

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE MINUTES – January 14, 2015

Coordinator: Alexis Tucey, DHCFP

Webinar Address: https://dhcfp.nv.gov/BehavioralHealth/BH_Calls.htm
Call in number: 1-888-363-4735 Access Code 1846315

1. Purpose of BH Monthly Calls

a. Introductions

DHCFP: Alexis Tucey, Hilary Jones, Kim Riggs, SURS: Teresa Chalmers, and Russ Carpenter
HPES: Joann Katt, Sarah Ramirez, Annette Piccirilli, Ismael Lopez-Ferratt, Lori Beckman, Tracy Wagner

b. Providers were encouraged to submit questions and topics they would like to discuss in advance at <https://dhcfp.nv.gov/BHContactus.asp>. Items should be submitted by the last Wednesday of the previous month. The new webinar meeting format offers providers an opportunity to ask questions via “chat room” and receive answers in real time.

c. Webinar platform was reviewed and providers were encouraged to sign into the meeting. Registration was explained as were other features of the Webinar platform. The following link was provided:
https://dhcfp.nv.gov/BehavioralHealth/BH_Calls.htm

3. DHCFP Policy

a. Day Treatment Medical Models:

i. Medical Model submission for Day treatment programs. Alexis explained Day Treatment policy will be performed as required by Nevada Medicaid’s Policy [MSM Chapter 400](#). Day Treatment services must be under Provider Type (PT)14 Behavioral Health Community Network (BHCN) groups which

have a Day Treatment model approved by The Division of Health Care Financing and Policy (DHCFP). Providers that are performing Day Treatment under any other provider type, such as PT 26 or 82 will be required to enroll as a provider type 14 and submit their Day Treatment Medical Model. Providers that do not have an approved model and are not enrolled as a provider type 14 will not be reimbursed for day treatment services as of April 1, 2015. This is specific to Day Treatment services (billing code H2012) only. If a provider type 14 does not submit their medical model for day treatment, they may continue to provide all other services authorized under Provider Type 14.

Alexis reinforced that the day treatment models should be submitted with the checklist directly to HPES by January 31st, 2015. The checklist is based on policy which is further outlined in Medicaid Services Manual (MSM) Chapter 400, Attachment A, Policy #4-01 through Policy #4-03. Per policy be advised Provider Type 26 and 82 will need to refer specifically to MSM Chapter 400, and meet the requirements of a Behavioral Health Community Network (BHCN) as outlined in 403.1. Providers need to ensure they meet the supervisory requirements outlined in 403.2A which clarifies the medical, clinical and direct supervision needed to enroll as a Provider Type 14. Alexis reinforced that all prior authorizations for Day Treatment will be required to be submitted through the provider Web Portal. If providers do not have access to the Web Portal, please contact HPES at 1-877-638-3472, option 2, then 0 and 3. Send programmatic models only as a part of the completed enrollment paperwork to the HPES Provider Enrollment Unit at P.O. BOX 30042 Reno, NV 89520-3042.

ii. Alexis reviewed information and components of the Day treatment model submission process. Web Announcement # 857 was pulled up from the HPES website for viewing and the link provided:
https://www.medicaid.nv.gov/Downloads/provider/web_announcement_857_20141231.pdf. Alexis also discussed the Day Treatment Model Checklist and pulled up the checklist from the HPES website for viewing.
https://www.medicaid.nv.gov/Downloads/provider/NV_EnrollmentChecklist_PT14-82_Day_Treatment_Model.pdf.

Alexis announced on the call that there will be two Day Treatment Technical Assistance Provider Webinars held on January 20th 2015. The morning session is 9am to 10am and afternoon session 2pm to 3pm. The Webinar will assist providers with questions and give them time to make modifications prior to submission of their medical models. Webinar address:
<https://dhcfp.nv.gov/BehavioralHealth/Day%20Treatment%20Technical%20Assistance%20Webinar.pdf>

b. Public Hearing- February 12, 2015

- i. Alexis explained that there are proposed changes to MSM Chapter 400 to add Licensed Clinical Drug and Alcohol Counselors (LCDAC) and LCDAC interns to enroll as Qualified Mental Health Professionals (QMHP). This will allow an additional qualified and licensed group under their Board of Examiners to perform appropriate and Behavioral Health services determined appropriate and medically necessary.
- ii. Alexis also explained the update to add additional federal citations for Institution of Mental Disease (IMD) to MSM Chapter 400 policy to uphold CMS State Medicaid Manual, Chapter 4. Policy changes which define an IMD as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.

4. Surveillance Utilization Review (SUR)

a. Progress Notes-Cutting and Pasting: Russ discussed copying and pasting progress notes is a violation of the Medicaid policy. Russ cited MSM Chapter 3300, Section 3303.1A Coverage and Limitations that stipulate the definition of fraudulent acts, false claims or abusive billing practices, and stressed the importance of provider's adherence to MSM Policy. Alexis reinforced MSM Policy 400 Section 403.6B Rehabilitative Mental Health (RMH) services which states "progress notes must reflect the date and time of day that RMS services were provided; the recipient's progress toward functional improvement and the attainment of established rehabilitation goals and objectives; the nature, content and number of RMH service units provided; the name, credential(s) and signature of the person who provided the RMH service(s). Progress notes must be completed after each session and/or daily; progress notes are not required on days when RMH services are not provided; a single progress note may include any/all the RMH services provided during that day." Alexis pulled up the Policy section for provider viewing during the webinar.

5. Hewlett Packard Enterprise Services (HPES) Update

- a. Appeals Annette explained providers may submit requests for appeals one at a time. HPES has seen providers request reconsideration while they have a pending peer to peer. If a request for reconsideration is received while we have the peer to peer pending that reconsideration request will be rejected. Once the peer to peer is completed the provider may request a reconsideration. Please do not request a reconsideration while the peer to peer is pending.
- b. Web Announcements Annette discussed Web Announcements (WA) [Web Announcements](#)

WA 862: Instructions regarding billing over one year to the next.

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_862_20150109.pdf

WA 858: Eligibility checks and automated response services:

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_858_20141231.pdf along with emphasis that if portal is down to use the ARS system and that phone number.

WA 854: Portal enhancement (rates now attached):

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_854_20141224.pdf

WA 852: Provider Payer Path Training:

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_852_20141224.pdf

For HPES assistance providers can call: Customer service 800-525-2395 and for training contact Ismael Lopez-Ferratt at (702) 334-1622.