

**DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, September 9, 2020
10:00 - 11:00 a.m.**

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Unit (BHU), SSPS II

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. The webinar is recorded. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dhcfp.nv.gov.

- Introductions – DHCFP, Provider Enrollment, SUR, DXC Technology

2. August 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.

- Prior Authorization (PA) Request
- Updating Provider Contact Information
- Trainings with DXC Technology
- Known System Issues and Identified Workarounds

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

- **09/02/2020** for Network Adequacy and Mandatory Enrollment for Severely Emotionally Disturbed Children in Managed Care
- **09/03/2020** for Performance and Reporting Requirements in Managed Care for Health Equity, Maternal and Child Health, and Performance Improvement Projects

Public Hearings

- **08/25/2020** State Plan Amendments (Community Paramedicine Services and Nurse Anesthetist; Supplemental Payment for Inpatient Hospitals; Managed Care State Plan)
- **08/31/2020** Access to Care Monitoring Review Plan

4. DHCFP Behavioral Health Updates:

Behavioral Health Web Announcements (WA):

<https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>

- **WA#2298** – Urgent Update for All Providers: Provider Relief Fund Application Deadline Extended to September 13, 2020
- **WA#2299** – New Provider Orientation Scheduled for October 2020
- **WA#2287** – Attention Provider Type 14 (Behavioral Health Outpatient Treatment): Mental Health Therapy Claims Denials Resolved
- **WA#2286** – Claims with Evaluation and Management (E&M) Codes Billed with Procedure Codes 93303 and 93306
- **WA#2283** – Telehealth Procedure Code Q3014 Claim Denials
- **WA#2279** – Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for July 2020 Claims
- **WA#2278** – Provider Web Portal Access for Inactive Providers

Carin Hennessey, SSPS II

- **Peer-to-Peer Support Service** – Within the policy itself, we'll bring up a search box, and you can find peer to peer this way. Type Ctrl+f and type in your search item. As you see, our **section for peer to peer is MSM 403.6F**. I will review the service itself and then come back to the provider qualifications for Qualified Behavioral Aide (QBA).
The peer to peer supporter provides a distinct role in that they have the lived experience that is helpful to those in recovery. This service is provided across different provider types within the behavioral health unit and I will speak to those providing this service in the behavioral health outpatient setting. This service exists under Substance Use Disorder (SUD) treatment as well. **The purpose is to use rehabilitative, mental health interventions to reduce social and behavioral impairments and restore recipients to their highest level of functioning.** Some of the domains are in areas of living working and learning to participate fully in the community. This is a service that is very valuable to our recipients because of that lived experience element of the peer to peer supporter. It's delivered directly to recipients and directly contributes to the restoration of the recipient's diagnosis of mental and or behavioral health. Some of the assistance included in the peer to peer support service is stabilization of the recipient, helping the recipient to access community based mental or behavioral health services, assisting in crisis situations and interventions, and providing preventative care assistance; providing preventative care assistance means helping to link or assist recipients with connecting to that preventative care service, as opposed to providing the preventative care yourself as a pure supporter. Additional assistance included in the peer to peer support service is personal encouragement, self-advocacy, self-direction; training and peer mentoring are key elements of the service. The individual provider is viewed

as being able to serve the needs of the recipient; it's kind of making the right match there in terms of connecting people.

The peer supporter cannot be a legal guardian or a spouse of the recipient. At a minimum, they **meet the qualifications of a QBA and they are contractually affiliated with a Behavioral Health Community Network, an independent professional, or a rehabilitative treatment agency.** It is determined appropriate in the treatment planning process; people at different times within their recovery may benefit more from this peer to peer service and that's determined in designing the treatment plan. There is a prior authorization required for the service and in that you do use the FA-11 form as you would for other rehabilitative mental health services. There are limits based on thirty day maximum; as you can see, this service does not have a lot of hours per month.

I'm not really going to speak in this webinar on how children receive this service. We can revisit this service specifically for children and adolescents, but this review is for adult recipients. You're looking at a maximum of six hours per 90-day period, that's the most you would be requesting on your prior authorization.

As for the admission criteria, clinical documentation is provided to demonstrate that the recipient meets the admission criteria for the service and the appropriateness for this service. Recipients will benefit from the peer supporter's understanding of the skills needed for successful recovery. The recipient will need to be responsive to peer support and working with a peer supporter. The recipient will require assistance to develop self-advocacy skills, which are hugely important. What makes the service so important is the fact that the peer supporter has been through this experience and can assist in helping others in recovery. Peer modeling is important and helping the recipient to take increased responsibilities for his or her own recovery. **Peer to peer support services are in the best interest of the recipient and will improve the recipient's mental, behavioral, and overall health.** The service may not be beneficial to everyone; there are recipients that will fit the criteria and really work well with the peer to peer supporter and the peer to peer support services.

Many of you may be familiar with the QBA and what is required for the enrollment of the QBA. Section 403.6A, page 27, reviews the requirements. If another specialty is enrolled and fulfills the "lived-experience" component, they also could provide the service. **A peer supporter does function under Clinical and Direct supervision in an Outpatient Mental Health (OMH) or Rehabilitative Mental Health (RMH) setting.** The general qualifications for the QBA include the 16-hour training required for these professionals; the minimum two (2) hours of quarterly in-service training is every three months. There's also training provided on basic living and self-care, social skills, communication skills, parental training (in the case of children), organizational and time management skills, and traditional living skills. In 403.6A.3., for those who will function as peer to peer supporters, quarterly training will also include at a minimum, any combination of the following competencies; it is

acceptable to focus on a single competency as well. Competency areas: the ability to help stabilize the patient; the ability to help the recipient access community-based mental or behavioral health services; the ability to assist during crisis situations and intervention; ability to provide preventative care assistance and the ability to provide personal encouragement, self, advocacy, self, direction, training and pure monitoring. These competencies are specific to that peer supporter role. **The qualification is standard for passing a criminal background check, submitting the results of the criminal background check and making them available to for review.** Related to this background check there have been some questions. Please ask any questions you may have and perhaps Provider Enrollment can assist. This section is the same as it would for any enrolling provider and applies to the peer supporter. TB testing and annual training are standard. It is also standard underneath agency supervision to provide training to anyone within the agency who is providing services to Medicaid recipients. If you have any further questions, please contact the Behavioral Health Unit inbox.

