

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)

Minutes – Wednesday, March 13, 2019

10:00 - 11:00 a.m.

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Social Services Program Specialist

1. Purpose of BH Monthly Calls:

The BHTA WebEx meeting format, offers providers an opportunity to ask questions via the Q & A or the “chat room” and receive answers in real time. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dhcfp.nv.gov

a. Introductions

- DHCFP Behavioral Health Unit: Carin Hennessey and Kim Riggs
- DHCFP Surveillance and Utilization Review Unit (SUR)
- DXC Technology: Alyssa Kee Chong

2. February 2019 BHTA Minutes:

The minutes from last month’s BHTA are available on the DHCFP Behavioral Health webpage <http://dhcfp.nv.gov/Pgms/CPT/BHS/> (under “Meetings”). You’ll want to navigate to this page and click on “Behavioral Health Agendas and Minutes.” You can find the past agendas and minutes for the meetings, as well as the current information. Please look at these if you have questions and if you were not able to attend last month; this is a great place to check up on what we discussed.

3. Related DHCFP Public Notices:

Link for upcoming Public Hearings, Meetings, and Workshops related to Behavioral Health <http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/>

Public Workshops

- ~~03/12/2019 – Application for 1115(a) Research and Demonstration Waiver for Institutions of Mental Disease (IMD) for the Substance Use Disorder (SUD) population, Residential for Higher Level of Care (LOC), and Certified Community Behavioral Health Clinics (CCBHCs)~~ **CANCELLED**
- **03/27/2019** – Partial Hospitalization Program and Intensive Outpatient Authority Alignment
- **03/27/2019** – Federally Qualified Health Centers (FQHC) – Provider Manual, Medicaid Services Manual (MSM), Value Based Payment (VBP)
- **03/28/2019** – Application for 1115(a) Research and Demonstration Waiver for Institutions of Mental Disease (IMD) for the Substance Use Disorder (SUD)

- population, Residential for Higher Level of Care (LOC), and Certified Community Behavioral Health Clinics (CCBHCs)
- **03/28/2019** – Pharmacy and Therapeutics Committee
- **04/10/2019** – Tribal Consultation
- **04/25/2019** – Drug Use Review Board

Please refer to the agenda and documents attached to the workshops to generate questions and determine if the workshop applies to you. If you have the time and you are able to click around on this page, you can seek further information. We encourage you to attend these Public Hearings, Meetings and Workshops.

3. DHCFP Behavioral Health Updates:

Behavioral Health Web Announcements:

Link: <https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>

You can **sort these announcements and type Ctrl+F to find key words** within the announcements.

WA#1852 -- Mar 07, 2019 – Attention Provider Type 63 (Residential Treatment Centers): Reminder Regarding All-Inclusive Daily Rate

WA#1850 – Mar 01, 2019 – Attention Providers Who Submit Professional Health Care Claims: Authorization Lines Must Correspond to Claim Details

WA#1848 – Feb 25, 2019 – New Provider Orientation Scheduled for March 2019

WA#1843 – Feb 15, 2019 – Medicaid Services Manual Updated

Carin Hennessey, SSPS II:

- Crisis Intervention Team – MSM 403.6.H.
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>
The main purpose of these services is to **assess, stabilize, and refer (if necessary)** in a crisis situation. These crisis intervention (CI) services are not meant to be maintenance services, so anticipating that crisis is going to happen in a month indicates an evaluation/reassessment of the recipients' (clients') needs. If the recipient is regularly utilizing one to three [occurrences] of CI per month, providers may need to utilize the referral part of CI services.

Regarding the team, the **QMHP leads the team** and “assumes professional liability over the CI services rendered”, per MSM 403.6H.2. That doesn't mean that there aren't other providers on the team that assist in some way, within their scope. There are crisis situations that come up when a recipient is working with the QMHA or QBA. There would be a process by which a QMHA or QBA engages the QMHP.

- Use Direct Data Entry (DDE) for free service to submit claims:
There is a free service to submit claims. Through the Nevada Provider portal [the Medicaid website] <https://www.medicaid.nv.gov/home.aspx>, Provider (EVS) login, <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx> and there is more information on DDE in the EVS Manual (Chapter 3: Claims) <https://www.medicaid.nv.gov/Downloads/provider/EVS%20User%20Manual%20Chapter%203%20o072417-n122818%20Modernization.pdf>. If you have further questions on DDE and Claims, you may contact Alyssa Kee Chong, DXC Technology Field Representative https://www.medicaid.nv.gov/Downloads/provider/Team_Territories.pdf
- Experiencing a Hardship:
nevadaprovidertraining@dx.com **If you are experiencing a hardship** due to a variety of reasons (i.e., code changes, systems), please send your request to this email. For each provider this is a decision you have to make whether or not you want to submit for an advance. Behavioral Health may answer general questions, but for further assistance please email the above address.

