

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE

Minutes– Wednesday, August 10, 2017

10:00 - 11:00 a.m.

Facilitator: Kim Riggs, DHCFP, Social Services Program Specialist

Webinar Address: [WEBEX Registration Link](#)

1. Purpose of BH Monthly Calls

- a. Questions and comments may be submitted to BehavioralHealth@dchfp.nv.gov
- b. Prior to the webinar or after for additional questions. The webinar meeting format offers providers an opportunity to ask questions via the Q & A or the “chat room” and receive answers in real time.
- c. Introductions – DHCFP, SURS, DXC Technology

2. DHCFP Updates

- a. Public Workshops Update:
- b. Announcements/Updates:
 - a. Behavioral Health Community Networks (BHCN) Updates: Shelia Helfin-Conour
BHCN policy information can be found within Medicaid Services Manual Chapter 400, section 403.26. Please review all information prior to submission of the BHCN packet. Documentation can be submitted electronically via email to: MCandQuality@dchfp.nv.gov.
 - b. Reminder was provided regarding service limitations for target groups, Non-Severely Emotionally Disturbed (SED) for children and adolescents and the Non-Seriously Mentally Ill (SMI) for adults, are 10 hours for initial calendar month and 5 hours for the next three consecutive calendar months. This policy was effective as of March 1, 2017.
 - c. Provider type specific billing guides/information, provider enrollment and web announcements may be found at www.medicaid.nv.gov.
 - d. [Web Announcement 1422](#)
Provider type 14 (Behavioral Health Outpatient Treatment) providers are being paid incorrectly as some claims are being cut back to pay only 1 unit. The Medicaid Management Information System (MMIS) will be updated to pay these claims correctly. Affected claims that cut back incorrectly with edit code 0476 (CCBHC Limit Edit 1 unit per day) will be automatically reprocessed. A future web announcement will notify providers when the system is updated and when the claims are reprocessed.
 - e. [Web Announcement 1423](#)
As of August 31, 2017, the contract between Aetna Better Health of Nevada and the Division of Health Care Financing and Policy (DHCFP) as a Managed Care Organization (MCO) for Nevada Medicaid and Nevada Check Up recipients will end.
Medicaid and Check Up recipients who had chosen Aetna will be automatically transitioned to Silver Summit Healthplan on September 1, 2017. However, these recipients will have an additional 90-day choice period through November 30, 2017, if they prefer to select one of the other participating plans.
Aetna Better Health of Nevada will continue to arrange and pay for authorized and covered services for eligible recipients on dates of service through August 31, 2017.

Providers interested in participating with an MCO in the Nevada Medicaid Managed Care program after September 1, 2017, may contact any of the other participating MCOs directly.

Amerigroup Community Care
(800) 600-4441 (Recipients)
(702) 228-1307 (Providers)

Health Plan of Nevada
(800) 962-8074 (Recipients)
(800) 745-7065 (Providers)

Silver Summit Healthplan
(844) 366-2880
(Recipients/Providers)

Additional information and MCO change forms can be found at:

http://dhcfnv.gov/Members/BLU/Open_Enrollment_2017/

3. HPES Updates

Joann Katt, LPN, Medical Management Center/Behavioral Health Team Lead

Discussed the following Telehealth policy updates, including Telehealth billing instructions and explained Telehealth is a covered service under Medicaid Service Manual (MSM) Chapter 3400.

a. [Web Announcement 1202](#)

The following provider types (PTs) have been added to the list of providers who may bill as the originating site for Telehealth services (HCPCS code Q3014 - Telehealth Originating Site Facility Fee) effective on claims with dates of service on or after December 1, 2015:

- PT 17 Special Clinics (Specialties 166, 174, 179, 181, 182, 183, 195, 196 and 198)
- PT 34 Therapy
- PT 36 Chiropractor
- PT 45 End Stage Renal Disease (ESRD) Facility

Claims for code Q3014 submitted by the above provider types will no longer deny inappropriately for edit codes 0309 (Services not covered) and/or 0148 (Rendering provider not certified to perform procedure) beginning August 22, 2016. Claims submitted with dates of service on or after December 1, 2015, through August 21, 2016, that denied will be automatically reprocessed. A future web announcement will notify providers when the claims are reprocessed.

Telehealth is the use of a telecommunications system instead of an in-person recipient encounter for professional consultations, office visits, office psychiatry services and a limited number of other medical services. The originating site is the location where an eligible Medicaid/Nevada Check Up recipient is at the time the service is being furnished via a telecommunications system.

b. [Web Announcement 1026](#)

Effective December 1, 2015, Telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice to provide services that can be appropriately provided via Telehealth. The provider at the distant site must use modifier GT when billing for each service that was provided via Telehealth. The originating site (where the recipient is located) may bill HCPCS code Q3014 (Telehealth originating site facility fee) if they are enrolled as a Nevada Medicaid provider. Providers that bill per diem or encounter rates may not bill HCPCS code Q3014, because the facility fee is included in the per diem/encounter rates.

The [Telehealth Billing Instructions](#), located at the bottom of the Providers Billing Information webpage at www.medicaid.nv.gov, have been updated with the list of eligible originating sites. Although smart phones and home computers are permissible for Telehealth, they do not qualify for the facility fee. HIPAA rules apply to Telehealth services to the same extent as in-person services.

c. Reminder, your Telehealth contact within DHCFP is Janet Osalvo at (775) 684-3776.

Email address: janet.osalvo@dhcfnv.gov

4. DHCFP Surveillance Utilization Review Section (SURS)

Updates or reminders for Providers: Kurt Karst, Surveillance and Utilization Review (SUR) Unit.

- a. Surveillance and Utilization Review (SUR) would like to remind providers to make sure the Telehealth services being provided are within Policy and within your provider type. Also, follow prior authorization requirements for the services, as all normal limitations apply.

- b. As a Nevada Medicaid enrolled provider you are required to report fraud per your enrollment requirements. To report abuse or fraudulent issues, go the following link [SUR Report Link](#). Supply any information that may be relevant to identify the fraud or abuse.

5. DXC Updates

Provider services field representative for Nevada Medicaid and Nevada Check Up is Stephanie Ferrell and she can be reached at (775) 412-9401 or stephanie.d.ferrell@dxc.com. She is the DXC representative for behavioral health and billing.

6. Questions

- a. Question was asked via the behavioral health e-mail; clients switching from Fee for Service to an MCO mid-month (or vice versa) and when the eligibility will begin, the date of the switch or the first day of the following month? This will be followed up and provided at our Septembers Behavioral health Technical Assistance Webinar.
- b. Question was asked via the chat box; Are there any updates on BST? The issue was providers were not being reimbursed for extra benefits. We will be going to the rates methodology and will clarify the original rates.

Please email questions, comments or topics that providers would like addressed any time prior to the monthly webinar.

Email Address: BehavioralHealth@dhcfp.nv.gov