DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, February 12, 2020
10:00 - 11:00 a.m.

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Unit (BHU), Social Services Program Specialist

1. **Purpose of BH Monthly Calls**:
   The BHTA webinar offers providers guidance and updates on DHCFP BHU policy. The WebEx meeting format also offers providers an opportunity to ask questions via the Q & A (the "chat room") and receive answers in real time. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dhcfp.nv.gov

   - Introductions – DHCFP, SUR, DXC Technology

2. **January 2020 BHTA Minutes:**
   The minutes from last month's BHTA are available on the DHCFP Behavioral Health webpage (under "Meetings"). You'll want to navigate to this page and click on "Behavioral Health Agendas and Minutes." You can find the past agendas and minutes for the meetings, as well as the current information. Please look at these if you have questions and if you were not able to attend last month; this is a great place to check up on what we discussed.

   - Response to Public Workshop on Supervision Changes within the PT 14 and PT 82
   - SUR Unit Educational Updates: Progress Notes and Billing under the Rendering Provider

3. **Related DHCFP Public Notices:**
   Link for upcoming Public Hearings, Meetings, and Workshops related to Behavioral Health
   http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/

   Public Workshops
   -
   Public Hearings
   -

4. **DHCFP Behavioral Health Updates:**
   Behavioral Health Web Announcements (WA):
   https://www.medicaid.nv.gov/providers/newsannounce/default.aspx

   - **WA# 2095 –** Provider Documentation Reminders
   - **WA#2094 –** Attention All Behavioral Health Community Network (BHCN) Groups, Provider Type 14 Specialty 814: Response to Questions on the Proposed Removal of the Medical Supervision from the BHCN
   - **WA#2092 –** Attention All Providers: Top 10 Enrollment Return Reasons and Resolutions for January 2020 Submissions
   - **WA#2089 –** Medicaid Services Manual Chapters Updated
   - **WA#2087 –** Attention Sister Agency Providers: Federal Medical Assistance Percentages (FMAP) Rates Based on Date of Service for FFY20

- **WA#2081 –** New Provider Orientation Scheduled for February 2020
- **WA#2079 –** 1099-Misc. Forms to be Mailed to Providers on January 31, 2020
- **WA#2075 –** Provider Relations Field Service Representative Team Territories Update
- **WA#2074 –** Attention All Providers: Maintain Correct Electronic Funds Transfer (EFT) Information with Nevada Medicaid
- **WA#2073 –** Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for December 2019 Claims
- **Volume 16, Issue 4 –** Nevada Medicaid and Nevada Check-Up News (Fourth Quarter 2019 Provider Newsletter
- **WA#2072 –** Attention All Providers: Top Prior Authorization Denial Reasons for the Fourth Quarter of 2019
- **WA#2071 – Attention All Providers:** Top 10 Enrollment Return Reasons and Resolutions for November and December 2019 Submissions

Carin Hennessey, SSPS II

- Supervision of the BHCN and BH Rehabilitative Treatment group/agency
    - Reference WA#2094

6. **DHCFP Surveillance Utilization Review (SUR) Updates:**
   Report Provider Fraud/Abuse http://dhcfp.nv.gov/Resources/PI/SURMain/
   Provider Exclusions, Sanctions and Press Releases http://dhcfp.nv.gov/Providers/PI/PSExclusions/

   - Educational Updates: Signature Requirements
       - What a signature represents is the review and approval of a document. What is on the document cannot, must not be changed once the signature is applied. To do so would be an intentional deception as defined in the Federal Code for Medicaid. Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to oneself or some other person. If you have any documentation that you submit to Medicaid which you are presenting the name of somebody as a signature, and they did not review that document, it is a willful misrepresentation and would constitute fraud.
         We did have a web announcement last year, WA#1908, which was a notification regarding signatures on Prior Authorization forms. The same guidelines can be applied to Progress Notes. The statement includes, “do not copy documents with a signature and then change any of the information including, but not limited to, requested dates or recipient information without the original signee initialing the changes.” If there is any change to the document after it is signed, the person who signed it must initial the changes. That is for paper claims. Paper claims can be scanned into the system with an image of the actual signature that was put on the paper. Then a copy of that scanned document can be used as the documentation that you provide to Medicaid.
         If you have an electronic record system, this means that the data is being entered under a particular individual’s password. You can’t have a general access to the system; each individual that will be signing must have their own login. When that person logs in and makes any changes, the system must track that this note was entered at this day and time under this person’s login. And the person issued the login is responsible for keeping that secure, so that qualifies as their signature in the system. The system has to have the capability to say, for example, *this was all entered on Monday with all of these notes by this person*; *then either the same person or someone else comes in on Thursday and enters additional information that needs to be an addendum also tagged*

with who entered it and when. And not in any way expunging what was originally entered. The really important thing, if there is a signature provided to Medicaid (signature "wet" stamp, PDF image file of a handwritten signature, your electronic records system), it must be a document that this person actually reviewed and approved; if that person did not, it would be considered fraud by the agency submitting the documentation.
This is something that we go back and forth on with providers who argue that a person supervised (but did not complete the work) or they are the clinical supervisor who is responsible for everything. The policy for Progress Notes states that the note must include "the name of the provider who delivered the service, the credentials of the person who delivered the service, and the signature of the provider who delivered the service." That means for that specific service. In some cases, the service may be a component of a code that you are billing (i.e., IOP, Crisis Intervention), but there must be a note for each element performed by different individuals. The person who performed the element must sign [the note] and date it, with their credentials and a legible representation of their name. All of this needs to be part of the Progress Note. The image of a signature looking like the handwriting of the person signing is not the important part; the important part is that the signature represents that individual has reviewed and approved that specific document.

