

BRIAN SANDOVAL
Governor



JULIE KOTCHEVAR, Ph.D.
Administrator

RICHARD WHITLEY, MS
Director

IHSAN AZZAM, Ph.D., M.D.
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Bureau of Behavioral Health Wellness and Prevention
4126 Technology Way, Suite 200
Carson City, Nevada 89706
Telephone (775) 684-4200 • Fax (775) 687-7570
<http://dpbh.nv.gov>

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION

Management Memorandum 18-003

DATE: June 28, 2018

TO: Subrecipient, Contractors, and State Agencies

FROM: Kyle Devine, Bureau Chief *KD*
Bureau of Behavioral Health Wellness and Prevention

SUBJECT: Change in Eligibility Criteria

Effective August 1, 2018, the Bureau of Behavioral Health Wellness and Prevention (BHWP) will no longer cover clients with pending eligibility for Medicaid coverage.

There are over 80 outreach locations in Nevada communities to assist with Medicaid enrollment. Potential clients can apply for benefits online at https://dwss.nv.gov/TANF/Access_Nevada/. Immediate eligibility verification is available for clients who list a provider or provider designee as an Authorized Representative (AR) on his or her case. Providers need to educate their clientele to list them as an AR when applying for Medicaid.

The numbers for customer service are:

- (775) 684-7200 (Northern Nevada)
- (702) 486-11646 (Southern Nevada)

A pre-screening tool is available to determine if an individual or family qualifies for Medicaid at: <https://nveapp.dwss.nv.gov/NV-EAPPWEB/EAPPPreScreenerServlet?currentPage=HouseHold>.

Effective August 1, 2018, the Division will require proof of pre-screening and application submission in all client files when a client is not currently enrolled in insurance.

June 29, 2018

Page 2

Clients who are denied Medicaid coverage should be evaluated for alternative payor sources. If the client is deemed by the provider to be SAPTA eligible, all charges submitted for reimbursement must be accompanied by financial evaluation and insurance application denials. Submission is not a guarantee of payment. The client's eligibility and reimbursement request will be evaluated by a Treatment Analyst for accuracy.

In addition to not covering pending eligible populations, BHWP would like to clarify that clients who are opting out of using or enrolling in insurance are also not eligible for SAPTA-funded coverage. These clients are considered self-pay clients and should be placed onto a payment plan, sliding fee scale, or other payment option with the agency with which they are clients.

Finally, BHWP does not currently have a program in place to assist with copayments and deductibles for clients who are unable to cover these fees. Each client would be considered self-pay clients and should be placed on a payment plan, sliding fee scale, or other payment option with the agency with which they are clients.

BHWP is not attempting to create a barrier to treatment or create undue hardships for clients attempting to access care. Please reach out to your Treatment Analyst if you have any cases with special considerations that you would like reviewed. Your analyst will review the case with the management team for a final decision and get back to you within 72 hours of receipt of the request.