



# Health Plan of Nevada Network Contracting and Provider Services



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

# Applied Behavior Analysis Therapy Contracting Process



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Providers that are interested in becoming a participating provider with HPN Medicaid must submit a Letter of Intent (LOI) to Network Development & Contracts for review.

The LOI should include:

- ✓ Provider's Name
- ✓ Specialty
- ✓ Tax ID Number
- ✓ Location
- ✓ Networks for consideration
- ✓ Name and contact person

An LOI must be submitted each time a provider requests addition to a network

You can submit your LOI online

## Become a Health Plan of Nevada contracted provider or facility.

**We're always looking to grow our network.** Please send us a letter of intent. Your letter must include:

- Provider's specialty
- Provider's social security number
- Practice address (physical and billing), phone and fax number
- Tax identification number
- Networks for consideration
- Contact name and phone number

Submit your letter and application [online](#) or fax it to **702-266-8809** (Attention: Contract Specialist). You can also mail your credentialing information to:

### **Network Development and Contract**

Attn: Contract Specialist  
PO Box 15645  
Las Vegas, NV 89114

## Add a new provider to your contract.

If your practice is already contracted with us and a new provider is going to join your group, please complete a [provider addition request form](#) and fax it to **702-266-8809**, Attention: Contract Specialist.

## Keep your credentials updated.

You must complete the recredentialing process to maintain your status as a contracted provider/facility. Fill out a [recredentialing application](#) if you are a provider, and [the HDO](#) if you are a facility, and email it to [NVSierraCred@Sierrahealth.com](mailto:NVSierraCred@Sierrahealth.com). Be sure to review the information we have on file to ensure it's accurate and note necessary changes.

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Once HPN approves the Letter of Intent the following providers will need to be credentialed by HPN.

For ABA providers HPN credentials the following providers:

- Licensed Behavior Analysis (LBA)
- Board Certified Behavior Analysis (BCBA)
  
- Providers that do not require credentialing:
  - Registered Behavior Technician (RBT)
  - Board Certified Assistant Behavior Analyst (BCaBA)

*Upon receipt of a completed credentialing packet, providers are credentialed within 90-120 days.*

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- After the credentialing process has been completed contracts are mailed to the provider/group and the following documentation is requested:
- Required forms:
  - ✓ W-9
  - ✓ IRS Letter
  - ✓ Group Questionnaire
  - ✓ Group Roster
- Once the contracting team has received the signed contract and requested documentation fully executed contracts are sent back to the provider/group.

*Nevada State Medicaid Approval must be verified before adding the provider to the HPN-Medicaid contract. This includes all provider types – LBA, BCBA, RBT & BCaBA.*

- After provider/group contracts are in place, new providers may be added to the group by using the Provider Add Request form. If credentialing is required, an Initial Credentialing Application must be processed before adding the provider.

# ABA Prior Authorization Requirements



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- Neuropsychological testing is required for ABA diagnosis
- HPN authorizes up to six months of ABA therapy for children under 5 while Neuropsych appointment is pending
- Periodic reassessments required every 3 years
- Policies/Criteria are available at [MyHPNMedicaid.com](https://www.MyHPNMedicaid.com)

# Important Information



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<https://www.myhpnmedicaid.com/Provider>

<https://www.myhpnonline.com/Provider/Utilization-Management>

Provider Services 1-800-745-7065

Utilization Management 1-888-224-4036

Business Hours: Mon.- Fri., 8 a.m. - 5 p.m.