

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)

Minutes – Wednesday, May 8, 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

- Introductions – DHCFP, SUR, DXC Technology

2. April 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.

- Moratorium on Specialty 301 and 302 Enrollments
- Mental Health services in Nursing Facilities
- MMIS Modernization Updates and NCCI updates
- Reporting changes to Program Integrity
 - Notarized signatures required

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

- **May 2, 2019** -- SB 162 – Revisions Relating to Psychology (Second Workshop) – past information is located under “**Meeting Archives**”, “**Workshops**”
- **May 30, 2019** – Neurotherapy Redesign – Phase I: Provider Qualifications

4. DHCFP Behavioral Health Updates:

Behavioral Health Web Announcements (WA):

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

- **WA#1886** – Attention PT 85 (ABA): Training Session Scheduled
- **WA#1883** – Behavioral Health Outpatient or Rehabilitative Authorization Request Form Updated
- **WA#1882** – New Provider Orientation Scheduled for May 2019
- **WA#1879 – Attention All Providers:** Training Sessions Scheduled to Assist with Reading a Remittance Advice
- **WA# 1876 – Attention Behavioral Health Providers:** Training Sessions Scheduled
- **WA#1858 – Attention All Provider Types:** Upcoming Training Sessions Regarding Claims Appeals, Adjustments and Voids

Carin Hennessey, SSPS II:

- Prior Authorization (PA) request FA-11 Form <https://www.medicaid.nv.gov/providers/forms/forms.aspx> update, WA#1883 (see above)
 - We have tried to simplify the form, yet including all required information
 - Importance of documentation – why does the recipient require this service?
 - Section V, Current Symptoms and Significant Life Events – **narrative creates need for requested service** most appropriate for the recipient
 - Section VI, Treatment Plan and Rationale and Progress Since Last Review – specific information on **indicators of recipient success** and outline of recipient progress, stability, or regression in treatment
 - Section VII, Patient Treatment History, Including All Levels of Known Care – indicate **what services have been utilized previously**
 - **Signatures and attestations for coordinating QMHP and Clinical Supervisor** as required
 - Questions located below, under “Behavioral Health Provider Questions”
- Prior Authorization – Adverse Determination is defined as a “denied or reduced authorization request”
 - NV Medicaid Provider website, in the Billing Manual (p30) <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
 - Once you receive an adverse determination **you have ten (10) days to request a Peer-to-Peer review**; however, it does not extend the 30-day deadline for Reconsideration.

- Topics for future webinars?

5. 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/>

The **owner and managing employees will be held responsible** for all claims submitted.

Each claim that is submitted for your BHCN is an **attestation as to what occurred**. Owners and managing employees are responsible for ensuring that **billing is accurate and that remittance advices are being reviewed for accuracy**; it is important to confirm that you have been paid properly for proper claims. A field on the claim that is extremely important is the "Servicing Provider"; this is the individual that did the service and he/she must be enrolled with Medicaid with the proper specialty for the service that he/she is providing.

Another issue is that **each claim lists the place of service** and that needs to be accurate. For example, if you are going to the client's home, or providing services in the office, or providing services in a facility, you must choose the appropriate code for the place of service. **Use the correct procedure code, the correct modifier if appropriate, and the correct units**. If you are using too many units, you are submitting a claim that is making a statement that is not true. You are required, based on the contract that you signed, to review your remittance advices. What you are paid for, you will be held responsible for. **You will ultimately be responsible for any incorrect payment.**

Be sure that there is **appropriate documentation to support your claims** as well. You may consider not billing the service until you have adequate documentation, if you have providers who are slow at producing documentation for the services they render. Policy states that you cannot bill for the service until the service has been provided; however, you can have an employment or contractual agreement with your employee that you will not pay that provider for services rendered until the documentation is complete.

6. 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/>

There are no updates from DXC Technology

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:

<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.

7. 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. We will review last month's questions in detail.

Q: Are electronic signatures accepted?

Can the new FA-11 have electronic signatures?

Can the signatures be electronic on the FA-11?

Is there a timeline for when electronic signatures will be available on the FA-11?

A: Yes, the updated FA-11 form will accept electronic signatures using a tool that allows for electronic signatures (i.e., Adobe Sign, DocuSign) to be applied to the document with the necessary information.

If you choose to use electronic signatures, you are responsible for the technical support of the tool you utilize.

As a provider, you are always accountable for the validity of all signatures (wet or electronic) that appear on the FA-11 form.

Q: The NPI associated to the PAR is assigned by the number used to sign into the portal?

On the new FA-11 form, I noticed they didn't add a section for agency information including the NPI#. Will they be redoing the FA-11 to add it in?

The new FA-11 does not have a place for the QMHP NPI, only signature and print name. Should the QMHP include their NPI in the Print Name or Signature line?

A: The NPI number under which the provider accesses the Provider Portal/EVS will be the NPI number under which the FA-11 form is submitted.

The FA-11 form will **not** be redone to include the agency NPI number because the agency NPI number is electronically associated with the FA-11 form when it is submitted.

The printed name and signature plus the license credentials of the coordinating QMHP verifies the identity of this QMHP. No additional NPI number is requested on the FA-11 form.

Q: Can they [FA-11 forms] be submitted with the Clinical Supervisor's signature only?

A: If the coordinating QMHP is an Independent Professional, he/she can provide his/her own Clinical Supervision. The licensed credentials of this coordinating QMHP, as listed on the FA-11, will indicate this.

If the coordinating QMHP is an Intern (therefore, practicing under Clinical Supervision), he/she cannot provide his/her own Clinical Supervision and practices under a BHCN. The licensed credentials of this coordinating QMHP, as listed on the FA-11, will indicate this. The Clinical Supervisor attestation will be required.

Please refer to MSM 403.1, Outpatient Service Delivery Models, for further information on the providers of Outpatient services (OMH and RMH).

Q: Where can we find more information on public meetings about the moratorium on enrolling QMHA's and QBA's. We have not heard any changes on this yet?

A: Please refer to the DHCFP website for more information on public meetings about the moratorium <http://dhcfp.nv.gov/>.

Q: How do I unlink a provider from our group?

A: Please refer to the Medicaid Provider portal and access EVS with your group login. Use the "Change/Update" function to unlink a provider from your group. If you have further questions, you may access training through the NV Medicaid website and/or contact your Field Service Representative <https://www.medicaid.nv.gov/providers/training/training.aspx>.

Q: For linking providers to our group, when a provider is pending we are not able to resume with linking providers as they are pending until previous provider is approved. Is there a way around this as it holds providers back from starting.

A: Please note that an agency may not bill Medicaid for services rendered by a provider unless that rendering provider is an approved Medicaid-enrolled provider linked to your agency at the time the service is rendered by your agency. There is no way around this process.

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