

**DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, April 14, 2021
10:00 - 11:00 a.m.**

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Unit (BHU), SSPS II

1. Purpose of BH Monthly Calls:

The BHTA webinar offers providers guidance and updates on DHCFP BHU policy. The Webex meeting format also offers providers an opportunity to ask questions via the Q & A (the “chat room”) and receive answers in real time. The webinar is recorded. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dchcfp.nv.gov.

- Introductions – BHU, Provider Enrollment, SUR, Gainwell Technologies

2. March 2021 BHTA Minutes:

The minutes from last month’s BHTA are available on the [DHCFP Behavioral Health webpage](#) (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.

- Specialized Foster Care
- Clarifications: IOP and Neurotherapy
- Questions: WA#2437
- Immunize Nevada website <https://www.immunizenevada.org/county-specific-covid-19-vaccine-plan>

3. Related DHCFP Public Notices:

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

Public Workshops

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Public Hearings

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4. DHCFP Behavioral Health Updates:

Behavioral Health Web Announcements (WA):

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

(Please refer to this link for a complete list of web announcements)

- **WA#2468** – Attention All Providers and Their Staff: Course Helps Dispel Myths of Human Trafficking
- **WA#2466** – New Provider Orientation Scheduled for May 2021
- **WA#2464** – Attention Provider Type 17 (Special Clinics) Specialty 215 (Substance Abuse Agency Model (SAAM)): Prior Authorization No Longer Required Prior to Psychotherapy Services Being Provided
- **Volume 18, Issue 1** – Nevada Medicaid and Nevada Check Up News (First Quarter 2021 Provider Newsletter)
- **WA#2460** – Claims Denied with Error Codes 5003 and 5004 or Explanation of Benefits Code 8223 Have Been Reprocessed
- **WA#2457** – Updated Notice for Provider Type 63: Residential Treatment Center (RTC)/Psychiatric Residential Treatment Facility (PRTF) Critical Incident/Serious Occurrence Reporting Requirements Update
- **WA#2455** – Attention All Providers, Delegates and Staff: Upcoming training Sessions for April 2021
- **WA#2452** – Attention Behavioral Health Community Network (BHCHN) Groups and Substance Abuse Agency Model (SAAM) Groups: Claims for Procedure Codes S9480 and H0035 Reprocessed
- **WA#2451** – Attention All Providers: Use DHCFP Fee Schedule to Obtain Current Reimbursement Rates
- **WA#2450** – Attention All Providers: Please Share “Get Protected” COVID-19 Vaccine Flyer with Patients
- **WA#2448** – Medicaid Services Manual Chapters Updated
- **WA#2445** – Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for February 2021 Claims
- **WA#2444** – Attention All Providers: Update Regarding Rate Reduction Implementation
- **WA#2443** – New Provider Orientation Scheduled for April 2021

Carin Hennessey, SSPS II

- **Educational Updates:** Navigation of Medicaid Website – The Nevada Medicaid website is located at www.medicaid.nv.gov. There is a lot of information for providers on this website and there are links to other sources of information.
On the homepage, you will find a short list of the latest web announcements and a link to view all web announcements. Listed under the “Featured Links” section (lower left side of the page), you will find access to much of the information located under the drop down menus at the top of the homepage; these links may be for information you access more frequently. Included here is a link to the DHCFP website, which lists program information, information for providers and members, as well as public notices, and contact information for DHCFP offices across the state. There is a featured link to the user manual for the Electronic Verification System (EVS), for questions related to the provider portal and links to the provider portal; submitting prior authorizations for services can be done quickly this way. You may search

providers, access claims submissions, and access self-paced training modules from here.

Under the “Notifications” section (right side of the page), there is currently information on the Know Modernization System Issues; if you are receiving error codes related to billing and you are not sure what these codes mean. You can access the Known Issues list to research issues. Note: this is a resource to help providers locate as much information as they can before they may have to reach out to a Field Service Representative for further assistance.

At the top of the Nevada Medicaid homepage is a drop-down bar with several topic areas. “Providers” includes links to:

- “Billing Information”, including Billing Guidelines (by Provider Type) and the Billing Manual
- “Forms” includes the various forms used for prior authorization requests (it is recommended you access this location for the most recent version of these forms)
- “Provider Enrollment” includes instructional information, Provider Enrollment Information Booklet, and Provider Enrollment Checklists. Note: between the policies, the billing guides, and the provider enrollment checklist, you can locate a lot of information on requirements for enrollment and how providers may bill for services.
- “Provider Training” offers training information and training announcements, instructional materials, and tip sheets. Under Provider Relations Field Service Representative Team Territories, you will find the name of the Representative covering your provider type and geographic area within the state.

