectfully have to agree to disagree. Never should there be a surprise.
Follow up– ABA Policy effective date of January 1, 2016. Policy typically implemented 1st day of following month, or unless urgent exception
Rates in FFS are based upon a fee schedule

Universal for the entire program

Increase requires budget authority
  ◦ Planning through the Legislative Session
  ◦ Planning begins summer prior to Legislative Session
  ◦ Legislative Session every 2 years (odd years)

DHCFP has a Rate Unit

Established Rate Appeal Process
DHCFP Contacts

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