

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

DHCFP Administration...

- ▶ 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 policies 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

Policy Documents

<https://dhcfp.nv.gov/index.htm>

- ▶ 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

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

Public Hearing – October 8, 2015

- ▶ 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

DHCFP Rates and Accounting

- ▶ Rates in FFS are based upon a fee schedule
<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>
- ▶ 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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