DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, May 12, 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@dhcfp.nv.gov.

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

   NOTE: Beginning in June 2021, the BHTA will be held on Microsoft TEAMS. The format will be similar to Webex. Agendas and Minutes will still be provided for every meeting and posted on the BHU webpage on the DHCFP website. Registration will not be required for each meeting. The BHU will not be providing technical assistance for TEAMS, but we will be assisting providers with the transition.

2. April 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.

- Navigation of Medicaid Website
- Progress Notes, Electronic Health Record (EHR), and Alterations or Addenda to Records

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
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Public Hearings
- To Solicit Comments on Amendments to the State Plan for Medicaid Services

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#2498** – List of Group Providers Who Should Not Have Individuals Linked to Them and an Update Regarding Claims Denied with Error Code 1008
- **WA#2497** – Attention Provider Type 63 (Residential Treatment Center Managed Care Contract Effective January 1, 2022
- **WA#2496** – Inactive Delegate Accounts on the Provider Web Portal Will Be Disabled Beginning May 17, 2021
- **WA#2490** – Attention All Providers: Submitting Secondary Claims Trainings Scheduled in 2021
- **WA#2485** – Attention All Providers: Step-by-Step Guide Available to Assist Nevadans 16 Years of Age and Older in Making Appointments for COVID-19 Vaccination
- **WA#2484** – Attention All Providers, Delegates and Staff: Upcoming Training Sessions for May 2021
- **WA#2482** – Medicaid Management Information System Updated with NCCI Quarter 2 2021 Files
- **WA#2481** – Attention All Providers: Guidance Regarding Storage and Handling of COVID-19 Vaccines
- **WA#2477** -- Provider Web Portal Registration Process Reminders
- **WA#2476** – Reminder: Claims and Claim Appeals Must Be Submitted Electronically
- **WA#2475** – Attention All Providers: Fact Sheets Regarding Access to COVID-19 Vaccination
- **WA#2474–** Reminder: Use Report Download Feature in Provider Web Portal to Obtain Copy of Nevada Medicaid Contract
- **WA#2473 –** Attention Provider Type 14 (Behavioral Health Outpatient Treatment): Update Regarding Claims Behavior Assessment/Intervention Procedure Codes
- **WA#2472 –** Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for March 2021 Claims
- **WA#2471 –** URGENT: Health Resources & Services Administration (HRSA) COVID-19 Uninsured Program Webinar on April 13, 2021
- **WA#2470 –** Attention Provider Type 63 (Residential Treatment Center/Psychiatric Residential Treatment Facility): Reminder Regarding Elopement Policy
- **WA#2469** – Medicaid Services Manual Chapter 400 Updated

Carin Hennessey, SSPS II (17:32)

- **Educational Updates:**
  - **Quality Assurance (QA) Program, MSM 403.2(B)(6)(f)** -- This is the first in a series of points we will go over related to QA Programs. While we recently reviewed the entire QA Program policy, we want to break down sections that often cause returns and corrections of these Programs. MSM 403.2(B)(6)(f), states, “QA Programs must be individualized to the BHCN delivery model and services provided. Duplication of QA documentation between BHCNs may be cause for rejection without review.”

When you submit your QA Program, Medicaid is looking for a complete explanation of your BHCN. Since most agencies are different from one another, we hope that the provider will tell us about their agency and how it operates. Your QA Program is essentially your policies for running your agency. Medicaid reviews this information looking for the specific requirements outlined in MSM 403.2.B.6. If we can't find something that is required, we will point out what citation best applies to help communicate what we are looking for but cannot find. Sometimes we ask other questions based on what we read in your document. These are usually clarifying questions, to help Medicaid better understand at what we are looking.

Medicaid is not looking to see if the agency has copied Medicaid's policies and listed them as their own. We would like to see your language, your explanation, your words. When you are telling us about the services and who delivers the services, we are trying to picture what that looks like and check with the policy. Since you are the professionals supervising and providing the services, we understand that this can be a task to articulate what you do – you job is often to do the work, not explain the work. That is why Medicaid does have questions often and needs clarification. We are not clinical professionals. If you copy Medicaid policy verbatim, your QA Program may be returned to you for correction.

In addition, please don't list specific policy citations in your QA Program. For example, *XYZ agency will conduct a recipient and/or family satisfaction survey(s) and provide results, per MSM 403.2(B)(6)(d)(3)(a)*. Medicaid policy is continually being updated and the citation numbers may change. If you have specific citations in your QA Program and those citations change, then your Program may be out of compliance and you would need to correct it. You can submit a revalidation up to a year in advance of your revalidation date and that is a good time to confirm that your QA Program reflects Medicaid's current policies and procedures.

And it goes without saying, please don't put your name on another agency's QA Program and submit it as your own. If you do this simply to have your QA approved, then it becomes questionable

-- how services are being delivered within your agency,
-- whether or not you have proper Supervision within your agency,
-- and if you have policies in place to adequately serve Medicaid recipients.

Luckily, we have seen a decline in this type of submission in recent years.

Always leave yourself time to submit your QA Program for review and make clarifications if you asked to do so. If you don't leave enough time for this, you may run into issues with your revalidation, which could affect your ability to prior authorize, deliver and bill for services as an enrolled Medicaid provider.

