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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE Minutes – Wednesday, February 14, 2018 10:00 - 11:00 a.m.

Facilitator: Dorothy Pomin, DHCFP Supervisor, Social Services Program Specialist

Webinar Address: WEBEX Registration Link

1. Purpose of BH Monthly Calls

- a. Questions and comments may be submitted to BehavioralHealth@dhcfp.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, DXC Technology

2. DHCFP Updates

- a. Public Workshops Update: Reviewed Current Public Workshops http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/
- b. Announcements/Updates: Reviewed Nevada Medicaid Website to identify the Announcement areas for updates specifically related to Behavioral Health
- c. Social Services Program Specialist, Briza Virgen: Encouraged provider type 14 and 82 to complete a short online survey regarding training that they have taken in the past and would like to take in the future. Refer to Web Announcement 1521. You can also find the link to the survey on the DHCFP Behavioral Health page, http://dhcfp.nv.gov/Pgms/CPT/BHS/, under "Provider Training Survey."
- d. Social Services Program Specialist, Dorothy Pomin:
 - I. Reviewed some of the findings from the Governor's Audit of Behavioral Health providers.
 - i. 72 client files sampled, found documentation missing or incomplete.
 - 1. 43% of client files had no mental health plan (treatment or rehabilitative plan)
 - 2. 47% had missing information in the mental health plan
 - 3. 26% of client files had missing or incorrect service documentation
 - ii. Detailed information required by Medicaid Service Manual 400, such as specific services, duration of services, anticipated providers, etc. were missing from 47% of the mental health plans.
 - iii. 77% of client's recieiving rehabilitative mental health services did not have a rehabilitative mental health plan.
 - iv. 1/3 of client files had missing Levels of Intensity documentation
 - v. The SUR unit can recoup payments for services billed with no supporting documentation or incorrect supporting documentation.
 - vi. Service and progress notes lacking substance or being copy & pasted are not sufficient to support the services provided.
 - vii. 15% of billings did not have documentation to support the services billed.
 - II. Beginning at next month's Behavioral Health Technical Assistance Webinar, the first 15-20 minutes will be spent on providing documentation education.
 - III. The DHCFP Behavioral Health Unit is also working on having sample templates that providers could refer to as needed.

4. DXC Technology Updates

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

- Clarification was provided as to the Notice of Denials. Medical justification can only be further clarified by the medical reviewer via a peer-to-peer or reconsideration.
- II. If a FA-29A is received by DXC, then the terminated agency/provider will receive a letter of notification. This termination is completed by the recipient. If you have further questions upon receiving a letter of notification, please discuss with the recipient. If you suspect fraud, please report it to SURs at http://dhcfp.nv.gov/Resources/PI/SURMain/.

Stephanie Ferrell, Provider Services Field Representative Updates:

- I. The Nevada Medicaid Electronic Verification System (EVS) User Manual is available at https://www.medicaid.nv.gov/providers/evsusermanual.aspx.
- II. The Provider Web Portal Prior Authorization Training is available at https://www.medicaid.nv.gov/providers/training/training.aspx under "Workshop Materials" for your review. This training material reviews how to navigate the EVS Web Portal and how to submit a prior authorization (PA) request.

If you have further questions please contact Stephanie directly. Stephanie Ferrell, Provider Services Field Representative, (775) 412-9401 stephanie.d.ferrell@dxc.com

5. Questions asked by participants

- Which do we do first the peer-to-peer or the reconsideration? If you do the reconsideration first, you cannot request a peer-to-peer.
- Does biofeedback require a prior authorization? You can find the policy to this at Medicaid Service Manual 400, 403.4(4) Outpatient Mental Health Services, Neurotherapy. You can find the specific diagnosis and service limitations associated with biofeedback. Prior authorization may be requested for additional services based upon medical necessity.

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

Email Address: BehavioralHealth@dhcfp.nv.gov