Behavioral Health Community Network
Quality Assurance Program
Frequently Asked Questions (FAQs)

**When did the new Behavioral Health Community Network (BHCN) Quality Assurance (QA) policy go into effect?**
The new BHCN QA policy went into effect May 1, 2016. Changes were made to both the Medicaid Services Manual (MSM) Chapter 400 and the Hewlett Packard Enterprise Services (HPES) Billing Manual.

**Where can I locate a copy of the new policy?**
The policy can be located on the Division of Health Care Financing and Policy (DHCFP) web site. Please reference the specific chapter citation, MSM Chapter 403.2.B.6.
http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/

**Where can I locate a copy of the HPES Billing Manual?**
The billing manual can be located on the HPES web site. Please reference the section specific to BHCN Providers located in Chapter One.
https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf

**Does the new policy affect me?**
The policy affects any provider enrolled as a BHCN.

**What if I don't currently provide services to Medicaid recipients?**
The policy affects any provider enrolled as a BHCN, regardless if services are being provided to Medicaid recipients. Quality measures are assessed at the program level, not a specific population based on payer source.

**What documentation is required in year one?**
In year one, the goal is to ensure the BHCN has implemented an approved QA Program that creates a solid foundation to ensure future improvement and success. The BHCN should use MSM 403.2.B.6a – MSM 403.2.B.6d as the guide and submit all required documentation with the exception of any results.

(Example – Year One) Satisfaction of Care Measure – submit a copy of the required survey.

Please be sure to read the HPES Billing Manual in order to have a firm understanding of how to collect results and be able to report on them starting in year two. Please do not submit previous QA reports based upon old policy.

**What documentation is required in subsequent years?**
Use MSM 403.2.B.6a – MSM 403.2.B.6d as the guide, and submit updated QA Program documentation as required in year one, but also submit detailed report results. Please be sure to read the HPES Billing Manual for additional details on how to report these results.

(Example – Year Two) Satisfaction of Care Measure – submit a copy of the survey and the results (frequency of the survey, the number of surveys administered, number of completed surveys received and what actions the BHCN took to respond to adverse results).

**Is there a template for submitting QA program documentation?**
There is not a BHCN program documentation template. BHCNs are expected to use policy as the submission guide. Please only submit information requested in MSM 403.2.B.6. Additional information is not necessary.

**Under the Effectiveness of Care measures, what is the difference between the nationally recognized assessment tool to monitor recipient functioning and the assessment tool used to review treatment and/or rehabilitation plans?**
The nationally recognized assessment tool is what will be used to demonstrate recipients' stable or improved functioning. Examples of nationally recognized assessment tools include the *Child and Adolescent Service Intensity Instrument (CASII)* and the *Level of Care Utilization System (LOCUS)*; however, policy is not limited to these specific tools. Please use the tool most appropriate for the BHCN service model.

The assessment tool required to review Treatment and/or Rehabilitation Plans will be used to perform record reviews to ensure compliance with MSM Chapter 400 requirements. BHCNs are encouraged to develop a review form that encompasses criteria listed in the billing manual. Please include a copy of this form with QA Program documentation.

**What will happen if my QA program is not accepted?**
The BHCN will receive a findings letter detailing corrections that need to be made. The BHCN will have 15 days to submit the necessary changes or updates.

**I received a letter requesting my QA Program but I am no longer providing services. What do I need to do?**
The BHCN received a letter because it is showing as active in the system. If the BHCN wishes to disenroll, please complete a FA-34 Written Notice of Provider Termination. This ensures the deactivation of the provider file was at the request of the provider and is needed for audit purposes. The form is located on the HPES provider website at:
https://www.medicaid.nv.gov/providers/forms/forms.aspx

**What if the contact information has changed for the BHCN?**
Any changes to the BHCN's contact information or ownership must be reported in writing within five business days. The BHCN will need to complete the FA-33 form for Provider Information Change. This form is located on the HPES website and instructions are on the form on how to complete it and where to submit it.
https://www.medicaid.nv.gov/Downloads/provider/FA-33.pdf

**Where do I send my QA program documentation?**
QA documentation can be emailed to PDPMReview@dhcfp.nv.gov or mailed to:

Nevada Division of Health Care Financing & Policy
Attn: Crystal Johnson, Policy Development and Program Management
1100 East William Street, Suite 101
Carson City, NV 89701

Faxes are not recommended. If emailing documents, please make sure they are legible, labeled and submitted in an orderly fashion. Please try to send as few scanned documents as possible.

**Who can I call if I have questions?**
Crystal Johnson, Quality Assurance Specialist
775-684-3724
crystal.johnson@dhcfp.nv.gov