In the drop-down menu, you will also find a link to the EVS User Manual and the provider portal.

There is a drop-down for Pharmacy.

There are drop-downs for Prior Authorizations and Claims.

Under “Quick Links” drop-down, there is a link to the [Nevada Medicaid Services Manuals](#), where you will locate the most current Nevada Medicaid policy information.

On the <http://dhcfp.nv.gov> website, you can navigate to “Programs” from the top drop-down menu, and access the “Rates” webpage with the public facing [Fee-for-Service xls Fee Schedules](#) for all of the provider types.

Abigail Bailey, SSPS II

- **WA#2464:** A provider call with the Provider Type 17 Specialty 215 was held for those that wanted to be involved. We discussed the barriers to care and one of the biggest barriers was the up front prior authorization requirements on ASAM Level 1 services. Prior to this change, providers would have to have an approved PA for any of those Level 1 Outpatient services before the provider could do anything with the recipient. Now for those PT 17,215 providers, the therapy and counseling codes are going to align the same way

PT 14 codes align; recipients will have either up to 18 or 26 sessions per calendar year before a PA will be required those services. There have also been other updates to services; for H2011, Crisis Intervention, which is available to PT 14 currently, now will be available to PT 17, 215. The PT 17,215 will be able to bill for Crisis Intervention that are mental health only or co-occurring. PT 17,215 will also be to bill for Peer Support Services, up to 18 hours per year, which would be up to 72 units a year, before a PA is required.

If there is a recipient who requires additional services, PAs would be submitted and looked at for medical necessity. As of March 31, 2021, for ASAM Level 1 services, a prior authorization is not required up front for those services. This is updated in the Billing Guide for PT 17, 215, and within MSM 400 Attachment C.

6. DHCFP Provider Enrollment Unit Updates:

Nevada Medicaid Website: <https://www.medicaid.nv.gov/providers/enroll.aspx>

DHCFP Website: <http://dhcfnv.gov/Providers/PI/PSMain/>

7. DHCFP Surveillance Utilization Review (SUR) Updates:

Report Provider Fraud/Abuse <http://dhcfnv.gov/Resources/PI/SURMain/>

Provider Exclusions, Sanctions and Press

Releases <http://dhcfnv.gov/Providers/PI/PSExclusions/>

- **Educational Updates:** Progress Notes, Electronic Health Record (EHR), and Alterations or Addenda to Records – The progress notes are a specific class of medical record documentation; for this type of documentation, it is important to create the record of the service timely. This means either during the service or shortly thereafter, while the information is still fresh. A claim should not be submitted for the service if signed documentation is not already created and filed.

Every document needs to be signed by the rendering provider. If it is something like Intensive Outpatient Program, where it is billed under the supervising individual, it is still necessary that each component has documentation that is signed by person who actually rendered the service, not just the person supervising.

One of the issues we encounter from time to time is the signature. What is the signature? Key thing is if you are maintaining a paper record, the actual rendering providers needs to actually sign -- in ink, on that paper – not a signature stamp, not an image pasted of a signature – it needs to be an actual signature, which is acknowledging the contents of that specific document. If you are keeping paper records, once you have the signatures, you may scan the documents and maintain it as an electronic file, such as a PDF. This is not considered an electronic health record (EHR).

Electronic Health Records are created with specialized software, and one of the key criteria is that it must record the date, time, and author of each entry in an unalterable form. The only way you can confirm the author of a note is that each authorized user must have individualized user name and password

and no one else can know that password, not even administration of the company. The system can be set up so that the manager can look at everything in the system, but they cannot add anything that says someone else rendered the service.

The system will allow addenda; you can't change what is already there, but you can add a note later, and it could be a review by a supervisor with a clarification or additional comment. I.E., correcting an error in the documentation. And that will show up on the record as a new entry made by this different individual. This is acceptable. If you have a paper record, and you are a supervisor who notices a mistake in documentation, you don't cross it out or alter the original documentation; you put a note (down below or to the side) that makes further comment on or correction to the documentation. Then you sign it or list your name and date it with the time. This is permissible and appropriate.

