

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

## **BEHAVIORAL HEALTH TECHNICAL ASSISTANCE MINUTES – June 10th, 2015**

**Facilitator: Kim Riggs, DHCFP**

Webinar Address: [https://dhcfp.nv.gov/BehavioralHealth/BH\\_Calls.htm](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](mailto:BehavioralHealth@dhcfp.nv.gov). Questions and comments should be submitted by the last Wednesday of the previous month. Kim 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.
- b. Introductions:  
DHCFP: Kim Riggs SURS: Russ Carpenter HPES: Annette Piccirilli, Ismael Lopez-Ferratt,

### **2. DHCFP – Policy Updates:**

- a. National Governor’s Association (NGA) Public Workshop Status Update: Kim provided an update on the upcoming workshop and encouraged providers to attend and participate. [National Governor's Association \(NGA\) Public Workshop Agenda](#)
- b. Treatment Plans/Inclusion of Recipient and/or Family provided information within [MSM Chapter 400](#) refer to 403.2B Documentation. 1. a. – f.  
*The recipient, or their legal representative, must be fully involved in the treatment planning process, choice of providers, and indicate an understanding of the need for services and the elements of the Treatment Plan. Recipient’s, family’s (when appropriate) and/or legal representative’s participation in treatment planning must be documented on the Treatment Plan.*
- c. Health Care Guidance Program (HCGP) – Real Time Referral (RTR) [Health Care Guide Program/Care Management Organization\(CMO\)](#)

Kim provided a overview of the CMO Provider Manual. Pointing out the RTR located on the last page. To contact HCGP call 1-855-606-7875

- d. Appeal Process: The difference between Provider and Recipient Review the HPES Web Announcement 474 Annette provided information concerning the process identifying the Peer-to-Peer and reconsideration. Explained the procedures and the timeline. [HPES Announcement 474](#)

### **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) 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 that was reviewed for the Providers.
  - [MSM Chapter 2500](#) Please refer to Case Management Services, MSM 2502.10 a. – d.; pg 4 and 5 also 2502.10A – Case Record Documentation.
  - Russ provided a detail overview of submitting TCM (T1016) based on the level of intensity which Annette from HPES explained the Level of Intensity of Need for Services throughout policy, [MSM Chapter 400](#)

### **4. Hewlett Packard Enterprise Services (HPES) Update:**

- a. Annette stated there has been an increase in providers not correctly addressing the information requested in the FA-11A [HP Form FA-11A](#) requests require signature, also when providing information on question VII. Systems and Significant Life Events be reminded of the cued information in the quotes. When this is not done it causes a delay in services for the recipient when HP has to be pended for the updated information.
- b. Ismael provided an update concerning Provider Type Billing Guide 14 concerning Day Treatment(H2012) [HP Provider Type 14 Billing Guide](#) on page 9
- c. Ismael also provided an update concerning HP Announcement 916 [HP Announcement 916](#) address Applied Behavior Analysis Provider. Annette clarified this is a specific provider enrollment with strict qualification. Providers were encouraged to contact Ismael Lopez-Ferratt at [ismael.lopez-ferratt@hp.com](mailto:ismael.lopez-ferratt@hp.com) / 702-334-1622

## 5. Q&A's:

Q. Yes, a ? : please clarify again the "timeline" required for the recon and give an example. Also, where is the tutorial on web submission of PAR request for DT services, uploading attachments, etc. (a recent web submission indicated "1" (attachment uploaded and verified); but MA people said "No attachment seen...", "??!!

A. Annette provided more information concerning HPES form F-11A and timelines. Ismael provided the following information concerning Chapter 4. Prior Authorization [HP User Manual Chapter 4 Prior Authorization](#)

Due to limited time the following questions will be further discussed in the Behavioral Health Meeting in July

Q. I Had sent in a question about the appropriate way to bill for Telehealth, specifically the originating site and the distant site. Is there a chance we could talk about that?

Q. Is there a reasonable appeal process for recipients who roll over to one of the MCOs; in the middle of their approved service period? We are unable to appropriately discharge recipients when they are flipped unexpectedly; and some of which are losing their fee for service benefits, in the midst of experiencing severe mental and emotional distress.

Kim in closing provided the information for providers to email questions and comments any time prior to the webinar to [BehavioralHealth@dhcfp.nv.gov](mailto:BehavioralHealth@dhcfp.nv.gov)