

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE

MINUTES – March 11th, 2015

Coordinator: Alexis Tucey, DHCFP, Behavioral Health Supervisor

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: Kurt Karst, and Russ Carpenter

HPES: Joann Katt, Vicky Armstrong, Annette Piccirilli, Ismael Lopez-Ferratt, Lori Beckman, Tracy Wagner

CMO/Value Options: Erin Snell

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

2. Care Management Organization – Value Options

- a. Special Presentation on the CMO by Erin Snell, LCSW, MBA: Ms. Snell explained the difference between Nevada Medicaid’s Health Care Guidance Program the “CMO” vs. Managed Care the “MCO”. Erin explained CMO enrollees will continue to receive medical services through the current FFS payment system. The CMO is an additional medical benefit to those eligible for the program. Enrollment in the CMO is offered to all eligible FFS Medicaid beneficiaries with one or more chronic health conditions. The CMO will serve up to 41,500 individuals. The CMO is also

known as the Health Care Guidance Program. This program was developed to provide innovative solutions for high-need Nevada Medicaid enrollees who are facing one or more chronic medical conditions, have a persistent mental health or substance use disorder condition, or have high utilization of services. Value Options is a health improvement company specializing in mental and emotional wellbeing and recovery. Erin provided three handouts that contain frequently asked questions about the CMO, a provider manual and the referral form. Please see them embedded below:

[CMO Provider Manual](#)

[CMO FAQ](#)

[CMO REAL TIME REFERRAL](#)

3. DHCFP Policy

a. Day Treatment Medical Model Review Status Update:

- i. Alexis explained that denial and approval letters have been sent out to Day Treatment providers that have submitted their models to DHCFP. Alexis gave a brief history of the events that have occurred to inform providers of the DHCFP model review process. The policy has been in effect since September of 2013 and the DHCFP held a Public Workshop on December 4th, 2014 which included the presentation of the enrollment checklist:
https://www.medicaid.nv.gov/Downloads/provider/NV_EnrollmentChecklist_PT14-82_Day_Treatment_Model.pdf Web Announcement was posted on December 31st, 2014, Web Announcement #857, https://www.medicaid.nv.gov/Downloads/provider/web_announcement_857_20141231.pdf The DHCFP conducted two Technical Assistance (TA) Webinars for Day Treatment Providers on Tuesday, January 20th, 2015. Key information has been shared with providers about medical and clinical supervision, and day treatment policy requirements.
- ii. Providers were informed that if they did not have an approved model, effective April 1st, 2015 providers will not be allowed to continue billing Medicaid for Day Treatment services. Alexis gave additional information about the requirement to use the Web Portal for submission of prior authorization requests. HPES is available for training to providers on the portal and PA requests. Providers were encouraged to contact Ismael Lopez-Ferratt at ismael.lopez-ferratt@hp.com / 702-334-1622 for a training session on using the system.

- iii. Updating Information: Alexis explained that during the Day Treatment policy implementation process the DHCFP discovered that provider information was not current in MMIS. Alexis took providers to the web link and pulled up the form for provider viewing. <https://www.medicaid.nv.gov/providers/forms/forms.aspx> FA-33 Form: <https://www.medicaid.nv.gov/Downloads/provider/FA-33.pdf>. Alexis encouraged providers to utilize the change form.

4. Surveillance Utilization Review (SUR)

a. Updating information – FA33

Russ Carpenter explained if there are any changes to your staffing, address, contact information, please complete the FA-33 form and submit it to HPES to ensure the correct information is on file. Providers must adhere to Medicaid reporting requirements found in MSM Chapter 100 Section 103.3 and 103.3A. Medicaid providers are required to report, in writing within five working days, any change in ownership, address, or addition or removal of practitioners, or any other information pertinent to the receipt of Medicaid funds. Failure to do so may result in termination of the contract at the time of discovery.

5. Hewlett Packard Enterprise Services (HPES) Update:

- b. Web Portal Enhancements: Physician Look-Up: Ismael shared that providers can go to the portal and search providers. Providers were encouraged to contact Ismael Lopez-Ferratt at ismael.lopez-ferratt@hp.com / 702-334-1622 for a training session on using the system. The link and instructions provided: <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>

Q and A:

How does the EVES system show CMO eligibility?

Please see Web Announcement 779:

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

Is there a list of the approved Day Treatment programs?

HPES Web Portal: Go to the portal and search providers. The list of Day Treatment providers is currently being revised. Day Treatment programs are listed by filtering the database by choosing "Other" from the drop down menu for Provider Type. Then choosing "Approved for Day Treatment Proc (H2012)" from the Provider Specialty drop down list. <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>

How can providers obtain a PA for Day treatment?

Day Treatment services will all need to be submitted on the Web Portal and will only be accepted on the Web Portal. Fax/Paper authorizations will not be accepted.

How can a Medicaid recipient with SED/ SMI disenroll from managed care/ go back to Fee for Service (FFS) Medicaid?

For complete policy regarding SED/ SMI disenrollment from managed care, please refer to MSM Chapter 3600, section 3603.4 which is available on the DHCFP website at <https://dhcfp.nv.gov/managed.htm>. The form is located at the same address. If you have questions about the policy please call Laura Palotas, Program Officer I Phone (775) 684-3692.

Can I bill a family therapy session and an individual therapy session on the same day?

HPES: Ismael Lopez-Ferratt provided a link to NCCI edits: <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html> for additional information call ismael.lopez-ferratt@hp.com / 702-334-1622.

How do you indicate a request for Day Treatment services on a prior auth? Besides the coding information, should there be additional info presented on the par?

On the FA 11A form page six (6) is the location that a provider will enter their requested service (please see link below for the form). Clinical documentation on the PAR must demonstrate that the recipient meets the medical necessity criteria for day treatment services. The written documentation of the treatment, services or service coordination provided which reflects the progress, or lack of progress towards the goals and objectives of the Treatment and/or Rehabilitation Plan(s). If the rehabilitation plan goals have not been met, the re-evaluation of the rehabilitation/treatment plan must reflect a change in the goal, objectives, services and methods and reflect the incorporation of other medically appropriate services such as outpatient mental health services. The PA form instructs providers to describe current functioning and also requests information about significant life events and family history that relate to the recipient's Axis I diagnosis and/or that brought the recipient to treatment, e.g., pertinent family information, developmental history, medical issues, sexual history, substance abuse and legal history. Please refer to Medicaid Services Manual Chapter 400, Attachment A, Policy #04-01 through Policy #04-03 for policy clarification.

What is the specific form to submit to the HPES portal for day treatment?

The correct form for providers to submit for Prior Authorization of Day Treatment services through the HPES web portal is FA 11A and the form is located at: <https://www.medicaid.nv.gov/Downloads/provider/FA-11A.pdf>.