If you have changed something on a document that someone has already signed, that is inappropriate and not permissible. This can be considered fraudulent because the person who signed did so for certain information. You can make a change, it just must be documented with the signature/name of the author, date, time. It doesn't have to look like a signature and can be the name of the individual who documented the information. It just needs to be a record of who did this, who wrote this.

Any medical record documentation, whoever rendered the service would create the documentation. Whoever is paid for the service must maintain those records. This may be a clinical individual who may be contracted with your agency, may not be an employee of your agency; in order to bill for the service, this individual must have the progress note and you must maintain it for the full six years.

8. Gainwell Technologies Updates:

Billing Information <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>

Provider Enrollment <https://www.medicaid.nv.gov/providers/enroll.aspx>

Provider Training <https://www.medicaid.nv.gov/providers/training/training.aspx>

Contact Information

Nevada Medicaid Customer Service: (877) 638-3472

Prior Authorization Information: (800) 525-2395

Field Service Representatives: NevadaProviderTraining@dxc.com

Alyssa Kee Chong, Provider Relations Field Service Representative - North
Susan Harrison (McLaughlin), Provider Relations Field Service Representative – South

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.

9. 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. The previous month's questions with answered on the posted minutes for the meeting.

Q: Can a rendering provider who is an intern have treatment plans and assessments that are signed by a board-approved supervisor who is not a Medicaid enrolled provider?

A: The intern may have a supervisor (through the board of licensure) who is not a Medicaid-enrolled supervisor, but in order to bill Medicaid the supervisor must be enrolled with Medicaid. In relation to Clinical Supervision under the PT 14, a board-certified supervisor is not the same as the supervision provided at the agency for intern who is rendering services. As an intern, you may be working with a board-certified supervisor as part of your licensure. The Clinical Supervisor or your Direct Supervisor is working with you at the agency and is Medicaid-approved; this supervisor is maintaining the EHR, the treatment plans, the progress notes as referred to by SUR during this webinar. Anyone who is signing Medicaid documentation must be Medicaid-enrolled.

There may be collaboration between the board-certified supervisor and the Clinical Supervisor at the agency, if they are different.

Q: Re: IOP -- Medicaid approved our curriculum, we submitted a PAR and we got a comment saying that S9480 is for clients not greater not 21 years old. Is this written in the IOP guidelines?

A: The code has no age restrictions and is used to bill for IOP under the PT 14. You may email your NPI and the PA number to nevadaprovidertraining@dxc.com for a Field Rep to assist you.

Q: Is the new fee schedule in effect now? The language in the announcement is "These reductions have been submitted to CMS for review and are pending approval".

A: Related to WA#2451, we are still waiting on CMS approval and assuming we receive approval, the adjusted fees will be implemented, and then there will be a process of reconciling what would be determined as overpayment for these services. Recoupments would be set up for that. The claims would be reprocessed to pay at the reduced rate. The legislation passed but the rates must be approved by CMS; the rates cannot be implemented until that happens. The higher rate is currently being paid and the recoupment will be based on the 6% reduction, once it is approved. There will be very extensive communication with providers about that process and there will be allowed to set up payment plans if there is a difficulty. There will be no surprises at the time the recoupment is being done.

Q: What is the policy reference for EHR?

A: You may refer to MSM 102.1(G), which states, “Providers are required to keep patient records that adhere to basic standards of practice and in accordance with the DHCFP Operations Service Manuals, state and federal statutes and regulations at a minimum of six years from the date of payment for the specified service. Electronic health records must include a verifiable date of service time stamp, record who is making the entry and who actually saw the patient.”

Q: Web Announcement states there are no more prior authorizations for PT 17. Can you confirm this to be accurate?

A: The service limitations for the Level 1 Outpatient services under a PT 17 Specialty 215 are now in alignment with the PT 14 service limitations for the therapy and counseling service codes.

Q: I just received a question from a provider asking if the MCO's will be following the new Prior Authorization standards for PT-17 ; 215?

A: MCOs are required to follow the requirements in the Medicaid Services Manual. They are always informed of any policy changes. If providers are having issues with any MCOs not following Medicaid policy, please contact managedcaresupport@dchcfp.nv.gov.

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