

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

**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, August 14, 2019
10:00 - 11:00 a.m.**

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Unit, 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. July 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.

- Adverse Determination – link to Billing Guideline, information on Peer-to-Peer Review
- MHTTC No-Cost Training Opportunity – feedback appreciated
- Moratorium on Specialty 301 & 302 Providers Has Ended – see Behavioral Health Web Announcements below
- Accessing [Meeting Archives](#) for information on **Neurotherapy Redesign Public Workshop, 05/30/2019**
 - The current policy is the active policy for the Neurotherapy Service, and any changes are proposed changes

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

- There were no Behavioral Health public workshops to announce

Public Hearings

- There were no Behavioral Health public hearings to announce

4. DHCFP Behavioral Health Updates:

Behavioral Health Web Announcements (WA):

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

- **WA#1924** – Attention Provider Type 13 (Psychiatric Hospital, Inpatient): Nevada Medicaid Reimbursement per Institution for Mental Disease (IMD) Guidelines (Updated July 15, 2019)
- **WA#1929** – Attention Provider Type 13 (Psychiatric Hospital, Inpatient): Prior Authorization Training Sessions Scheduled
- **WA#1932** – Urgent Notice for Behavioral Health Providers: Moratorium Has Ended on Enrollment for Specialty 301 (Qualified Mental Health Associates) and Specialty 302 (Qualified Behavioral Aides)
- **WA#1934** – Attention Provider Types 34 (Therapy) and 85 (Applied Behavior Analysis): Claims for Procedure Codes 97153 and 92507
- **WA#1935** – Attention All Providers: Uncashed Checks Removed from Remittance Advices
- **WA#1940** – Timeout Period in Provider Web Portal
- **WA#1941** – Other Health Coverage (OHC) Non-covered Services Policy
- **WA#1942** – Modernization: Paper Submissions Will No Longer Be Returned

Carin Hennessey, SSPS II:

- Electronic Signatures (WA#1908)
 - [WA #1908](#) – Provide signatures on Prior Authorization (PA) request forms using wet signatures or electronic signatures if you have the capability to do so and are **using a tool that is accepted by Nevada Medicaid**. Taking a digital signature and cutting/pasting it onto a PA request form is not the same as using an electronic signature tool to apply a signature to a document.
 - **If the document has been altered in any way after the signature (wet or electronic) has been applied, the purpose of the signature has been defeated** (to verify the information on the document at the time of signature). Do not copy documents with a signature and change any of the information on the document. For example, a certification of medical need requires an original Physician's signature.
 - Nevada Medicaid will accept the electronic signatures on the prior authorization forms and other forms submitted electronically. **Tools that Nevada Medicaid does accept are Adobe Sign® and DocuSign®; these tools can be applied to the document and include the necessary information as to the signature and verifying that signature**. The provider agency is responsible for the technical support of any tool that is used for electronic signatures; if a provider agency is having difficulty with the electronic signature being read at Nevada Medicaid, it is a technical issue for your technical staff to review at your agency. Providers are responsible for the validity of all signatures that appear on PA forms.
 - **Per DXC Technology:** There is confusion surrounding a wet signature and an electronic signature. A wet signature is one that the Provider signs on each form. In reviewing forms, **DXC was able to move those “wet” signatures anywhere on the documentation because the Provider had created an image using Microsoft Word of the QMHP’s wet signature; that signature image was cut/paste onto each PA request submitted. This is not a wet signature**. PA requests with these images on them are pended back to the Providers for verification. **We were also able to move the “electronic” signatures as well;** we could copy and we could paste the signature anywhere we wanted. With electronic signatures there is some identifying fact that it is an electronic

signature (through Adobe Sign® and DocuSign®, etc.). Be aware that **when you have those pended back to you, you need to either resubmit that form with a wet signature or you can verify in the Notes section on Form FA-11 that it is a wet signature.**

- What To Do Before Creating a Prior Authorization (PA) Request
 - General Information that may be useful to a provider **when you are getting ready to submit a PA request for services.** This information (graphic displayed during webinar) is part of the [Provider Training](#) available through the Nevada Medicaid website.
 - **The first step** is to verify eligibility of the recipient, for the date of service for the requested service. [WA#1926](#) regarding the Date of Decision for Recipient Eligibility Available in the Electronic Verification System (EVS).
 - **The second step** is to search the Provider Web Portal PA search function to see if an active PA request already exists and is associated with your individual, state or local agency, or corporate or business entity. You may have a recipient that was seeing another Provider and then came to you, but that recipient still has an active PA for services with the previous Provider. **You can access the “View Authorization Status” screen in EVS (then select “Care Management – View Authorization Status” and “Search Options” tab), where you are able to search the Recipient NPI# for submitted PAs.** You are not able to locate specific information on another Provider’s PA; you are able to determine if there is another service approved for that same time frame for the same recipient.
 - **The next step** is to review the coverage, limitations, and PA requirements for the Nevada Medicaid Program before submitting your request. You can access the Nevada Medicaid Services Manual (MSM) through the [Nevada Medicaid website](#) (under “Quick Links”). There is an updated version of Chapter 400, effective July 31, 2019. At this step, you will want to look at the MSM and this is a great place to ask questions (email BehavioralHealth@DHCFP.nv.gov) if you are constructing your PA and want to receive answers prior to submitting your authorization.
 - **The last step** is to use the Provider Web Portal to check the status of a PA.
 - **Providers can find the information presented on the Provider Training webpage of the Nevada Medicaid website.**

