

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE MINUTES – May 13th, 2015

Facilitator: 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. House Keeping – Providers were encouraged to mute calls by pressing “*6”. Alexis explained that questions and comments can be submitted in advance to the DHCFP behavioral mailbox and gave the mail box address: BehavioralHealth@dhcfp.nv.gov. Questions and comments should be submitted by the last Wednesday of the previous month. Alexis encouraged providers to use the new webinar meeting format which offers providers an opportunity to ask questions via the “chat room” and receive answers in real time. Alexis also reviewed the Webinar platform and said that 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
- b. Introductions:
DHCFP: Alexis Tucey, Hilary Jones SURS: Kurt Karst, Russ Carpenter
HPES: Annette Piccirilli, Joann Katt, Ismael Lopez-Ferratt,

2. DHCFP – Policy Updates:

- a. National Governor’s Association (NGA) Public Workshop Status Update: Alexis explained that the Department of Health and Human Services, and the Division of Health Care Financing and Policy (DHCFP) as a part of the National Governor’s Association Policy academy are working on a plan to implement an innovative, cost-effective approach to address the behavioral health issues in Nevada’s youth population. This DHCFP is holding a series of workshops to discuss and gain a better understanding of the behavioral health transformation project. The purpose of this workshop is to gather stakeholder input regarding mandating and standardization of behavioral health screening for children. This will include discussion of the following topics:
 - a. Best practices and current screening tools being utilized
 - b. Mandating screening
 - c. Standardizing screening tools

b. Public Workshops/Hearings

Alexis navigated to the Public Notice section on the DHCFP Internet and showed the providers the National Governors Association (NGA) meeting notice and the way to access agenda's attachments and screening tools.

3. DHCFP- Surveillance Utilization Review (SUR)

- a. Russ informed providers that the SUR unit is monitoring and reviewing provider's practices to assure that they adhere with policy. Currently SUR is investigating behavioral health providers who submit claims for TCM (T1016) and Behavioral Health Therapy (H0004) in the home or community based setting. These BH providers may be receiving educational letters and recoupment's if it is determined that the providers billing practices are not in alignment with policy.

4. Hewlett Packard Enterprise Services (HPES) Update:

- a. Joann stated that she has observed an increase in providers' appeal submissions for reconsideration on technical denials. It was explained that reconsiderations should be requested only when there is a service denied or reduced and that reconsiderations are not to be submitted for technical or eligibility denials.
- b. Providers were encouraged to contact Ismael Lopez-Ferratt at ismael.lopez-ferratt@hp.com / 702-334-1622 for a training session on billing, appeals, or web features.

5. Q&A's:

Q. Are there going to be any changes to forms when the ICD-10 is implemented?

A. Annette said that if HPES forms need to be updated prior to ICD 10 implementation providers will find the updated forms on the HPES web site. Please check for announcements and notification of form changes on the HPES website. <https://www.medicaid.nv.gov/> Web announcement 810 notifies providers that congress delayed the implementation date from 10/1/14 to 10/1/15.

Q. Who can I speak with over at HP about our PACT program we run and the numerous denials we get from HP with the response that there is not a familiarity with the program?

A. Alexis explained that Program for Assertive Community Treatment (PACT) is a service delivery model. Providers should submit to HPES documentation, treatment plans and pertinent clinical as they do for all BH services. Alexis encouraged PACT providers to submit documentation to HPES as outlined in MSM Chapter 400 (see link):
<https://dhcfp.nv.gov/MSM/CH0400/MSM%20Ch%20400%20Packet%20MOD%203-01-15.pdf> Sections:

- Documentation requirements for Treatment Plan: 403.2B
- Documentation requirements for Rehabilitation Plan: 403.2B.2.d.1 and
- Outpatient Mental Health Services Screens and Assessments: 403.4.

Q. Please clarify the kinds of electronic signatures DHCFP/HPES will accept.

A DHCFP is still looking into this matter and will respond directly to this providers question by email.