

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

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)

Agenda – Wednesday, April 10, 2019

10:00 - 11:00 a.m.

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

Technical difficulties were experienced during the initial 15 minutes of this call

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@dncfp.nv.gov

- Introductions – DHCFP, SURS, DXC Technology

2. March 2019 BHTA Minutes:

The minutes from last month’s BHTA are available on the DHCFP Behavioral Health webpage <http://dncfp.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.

- To access Behavioral Health Agendas and Minutes from previous month(s), go to <http://dncfp.nv.gov/> and the Behavioral Health webpage (under “Programs”).
- BHTAs are held the second Wednesday of each month. **Providers on the WebEx contact list will receive an invitation each month; providers must register for each BHTA event each month and a link to register is on the invitation** (an example of the email invitation with the link to register was provided). Refer to the Behavioral Health webpage [Behavioral Health WebEx Login Instructions](#) for further access information for the monthly BHTAs.
- The March 2019 BHTA Minutes, under Section 6 (Behavioral Health Provider Questions), list **contacts for reimbursements/claims and DHCFP Civil Rights**. Please direct questions and concerns in these areas to these contacts.

3. Related DHCFP Public Notices:

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

Public Meeting

- **April 9, 2019** – The Medical Care Advisory Committee (MCAC) for the Division of Health Care Financing and Policy (DHCFP)

Please review the agendas and attachments for Public Meetings for further information.

4. DHCFP Behavioral Health Updates:

Behavioral Health Web Announcements (Was):

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

WA#1869 – Attention BH Providers: Effective January 1, 2019, New 2019 Procedure Codes for Psychological and Neuropsychological Testing Services

WA#1866 – Modernization: Reminder for All Providers: Nevada Medicaid Is Now Paperless!

WA#1863 – New Provider Orientation Scheduled for April 2019

WA#1859 – Reminder for Provider Types 14 (BH), 26 (Psychologist), 82 (BH Rehabilitative Treatment), 85 (ABA): Rate Surveys Due March 31, 2019

WA#1858 – Attention All Provider Types: Upcoming Training Sessions Regarding Claims Appeals, Adjustments and Voids

Please utilize the Ctrl+F feature within the Web Announcements to search specific terms.

Carin Hennessey, SSPS II:

- Moratorium on Specialty 301 and 302 Enrollments
 - We are actively working to remove the moratorium. More information will be provided as it is available.
- MH services in Nursing Facility (NF)
 - The NF coordinates these services, with the Medical Director referring the services. If you have questions about providing these services, your first point of contact will be the NF. The services provided are guided by your provider type, including prior authorization, service limitations, and billing.
- MMIS Modernization Updates, continued
 - NCCI updates and occurrence-based codes discussed last month are to be directed the Centers for Medicare & Medicaid Services (CMS). Please refer to the CMS website <https://data.medicaid.gov/Uncategorized/2019-2Q-NCCI-MUE-Edits-Practitioner-Services/d7hi-wd52> for NCCI Medically Unlikely Edits (MUEs); the MUE value for the Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code is the “maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.” Use the search feature for a specific code. Per CMS, the code is

occurrence-based and not time-based. For example, CMS indicates one (1) unit of H0005 as the maximum units of service that a provider would report under most circumstances; Nevada Medicaid indicates a time frame of minimum 30 minutes to maximum two (2) hours as equal to one unit of H0005. With the Modernization Project, Nevada Medicaid's claims system automatically integrates the CMS edits.

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/>

Program Integrity:

- How to report changes (including changes in supervision).
 - There are a couple of changes forthcoming, not in practice right now. PT14 Checklists will look different for enrollment, re-enrollment, and updates/changes:
 - **Notarized signatures will be required** for the Medical, Clinical, and Direct Supervisors, prior to submitting the enrollment documents to the fiscal agent via the Medicaid Provider portal. There will be a web announcement published, in conjunction with this new document. Signatures may be notarized at your banking institutions. District Department of Welfare and Supportive Services (DWSS) offices have notaries on-site. These services may be free of charge.
 - When reporting changes to your group, particularly **changes in supervision, the PT 14 checklist will be completed, signatures will be required to be notarized**; however, **at this time, you will not be able to upload only this enrollment document** in reporting changes. The method of reporting this change will be to **email this enrollment document to nv.providerapps@dxc.com**.

