

**Steve Sisolak**  
*Governor*



**Richard Whitley**  
*Director*

# State of Nevada

# Department of Health and Human Services

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Proposed Revisions to Medicaid Services Manual (MSM) Chapter 2900 – Federally  
Qualified Health Centers (FQHC)

Nevada Division of Health Care Financing and Policy (DHCFP)

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February 2, 2021

*Helping people. It's who we are and what we do.*

The seal of the State of Nevada is visible in the top left corner. It features a circular design with a mountain range, a ship, and a plow. The text "STATE OF NEVADA" is written around the top edge, and "GREAT FOR OUR COUNTRY" is written around the bottom edge.

# Agenda

- Introductions
- Presentation
- Comment
- Questions





# Medicaid Services Manual Chapter 2900 - FQHC

Originally moved from Medicaid Services Manual (MSM), Chapter 600 on 10/1/2018. Chapter 2900 was created for FQHC policy.

The latest revision dated June 26, 2019, provided language for Partial Hospitalization Program (PHP) under Ancillary Services.



# Proposed Revisions: Introduction

Added language for clarification of FQHCs role within the community as:

- Community Based Care
- Providers of Patient-Centered Care





# Proposed Revisions: Authority

## Section 2901 – Authority

- Cited correct section of the Omnibus Budget Reconciliation Act (OBRA).
- Expanded Nevada Revised Statutes (NRS) citations for licensed professional's scopes of practice.



# Proposed Revisions: Policy

## Section 2903 – Renamed from Health Services to Policy

- Categories of encounters.
- Used State Plan language related to multiple visits in a day (Medical, Mental/Behavioral Health, and Dental).
- Expanded policy definition for an encounter.
- Incorporated 2903.4 - Service Limitations language throughout the section for clarity and continuity.



# Proposed Revisions: New Section Coverage and Limitations

## Section 2903.1 - Coverage and Limitations

- Defined Medical, Mental/Behavioral Health, and Dental encounters.





# Proposed Revisions: Services

- Section 2903.1 – Non-Covered Services, renumbered to 2903.2.
  - No change in policy
- Section 2903.3 – FQHC Pharmacies – Provides guidance to FQHCs that want to enroll their pharmacy to give vaccines
- Section 2903.2 – Ancillary Services, renumbered to 2903.4.
  - No change in policy







# Proposed Revisions: New Section CCBHC

## Section 2903.5 – FQHCs dually enrolled as a Certified Community Behavioral Health Center (CCBHC)

- Provider to develop policies concerning referrals to FQHC or CCBHC.
- Use of Service Grid and Care Coordination to avoid duplication of services and/or billing.
- Surveillance and Utilization Review (SUR) unit to monitor for duplicate billing.





# Proposed Revisions: No Changes

- Section 2903.3 – Medical Necessity - Now 2903.6, no changes in policy.
- 2903.5 – Prior Authorizations – Now 2903.7, adding policy to 2903.7.C - FQHCs not contracted with a Managed Care Organization (MCO), must follow the MCOs Prior Authorization policy.





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Questions?

