

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
**Department of Health and
Human Services**

Special Consideration for Insurance Assistance Plans

Aging and Disability Services Division
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Helping people. It's who we are and what we do.



Agenda

1. Explain Special Consideration
2. Review the Requirements for applying
3. Give a statistic overview as it relates to Autism Treatment Assistance Program for FY 21

What is Special Consideration

- Special Consideration is a sub-type for In-Network Insurance Assistance Plan that requires a special request be made by the family and additional supporting documentation to establish the need for the funding to be modified.
- It allows for funding to be reallocated to different months to help support families when the monthly cost exceeds the \$700 per month allotment associated with the In-Network Insurance Assistance Plan
 - It does not give more funding per plan year but allows more flexibility in how much is used monthly.
 - The max funding for the family will remain at \$8400 per plan year and the funding reduction for those over 300% of the poverty level will still be applied
 - Annual funding is broken into two \$4200 allotments each covering 6 months.



Circumstances for Special Consideration

- The insurance Prior Authorization approved would demonstrate coverage hours above the \$700 monthly limit
- The provider's proposed invoice demonstrates patient responsibility would exceed the \$700 monthly limit
- The family can demonstrate the total dollar amount remaining to reach the individual deductible
- The family can demonstrate a financial hardship (expenses exceed income) between the \$700 max and the provider monthly charges at the approved hours of service
- The family does not have access to or have a secondary insurance that covers ABA therapy

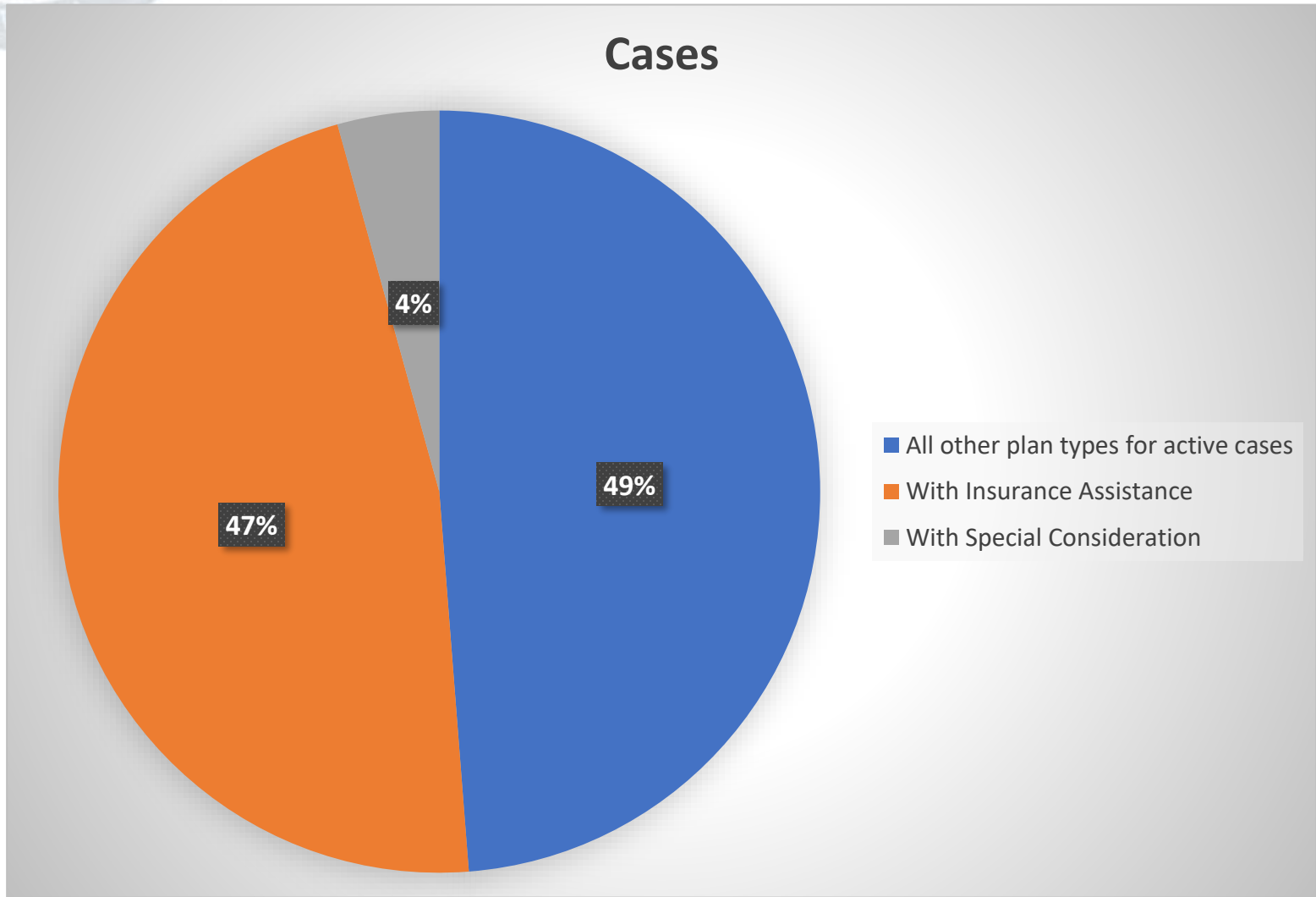


Documentation Requirements for Special Consideration

- Medicaid denial letter less than 90 days old
- A copy of the approved insurance Prior Authorization from the insurance company
- Provider's proposed invoice with the total hours and costs
- Proof of the remaining deductible at the time of request
- Proof of all household expenses
- Proof of all income
- Proof of how the family will meet the expenses in future months.
- EOBs (Explanation of Benefits) to be submitted upon receipt. Failure to provide the EOBs could result in family not being eligible for Special Consideration for future requests.



Special Consideration in FY 21





Questions?





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<https://adsd.nv.gov/Programs/Autism/ATAP/ATAP/>





Acronyms

