

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

**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE**

**Minutes – Wednesday, May 10, 2017**

**10:00 - 11:00 a.m.**

**Facilitator: Kim Riggs, DHCFP, Social Services Program Specialist**

**1. Purpose of BH Monthly Calls**

- a. Questions and comments may be submitted to [BehavioralHealth@dchfp.nv.gov](mailto:BehavioralHealth@dchfp.nv.gov) 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.
- b. Introductions – DHCFP, SURS, HPES  
DHCFP: Kurt Karst, Management Analyst | Certified Program Integrity Professional  
HPES: Joanne Katt, LPN, Medical Management Center/Behavioral Health Team Lead

**2. DHCFP Updates**

- a. Public Workshops follow –up for Basic Skill Training Surveys  
BST Wage Survey for Employers of BST Providers: [Basic Skills Training Wage Survey \(For employers of BST Providers\)](#)  
BST Wage Survey for Providers of BST Services: [Basic Skills Wage Survey for Providers](#)
- b. Reviewed Announcement 1363: **Urgent Request for Provider Types 14, 26 and 82** for Providers and Employers Invited to Take DHCFP Survey Regarding Basic Skills Training Services: Shared BST for employees of BST providers and review for those online.
  - DHCFP BH Unit emailed 1,245 Nevada Medicaid Provider Type 14, Behavioral Health Providers concerning the recent BST Survey. However, DHCFP received 113 bounce back emails due errors concerning information. Provided below is the link to update provider’s information: Link to form FA-33 Provider Information Change [FA-33](#)
- c. Behavioral Health Community Networks (BHCN) Updates: None currently
- d. Chelsea Heath, DHCFP Social Services Program Specialist II, provided a high-level overview concerning Nevada Medicaid and Nevada Check up four Managed Care Programs effective as of July 1, 2017. On boarding details the two new MCO and the implementation process, open enrollment period, contact information for all the managed care organization. The provided materials are available per the BH Technical Assistance Webinars under attachments.
  - Amerigroup Community Care
  - Aetna Better Health of Nevada
  - Health Plan of Nevada
  - Silver Summit Health Plan

If recipients need assistance, please refer them to the following Medicaid District Offices. Northern Nevada (775) 687-1900 or Southern Nevada (702) 668-4200.

**Q: Credentialing process for Amerigroup and other MCO. What is the standard credentialing time?**

A: All indicated MCO provided a timeline of 30-45 days, if requested information was submitted without error. If further information is requested, it is dependent on the turnaround time of the requested information that needs to be submitted for the completion of the enrollment packet per each individual MCO criteria.

**3. DHCFP Surveillance Utilization Review Section (SURS)**

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

a. Current updates

**Case Management**, the service limits have changed for two target groups: The following limits are effective, March 1, 2017

- **Non-Seriously Mentally Ill (Non-SMI) Adults**  
10 hours for initial calendar month, five hours for the next three consecutive calendar months.  
Services are allowed on a rolling calendar year.
- **Non-Severely Emotionally Disturbed (Non-SED) Children and Adolescents**  
10 hours for initial calendar month, five hours for the next three consecutive calendar months.  
Services are allowed on a rolling calendar year.

[Medicaid Services Manual Chapter 2500](#)

Please refer to Case Management, Medical Services Manual reference: 2503.1A

**Q: For clarification, TCM CASII is for Levels I-III?**

A: Provider Type 14 it is only approved the Level I-II per the intensity of Needs grid Section 403. b. Please, refer for further clarification MSM Chapter 400.

**Q: How do I become a provider for Targeted Case Management?**

A: **Provider Type 54**, Target Case Management: Definition and the criteria per PT 54 are limited to governmental agency.

Case Management services provided by State and County agencies will need to have an Inter-local Agreement between the government entity and the Division of Health Care Financing and Policy (DHCFP).

**Neuro therapy**, 90875 and 90876: Biofeedback training combines with psychotherapy. These codes must be billed together for payment. A QMHP will provide the psychotherapy and needs to bill for the psychotherapy in conjunction biofeedback please refer to MSM Chapter 403.4

“A certified Biofeedback Technician may assist in the provision of biofeedback treatment; however, a QMHP must provide the associated psychotherapy.

Reimbursement for biofeedback treatment provided by a Biofeedback Technician is imbedded in the QMHP rate”.

References Provided and Reviewed:

[MSM Chapter 100 - Medicaid Program](#) MSM 105.1 A: 9. Nevada Medicaid will neither accept nor reimburse professional billings for services rendered by other than the provider under whose name and provider number the claims is submitted (e.g., a claim for an office visit submitted by a physician when a psychologist or other personnel actually provided the service).

[MSM Chapter 3300 - Program Integrity](#) Chapter 3303.1, Identification of Fraud, Abuse and Improper payments, and 3303. 1A, Coverage and Limitations

#### 4. HPES Updates

Training Request Update:

- a. If any providers need follow-up on training, please refer to the following link. [Nevada Medicaid Training Link](#) If you have difficulties registering or need further assistance please email the following email: [NevadaProviderTraining@hpe.com](mailto:NevadaProviderTraining@hpe.com)

If you have questions concerning Prior Authorizations, the link to the Nevada Medicaid Prior Authorization page may be the quick answer.

[Prior Authorization Quick Reference Guide](#)

Joann Katt, LPN, Medical Management Center/Behavioral Health Team Lead  
Prior Authorizations quick review to avoid delays due to technical denials. How to avoid the most common technical mistakes.

- Overlapping date of services with other providers. Make sure to check with the recipient upon intake if they are receiving services from other agencies.
- Utilization of HPES Form FA-29A. The provider submitting a FA-29A will need to identify the provider services that need to be terminated. Please refer back to the recipient. All areas have to be filled out when requesting termination of services and be signed by the recipient.
- Exceeding 90 days on services per the PA requests. Prior authorization cannot be more than 90 days at a time.
- Eligibility Issues: EVS system Medicaid website. Always check eligibility to make sure the recipient is eligible for services requested.
- Clinical documentation must match the services submitted per the portal.

References Provided and Reviewed: Billing Guidelines per Provider types: [PT 14 Billing Guide](#)

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

Email Address: [BehavioralHealth@dncfp.nv.gov](mailto:BehavioralHealth@dncfp.nv.gov)