Kim Riggs, SSPS II:

The web portal is based for providers. Providers are advised to share this information with your Biller (registered in EVS as Delegates or Trading Partners)

<https://www.medicaid.nv.gov/providers/BillingInfo.aspx>. Billers are required to know the policy as well as the providers themselves. The Behavioral Health unit has been fielding many inquiries from Billers on billing codes. Behavioral Health is not able to answer questions of billing individual codes; Behavioral Health is able to answer policy questions related to the services being provided. Knowledge of policy applies to in-house billers and professional billing companies. Billers will need to work with DXC Technology per remittance denials. Please send your questions to Alyssa Kee Chong, DXC Technology Field Representative.

- MMIS Modernization Update – Edits
(*This section has been summarized and involves additional information provided by DXC Technology, not presented during the webinar*). We are going to look at **Web Announcement #1770**, related to H0005 (HCPCs code) and 90837 (CPT code). The National Correct Coding Initiative (NCCI) is a Centers for Medicare & Medicaid Services (CMS) program designed to prevent improper payment of procedures that should not be submitted together. These include Medically Unlikely edits and Provider-to-Provider edits. These edits were historically handled through the clinical claim editor, referenced in MSM 100 <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/> . **These edits are now handled in interChange.**

Regarding H0005 and 90837, what we are seeing right now is an automatic edit pertaining to hours of service. We will give you follow-up information as we receive it.

- **Billing Per Provider Type – Review Billing Guide**
Under MSM 403.1, refer to the recipient's diagnosis. If you see a recipient with co-occurring diagnoses, treatment plan may need to be reviewed to make sure the array of services is correct for the diagnosis. A recipient may need a higher level of care than the Provider Type 14 can provide. To ensure that recipients are getting the fidelity of the treatment that they need for behavioral health services, confirm that the treatment plan matches the array of services that can be provided under a PT 14 Behavioral Health provider.

If you have further questions on the items covered, please contact the Behavioral Health Unit.

4. DHCFP Surveillance Utilization Review (SUR) Updates:

- Report Provider Fraud/Abuse
Link: <http://dhcfp.nv.gov/Resources/PI/SURMain/>
- Provider Exclusions, Sanctions and Press Releases
Link: <http://dhcfp.nv.gov/Providers/PI/PSExclusions/>

There are currently no updates from SUR.

5. DXC Technology Updates:

- Billing Information <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- Provider Training <https://www.medicaid.nv.gov/providers/training/training.aspx>
- Provider Enrollment <http://dhcfp.nv.gov/Providers/PI/PSMain/>

Alyssa Kee Chong, DXC Technology Field Representative:

- Review of Known Issues and Identified Workarounds link in Modernization Project on Medicaid Provider portal
<https://www.medicaid.nv.gov/providers/Modernization.aspx>

We do have on our Modernization Project page a link of posted "Known [System] Issues and Identified Workarounds." Anytime you are seeing a denial, you can refer back to this list. It's a spreadsheet. It'll have the denial code you're experiencing. So, you can type Ctrl+F [to search for specific information]. It'll have the denial code, the categories that it effects (i.e., it'll say either RTC, Behavioral Health, etc.). There is a column for a recycle date, if that's applicable to the issue posted. So, if you have an issue and it's on this list, and there is a "Date Resolved" and a "Recycle Date", pay close attention to that.

I want to briefly talk about an email that we received this morning, in regards to Payerpath. If we have any providers on the line who utilize Payerpath...if you used them previously or continue your contract with them. They have

advised Nevada Medicaid that their route has changed and their claims are now being sent through Change Healthcare. Enrollment will be required. Providers do need to go to www.medicaid.nv.gov and register with the Trading Partner for Change Healthcare. Providers must complete the Allscripts Claims Information Sheet and Change Healthcare Claims Set-up Form. This is going to be either faxed or emailed back to Allscripts/Payerpath. If you have any questions about this please find my email address on the Provider Training PDF and send me an email if you want specific instructions. Feel free to send me an email; sometimes we are out in the field, so voicemails and phone calls are a little bit behind. We are not always at our desk. Email is typically the best form of contact. If you are in the Reno area and require on-site training, I'm available for that but I am a statewide provider field representative.