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/>

No updates were reported.

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/>

Alyssa Kee Chong, Provider Services Field Representative:

- [WA#1941](#) – It is specific to non-covered claims; however, the instructions are helpful on where you need to put information. **For example**, Professional claims where Medicare is the primary, it has instructions to put the claims payment information, payment date, and carrier information at the header level, and that will be step one. And then the claim adjustment reason code, whichever one that may be if there was a payment -- or 0A 204 if it is non-covered -- at the detail line. So those instructions are good for non-covered as well as covered, putting in the appropriate code at the detail line.

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: We have been having problems with conflicting information and information that was provided being overlooked a lot, and want to speak to a supervisor there. Who can we contact to escalate Provider Enrollment issues?

A: If you are calling the call center and requesting to speak with a Supervisor, with the call volumes, that may be difficult because the call volumes are high. You may send an email to nevadaprovidertraining@dx.com or to the appropriate [Provider Relations Field Service Representative](#). Alyssa Kee Chong will be out of the office 9/15/19 to 9/23/19; the Team Lead will be managing the Provider Training email above. As for the Supervisor at the call center, availability depends on the call volume for the day. You may also [email the Behavioral Health Unit](#) (BHU) if you feel that your inquiry is urgent and needs immediate attention.

Q: Now that the moratorium is lifted for QMHA and QBA's, are there new qualifications or is it the same?

A: The Moratorium on the enrollment of QMHA and QBA providers has ended. Please review the most current version of the Medicaid Services Manual (MSM) Chapter 400 <https://www.medicaid.nv.gov/home.aspx> (under "Quick Links") for policy information on the QMHA and QBA qualifications, competencies, and required trainings for enrollment. You may also refer to the [Provider Enrollment Checklists](#) for these Specialties (301 and 302, respectively), under PT 14 and PT 82.

Q: If you guys question a signature, why don't you just call the clinician and ask?

A: Nevada Medicaid needs verification in writing for auditing purposes and cannot take a verbal confirmation. We recommend Providers utilize a wet or electronic signature so that there is not a

question whether the signature is valid, to prevent unnecessary delays/barriers to treatment. And check the portal for DXC Technology's notes in the event DXC pends back for clarification on the signature." If a signature requires verification, it is the responsibility of the Provider to verify the signature, as Medicaid is not able to follow up on all submissions with a phone call to the Provider. Medicaid provides various contact information and the available training resources for Providers available online.

Q: We had cases where a client had no idea where or why there was a PA from another agency, our PA was denied due to overlap. This caused the client to have no services for over 3 weeks since we couldn't get the name of the agency that had the PA from Medicaid. Is there a way we can fix this?

A: Please review the information above regarding "View Authorization Status" through the EVS portal. The recipient may contact the nearest [DHCFP District Office](#) for assistance with services or records request. A recipient may also request records through DHCFP; information is available on the DHCFP website, under [Division Compliance](#) (see "Contact" information on righthand sidebar). If a recipient does wish to discontinue authorized services with a previous Provider, the new Provider may submit an FA-29A, Request for Termination of Service, <https://www.medicaid.nv.gov/providers/forms/forms.aspx>, with the Recipient's authorization; the new Provider is to submit its PA request with this FA-29A form to have new services reviewed for authorization.

Q: What is the best way to determine the number of calendar year sessions used/or active PA's on file for a recipient at other agencies prior to opening to new services? We are currently asking the patient, but the information received isn't always accurate.

A: Please review question/answer above regarding active PA's. Regarding the number of calendar year sessions that a Recipient has utilized, a Provider can coordinate care with a Recipient's other service Providers to coordinate care under the Service Limitations. Please follow all protocol for sharing protected Recipient health information (i.e., Releases of Information, etc.). Providers are encouraged to submit PA requests for all medically necessary services that are not being rendered by another Provider. You may also email the Behavioral Health Unit for further assistance.

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