7. **DXC Technology Updates:**
   Billing Information https://www.medicaid.nv.gov/providers/BillingInfo.aspx
   Provider Training https://www.medicaid.nv.gov/providers/training/training.aspx
   Provider Enrollment http://dhcfp.nv.gov/Providers/PI/PSMain/

   NevadaProviderTraining@dxc.com

   Alyssa Kee Chong, Provider Services Field Representative
   - Provider Enrollment: To reinforce WA#2094, providers are under the impression that the Medical Supervisor is no longer a requirement, just a reminder that the enrollment checklists have not changed and are required for every enrollment application. Please continue to submit your revalidation applications and enrollment applications with all of the requirements.

Nevada MMIS Modernization Project
Please review the information per this Nevada Medicaid featured link area. There is information on Important System Dates, Known System Issues and Identified Workarounds, Training Opportunities, and Helpful Resources: https://www.medicaid.nv.gov/providers/Modernization.aspx. Also listed on this page, are ***Modernization (New) Medicaid System Web Announcements***; please refer to these announcements for specific information related to Modernization.

8. **Behavioral Health Provider Questions:**
   The Behavioral Health Policy WebEx would like to address provider questions each month. This will allow us to address topics, concerns, questions from the Behavioral Health providers and make sure the specialists are focusing training and educational components to your needs and gathering your direct input from the BHTA WebEx. We will review last month's questions in detail.

   Q: If notes are entered on a later date that the date of service, is it okay to change the date of the note to reflect the date of service provided?

A: An entry such as the following, would be appropriate: Basically, the added information should be dated when it is added, but it can refer to a previous date – *2/12/2020: Late entry – on 2/10/2020, recipient…signed, provider.*

Q: How do we submit changes: We have a new Clinical Supervisor. I tried to enter through portal but was not able to find where we submit for change in personnel.
A: You submit changes through the Electronic Verification System (EVS) portal, using the updated Provider Enrollment application, updating Clinical Supervision. You will submit a new application with this information. This is done through the online provider portal, EVS. Anything submitted via paper will be destroyed.

Q: Has a method to determine service utilization for therapy services with other providers been reviewed? Last year we had multiple patients who received services at other agencies and didn't report, we had to write off many services. The sessions received prior to needing a PA, based on the level of services. Last year the info was to call the Division office, patients were unsuccessful getting any confirmation, we had multiple tries.
A: Services are recipient-based and it is ideal if the recipient can provide the information to you when they come to your agency. It is for the recipient to try to retrieve that information, to be helpful. A recipient can contact the **Call Center, 800-525-2395**, verify who they are, and verify any Prior Authorizations. The recipient can also make a Records Request in writing or through a phone call to DHCFP's Data and Records Requests. The information cannot be given to the providers as it is recipient-based and follows privacy law. The other option is for a provider to submit a PA request for services that are medically-necessary; regardless of service limitations, with medical-necessity services can be approved and provided. You can refer a recipient to the DHCFP District Offices if the recipient needs assistance finding services. It is for the recipient and NV Medicaid to determine that information. It is not information that is available to the providers as it is recipient-based and protected by law.

Q: I missed the beginning of the meeting, can you show one more time where to find meeting minutes from past meetings?
A: The minutes are located on the DHCFP website, on the BHU webpage: http://dhcfp.nv.gov/Pgms/CPT/BHSmeetings/BHTAWebinars/

Q: Is there a reasonable turn around eta we can have for Provider Enrollments? We never really know how long its going to take. This can affect a Therapist's internship with the LCSW Board, or their ability to work.
A: Regarding initial enrollments, all the enrollment documents on the checklist are required with each application. Any missing information or missing documentation or mismatching documentation will cause a delay in processing. Applications will be returned, and corrections will be requested. Corrections will be made to the original application, through the EVS portal.

Q: There was a discussion for a "Dashboard" for providers to be able to track units remaining for a patient. Is this not going to happen now? It doesn't seem fair to recoup from providers without them having the ability to check BEFORE providing a service if the patient has "Free State Units" available. Its kind of like a trap for providers.
A: It is not the intention of Medication to make providers feel trapped. The services are recipient-based. It could be something determined within the each provider agency how they will address not having the information, how to assist recipients in obtaining the information, and the provider policy may address providing services or referring a recipient to another agency if they are not able to provide services.

Q: I recently heard that ALL (Individual Therapy, Group Therapy, BST/PSR) services have to be provided by the same provider, I am just making sure that information is accurate.
A: The recipient has the right to receive services from the provider of their choice.

Q: Do we have any idea how long the turnaround time is for revalidation? Is there anyone we can talk to for details? Application has been in for a couple of weeks and my expiration date is rapidly approaching – getting nervous. The revalidation letter I received said both that it had to be submitted by a certain date, and that it had to be approved by that date. Can you clarify which it is – submitted by or approved by the date? Thank you.
A: For enrollment turnarounds, it is different for everyone, every application is treated differently. It is processed and if there is any additional research that needs to be done that's taken into consideration as well. You may reach out to your Field Service Representative or the Call Center for status updates. However, we can only provide the information that we can see. Providers do get frustrated if the process takes a long time; however, they are each handled individually, so they are looking at everything included on the application, including Medical Supervisor, Clinical Supervisor. There is a list that they need to verify. They need to do background checks. It can take anywhere from two weeks to a couple of months. Revalidation enrollments can be done up to a year in advance. Providers are advised to have revalidations submitted with no corrections and no returns before the revalidation date. Give yourself time to correct any information before the revalidation date.

Please email questions, comments or suggested topics for guidance to BehavioralHealth@dhcfp.nv.gov