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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE
MINUTES – February 11, 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 Model Review Status:

i. Alexis informed providers that Day Treatment models are currently being reviewed by Nevada Medicaid's Clinical Policy Team to assess if providers are in compliance with Nevada Medicaid's Policy MSM Chapter 400. The Day Treatment policy has been in effect since September of 2013. Alexis reviewed model requirements and answered provider questions. Alexis explained that the review of Day Treatment models will determine whether the provider meets the policy stipulations. Alexis reviewed the day treatment enrollment

checklist and pulled it up on the webinar up for viewing (link provided): https://www.medicaid.nv.gov/Downloads/provider/NV_EnrollmentChecklist_PT14-82_Day_Treatment_Model.pdf. If models are noncompliant with policy, providers will not have the ability to bill for Day Treatment effective April 1st, 2015.

Alexis also pulled up Announcement #857 posted December 31st, 2014 (link provided):https://www.medicaid.nv.gov/Downloads/provider/web_announcement_857_20141231.pdf

b. Public Hearing- February 12, 2015

i Alexis explained that the upcoming Public Hearing proposes 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. Alexis brought up the public notice on the DHCFP website for provider viewing. https://dhcfp.nv.gov/publicnotices.htm

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.

c. Updating Information: Alexis encouraged providers to use FA 33 the Provider Information Change form to report any changes to the provider's to information on file with Nevada Medicaid. Alexis took providers the web link and pulled up the form for provider viewing. https://www.medicaid.nv.gov/providers/forms/forms.aspx

4. Surveillance Utilization Review (SUR)

Russ Carpenter explained when SUR performs site reviews they have found that some of the providers are not signing the FA 11 form. Russ reinforced all providers must sign the FA-11's when submitted to HPES. Russ said the provider who submits the document must verify by his/her signature and that services requested are medically necessary. That requirement is met with a person's signature, not a facsimile of one such as a rubber stamp. A form that is signed and faxed, or signed, scanned, then securely emailed meets this requirement.

5. Hewlett Packard Enterprise Services (HPES) Update:

a. Review of Web Portal Enhancements and Web Announcements 854, 867, and 868 https://www.medicaid.nv.gov/

i. Ismael began by instructing providers on updates on web announcements 854 (fee schedule from EVS), 867 (authorization criteria search function enhancement), and 868 (clinical rationale for decision no available through web portal). https://www.medicaid.nv.gov/providers/newsannounce/default.aspx

ii. Providers are instructed to wait until a request is decided before requesting an appeal. When a provider has requested a peer to peer they are not to simultaneously request reconsideration. If a peer to peer is requested please wait until the peer to peer has been completed. If the provider is unable to make the peer to peer at the designated date and time please cancel it and THEN submit a request for reconsideration. Provider may cancel using either the peer to peer email or by calling.

iii. HPES is also seeing providers requesting reconsideration when the second level review has not been completed. Providers are to wait until their request for review is decided and a determination is made before an appeal may be requested. A request for appeal may follow a determination and is not made while a determination or decision is pending.

iv. Providers are referred to the service limits for rehabilitative mental health services in MSM Chapter 400. We've seen an uptick in providers requesting services in excess of what is allowable per policy. So, as a reminder please refer to MSM Chapter 400 for the following: The State Policy for BST is up to 2 hours daily and may not exceed 90 day intervals. PSR service limitations are based on CASII or LOCUS Level (Level 3 up to 2 hours/8 units daily…) and the service limits for day treatment are in attachment A and provider is reminded that the service limits are based on age cohorts as well. If provider determines that services which exceed the limits are clinically indicated they may use the last page of the FA-11A which is section 12 Service Limits. Instructions are there.

v. Directing providers to billing guidelines for their provider type. Explaining the difference between CPT codes (generally visit based) codes and HCPC codes (generally 15 minute increments except for day treatment where 1 unit is equal to 1 hour of service). We've seen providers confusing the CPT codes with the HCPC codes and requesting them as if 1 unit is equal to 15 minutes We've received requests which appear to confuse the two (example 4 units of 90834 1x weekly for 12 weeks). Please refer to the billing guidelines for your provider type for the definition of the CPT codes for visit based psychotherapy codes. 1 unit equals 1 session.

vi. Providers are reminded that the QMHP prescribing the services are to sign the PAR.

vii. We'll also be putting out the annual provider reminder that day treatment is not social programming for use during spring break or summer break. We have already seen requests for review which seem to indicate that is the intent of the service.