Also, a reminder to please continue submitting feedback to the BHU, through the post-BHTA questionnaire.

We are working on an update to the WebEx Login Instructions currently available on the BH Services webpage on the DHCFP website. We want to make attending these webinars as easy as possible for providers.

Please refer anyone who is not currently on the contact list for the BHTA to reach out through the BHU inbox and request to be added.

6. DHCFP Provider Enrollment Unit Updates:

Nevada Medicaid Website: <https://www.medicaid.nv.gov/providers/enroll.aspx>

DHCFP Website: <http://dhcfp.nv.gov/Providers/PI/PSMain/>

- Regarding the waiver that CMS issued at the beginning of the COVID-19 government shutdown, CMS issued waiver to all of the states and **one of the items in the waiver that we took advantage of was pushing out revalidation dates.** I want to give providers a head's up if you were set to revalidate in March, April, May, June, or July, and you failed to do so. **The waiver for providers not revalidating during that time is expiring on Monday (September 14, 2020). Please submit your revalidations.** If you were set to revalidate during that time, and did not, keep in mind that all providers are able to revalidate up to one year in advance. We always want to ensure a smooth revalidation. Please be sure that you have disclosed appropriately, that all of your documents you're providing match the information on your licensure and on your revalidation application. Confirm that you have the proper signatures on all of the documentation that you provide to us.

Continuing a topic that we addressed last month, please be sure that as part of an ongoing process you **keep your addresses up to date with**

specifically the most current service address and your most current mailing address. If we are unable to reach you by mail and mail is returned to us with no forwarding address, as you're familiar with our manual especially Chapter 100, that would begin a termination process. We certainly don't want to terminate someone just because their mail can't reach them, because an address hasn't been updated. I just want you to all be aware of that.

7. 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/>

8. 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 Relations Field Service Representative - North
Susan McLaughlin, Provider Relations Field Service Representative – South

- **Provider Call Center and Requesting Recipient Service Utilization** -- I just wanted to give some information for our providers in order to be able to access a service utilization or treatment history. Providers can contact the **Provider Call Center (877-638-3472)**. Providers can contact the call center **Monday through Friday, between 8 AM and 5 PM Pacific time, and ask for a treatment history for a recipient, for any of the Behavioral Health therapy CPT codes.** Those codes are referenced in Web Announcements #1622, or in the Billing Guidelines for PT 14. The service limitations are combined limitation for those CPT codes that are listed on that web announcement. You can call the call center and ask the call center agent to look up a recipient ID number and a specific CPT code. They can do a date range search for you. The agent can tell you the date and the number of units that have been utilized in that date span. **However, the agent would not be able to release the name of the provider that treated the recipient.** They would be able to give you the number of units utilized for those particular CPT codes. You would have an idea of where that recipient was on their utilization of that service. So that's an option that's available for providers. This is not available through the web portal for the providers. PT 14 is not a provider type for which we can do a treatment history search. However, this is an option for you to use the call center and the customer agents who are very well-versed on this process and understand how to do that look up. So, it's an option that's available out there for everyone.

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.

9. **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. The previous month's questions with answered on the posted minutes for the meeting.

Q: Web Announcement 2287, will you please confirm if Medicaid will reimburse ongoing PT 14 services for Medicare recipients for specialties 300,306 and 307? If possible, will you review this Announcement? We have different interpretations in our office.

Will Medicaid reimburse ongoing services for these provider types/recipients? Does this mean that if I am a Medicaid provider, I can now provide services to a Medicare client and be reimbursed through Medicaid?

A: QMHPs, LMFTs, or LCPCs are not enrolled underneath Medicare. They are not able to bill without being enrolled; therefore, they cannot receive an Explanation of Benefits (EOB) from Medicare to submit with a claim to Medicaid. These provider type specialties (300, 306, 307) have been included in an edit so that they can bill for these services (see WA#2287 for the impacted procedure codes), without the requirement of the EOB from Medicare on particular procedure codes, as stated in the web announcement. Any claims for these codes that processed on or after February 1, 2019, through August 25, 2020 and were denied in error will be automatically reprocessed. Moving forward from this date, you may bill these procedure codes as appropriate.

Q: What happens if you accidentally submitted a new provider application with attachments but were trying to save so you could resume it?

A: You will need to contact Provider Call Center or your Field Representative. If the Enrollment Team may need to go in and manually reset the application. Providers can reset their applications if it's in a submitted status. If it has been reviewed already by an enrollment analyst, then a provider would have to contact the Provider Call Center to have it reset for them. The Provider Call Center number is 877-638-3472.

Q: Could someone review the public workshop of 9/2/2020 regarding SED children?

A: If you have a specific question, we can get answers to you. The workshop did take place and I am working on the location of the recording/minutes. There were technical difficulties with the recording and if you can email

BehavioralHealth@dhcp.nv.gov with your inquiry we will follow with the information once that is available.

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