Nevada MMIS Modernization Project

Please review the information per this Nevada Medicaid featured link area. There is information on Important System Dates, Known System Issues and Identified Workarounds, Training Opportunities, and Helpful Resources:

Link: <https://www.medicaid.nv.gov/providers/Modernization.aspx>. Also listed on this page, are **Modernization (New) Medicaid System Web Announcements**; please refer to these announcements for specific information related to Modernization.

6. Behavioral Health Provider Questions:

The Behavioral Health Policy WebEx would like to address provider questions each month. This will allow us to address topics, concerns, questions from the Behavioral Health providers and make sure the specialists are focusing training and educational components to your needs and gathering your direct input from the BHTA WebEx.

Q: The big issue/complaint from the provider side this month are in regards to recent recoupments PT 14 and PT 17 providers are receiving. I don't know if you are all aware, but many providers (at least 25 that have reached out to me) are receiving letters...providers are getting recouped for therapy over the 18/26 in a year from June to December. I thought it was verbally discussed from Marta that there was no plan to go back in time and punish providers after it was determined that the policies were nor ever being enforced. Many providers are upset and feel blindsided by this.

A: As providers, you can reach out with specific cases so that we at Medicaid can provide case specific feedback. General questions are sometimes like, "Where do you start." So, when you have a specific case that you are looking at, then we can start there and then answer questions that come up for other cases. But it helps us narrow where to start.

Q: There is something about group therapy being recouped over one (1) hour, even if they had a PAR for two (2) hours. Again, providers that actually

providing feel like they are being targeted again unfairly. Can you comment to this?

A: Regarding the group therapy limits, we are currently working with DXC and we provide more specific information as we receive it. ***See the above information related to MMIS Modernization Update – Edits.***

Providers are encouraged to email behavioralhealth@dhcfp.nv.gov. If we can help you, we will help you, and if we feel that you need to be directed to another unit [within Medicaid] or another area, then we can also facilitate getting you connected to the right person to help you. [Behavioral Health] answers questions and also directs you to other people who can answer your questions. You can always copy us on emails that you send that can keep us aware of what your questions are.

Q: I'd like to ask if psychosocial education groups provided during the Intensive Outpatient Program (IOP) can be run by a QMHA under the supervision of a QMHP?

A: Refer to 403.4.D.2.

<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400>. If you have questions, read through this policy. It tells you how often the service is provided. According to MSM 403.4.D.2.b., "Direct services are face-to-face interactive services spent with licensed staff. Interns and assistants enrolled as a QMHP can provide IOP services while under the direct and clinical supervision of a licensed clinician." Further to this...there might be a QMHA in assistance and this is up to you as a provider in your practice...you may have a QMHA that could serve in some way to assist the IOP, but the actual rendering of the service is provided by the QMHP.

Q: Where should providers turn to if they feel that they have been treated unfairly and would like to make a complaint?

A: Providers may reach out to their program specialist. If you have an issue with reimbursement/claims, please contact claimspayment@dhcfp.nv.gov. If the issue is HIPPA or Civil Rights in nature, please refer to the DHCFP Civil Rights webpage <http://dhcfp.nv.gov/Resources/PI/CivilRights/> for contact information. For general complaints related to Provider Type 14, 82, 20, & 26, you may contact behavioralhealth@dhcfp.nv.gov.

Q: Who is the Behavioral Health Field Rep? It was Ismael but I am not sure who replaced him?

A: Alyssa Kee Chong is the DXC Technology Field Representative.

Q: How do we link individual NPI/providers to a group?

A: You can link providers to your group through the EVS portal <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>. Access "Provider Training" <https://www.medicaid.nv.gov/providers/training/training.aspx> and training specific to the system updates on the Modernization Project page <https://www.medicaid.nv.gov/providers/Modernization.aspx> (under "Training Opportunities"). Additional information on training was provided by DXC Technology

in the February BHTA; please access the meeting minutes on the DHCFP Behavioral Health webpage <http://dhcfp.nv.gov/Pgms/CPT/BHS/>

Please email questions, comments or suggested topics for guidance to BehavioralHealth@dhcfp.nv.gov