Program Integrity will join the BHTA when we have implemented the PT 14 Checklists, to answer any questions. If you have questions, you may contact our fiscal agent, DXC Technology.

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/>

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: The only other question I have is if we need a PAR for IOP under provider 14? In chapter 400, the description and details are included under the substance abuse agency model (attachment C). It's confusing, some people say we do need a PAR other people say we don't need unless we are provider 17.

A: For PT 14, please refer to MSM 403.4.D.2, Intensive Outpatient Program (IOP) <https://www.medicaid.nv.gov/> (under "Quick Links"). The service does require a Prior Authorization request (also known as a PA request and as a PAR) for each individual participating in the IOP. You will indicate how each individual participant will benefit from the service and provide your medical necessity by providing the curriculum. Under MSM 403.5.C., service limitations are provided (for youth and adults). IOP services are available for recipients who score at Level III and above. There are no service limitations for IOP under PT 14 and "[a] PA demonstrating medical necessity will be required and may be requested from the QIO-like vendor [DXC Technology] for additional services above the service limitations for all levels." There are no sessions of IOP available under the service limitations; therefore, a PA request is required for the service. The service for each individual recipient is reviewed every 90 days. You will need to do a concurrent PA request or a new PA request in the case of a lapse.

Q: What qualifies a provider type 14 agency to be able to provide Intensive outpatient program (IOP) services?

A: Please refer to MSM 403.4.D.2 for information on IOP services and if your agency is qualified to provide these services. **When you enroll as a PT 14, you may include the curriculum for your IOP, as a service that you plan to offer** to recipients and for which you will submit claims. The services are meant to prevent relapse or hospitalization.

Q: Under Medicaid guidelines and provider enrollment policy, can an Intern provide outpatient mental health services independently as a QMHP 300? Can an Intern provide services and bill independently of a BHCN?

A: Under Medicaid guidelines, Interns may enroll under a Specialty 300 and provide mental health services under required Clinical Supervision from a Behavioral Health Community Network (BHCN), Specialty 814. The Intern has this required Clinical Supervision at his/her

place of practice, separately from the Board-appointed Clinical Supervision. The Intern will bill as the rendering provider under the BHCN to which he/she is linked. Please refer to MSM 403.3.B. for information on the QMHP Intern.

Q: If a QMHP has permission by the agency provider (type 14) to bill independently for therapy sessions. Does the QMHP need to submit a PAR for the sessions?

A: The billing for a service performed by a PT 14/300 is done by the rendering provider under the BHCN to which he/she is linked. The PA request is submitted under the BHCN. It is an internal process of each BHCN as to who submits the PA request and the billing for services under that BHCN.

Q: During the webinar last week I had asked a question about linking individual providers to a group. I have attempted to do this since the system changed over from using the form FA-33 in January. I have tried to complete this action nearly a dozen times and spent countless hours on the provider help phone line with no resolution.

A: Please refer to **Web Announcement #1868**, "Modernization: Attention Individual and Group Providers: Information Regarding How to Link and Unlink Providers"

<https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>. Providers may also refer to the User Manual on the Provider Enrollment webpage <https://www.medicaid.nv.gov/providers/enroll.aspx>.

Q: We have a consumer that has requested OP counseling services but is in need of inpatient rehab for drug addiction. He has been screened H0002 by a QMHP and our director would like our service coordinator to assist with case management T1017 in linking him with those rehab services in Las Vegas. Can she as a QMHA work with him without the individual receiving a psychosocial assessment 90791 or psychiatric eval 90792 by a QMHP?

A: When providing Targeted Case Management (TCM), under MSM 2500, service coordinators (PT 54) may provide the T1017 service (according to policy) based on the mental health assessment and established Level of Care. For recipients assessed as Non-SED and Non-SMI, you may refer to MSM 2500 to review the allowable services. If you have further questions on case management services, you may contact the Behavioral Health Unit.

Q: The posted Behavioral Health training workshops will they be covering new material and training content or a review of the current processes and resources?

A: The BHTA webinars cover a variety of information related to the provision of behavioral health services under Medicaid, both current processes and new content. Related to the WA#1876 training sessions, please refer to the web announcement and to the 2019 Provider Training Registration Website <https://www.medicaid.nv.gov/providers/training/training.aspx> (under "Training Calendar and Registration"). You may refresh your knowledge and shed new light on some interpretation of policy, in case the information has changed or it is different than you may have thought.

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