- **Providers Enrolling Under Highest Specialty and Licensure** -- We have had instances where a qualified provider is denied payment for a service code that is not included in the fee schedule under the PT 14. This often happens with QMHPs who are Physicians, APRNs, and sometimes Psychologists. We are encouraging providers to enroll and update their enrollment to reflect their highest specialty under their licensure. All of the codes allowable under a PT 14 may not include codes that a Physician, APRN, or a Psychologist are able to bill under their respective PT 20, 24, and 26. If you enroll or update your enrollment, then you may link to the PT 14 group; but you may also bill independently for services delivered within a PT 14 group.
  Additionally, we are also encouraging LCSW, LMFT, and LCPC professionals to enroll under your PT 14 specialty. LCSW is a specialty 305, LMFT is specialty 306, and LCPC is specialty 307. These are known as Independent Professionals and they too can link to the PT 14 group; or you can bill independently for services delivered within a PT 14 group. These specialties can also have private practices since they can provide their own Clinical Supervision.
  Basically, being enrolled under your highest specialty allows you to bill for all the services that you are qualified to bill for under Nevada Medicaid.

- **Individual Provider Engagement in Medicaid Enrollment** -- We have also had instances where individual RMH providers (specialties 300, 301, 302) have had their enrollments denied and have even have been put on a sit-out period because their enrollments were submitted multiple time incorrectly. This often happens when a group is submitting the enrollment for the individual. We are encouraging individual providers to be engaged in their Medicaid Enrollment. Many times, these professionals are not aware of their NPI numbers and do not have access to their enrollment in the Medicaid system. These individual professionals are not able to check which agencies they are linked to and possibly how their NPIs are being used to bill for services. This can be very discouraging for these providers, who may feel a lack of control over their enrollment. This includes updates and revalidations of their enrollment. And these individual RMH providers must be linked to PT 14 or a PT 82 group; they require Clinical Supervision and often are not submitting their own billing. While we are not providing specific guidance on how to engage individual RMH providers in their enrollment, we are encouraging these providers to be more actively involved in their enrollment. For example, sometimes an application is submitted and the enrollee has not reviewed the application; the application may continue to be denied, the provider may have to sit-out because of information included or not included on the application, and ultimately, the provider is not able to become an enrolled Medicaid provider for the agency.

6. **DHCFP Provider Enrollment Unit Updates:**
   Nevada Medicaid Website: https://www.medicaid.nv.gov/providers/enroll.aspx

DHCFP Website: http://dhcfp.nv.gov/Providers/PI/PSMain/

7. **DHCFP Surveillance Utilization Review (SUR) Updates:**
   Report Provider Fraud/Abuse http://dhcfp.nv.gov/Resources/PI/SURMain/
   Provider Exclusions, Sanctions and Press Releases http://dhcfp.nv.gov/Providers/PI/PSExclusions/

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: Is there a special field or place that QBA's enrolling as Peer Support Specialists can identify that is their intention. It seems like these enrollments get lumped in with the other BST applications, and they may overlook the fact they will have Misdemeanors or previous Drug or Domestic charges related to a MH or SA diagnosis. It usually appears they have just been flat out denied, I know some Peer support people that would be great with certain populations, but have a record, which is expected.
   A: Currently, an individual enrolling as a QBA to deliver Peer Support services does not have a separate application for enrollment. The Peer-to-Peer Supporter enrolling as a QBA will submit the QBA enrollment checklist and the application will be reviewed accordingly. Refer to MSM 403.6A for QBA providers and to MSM

403.6A(3) MSM 403.6F for QBA providers who will also function as Peer-to-Peer Supporters. You many also refer to MSM 102 for further information on Provider Enrollment.

Q: Where are the Health and Behavioral Assessment rates found?
A: You can find the information by using the Search Fee Schedule function (under "Featured Links" sidebar) on the Nevada Medicaid website, using the following information:
Code Type: Procedure
Service Category: Behavioral Treatment

Q: Should Medicaid MCO's pay the same service codes as FFS? We are finding Anthem Medicaid is not allowing H2011 services.
A: The MCOs must offer at least that services for which Nevada Medicaid reimburses; the MCOs can add additional services that Medicaid does not reimburse.

Q: What is the longest period of time a provider can be under review?
A: There is not a set time frame for enrollment reviews. Each provider type is unique and goes through different background criteria. DHCFP and the fiscal agent do work together to make decisions on enrollment as soon as possible. Some of the issues that affect an application review are inadequately disclosed information that would normally be disclosed. Keep in mind, that our applications do not give deadlines for sanctions, revocations on licensure, convictions. These things will hold up the review of an application and often those applications will not be returned within the timeframe of review because resubmission will put that application back into the review queue. You may email the BH inbox with further questions, or you may email Nevadaprovidertraining@dxc.com for assistance with an application.

Q: When will the rate no longer be proposed? We have MCO's paying at the rate reduction while no rates officially changed with Medicaid.
A: The 6% rate reduction is awaiting formal approval from CMS. When this occurs, it will be communicated. All claims from 08/15/2020 until the update will be recycled to recover the 6%. This will also be communicated to all providers.

Q: In regards to the Web announcement 2473 for P14.... if we billed with the old codes, do we have to resubmit the claims with the new codes?
A: If your denied claim included the old Health and Behavioral codes and was submitted on or after January 1, 2020, then the claim will be recycled according to the web announcement. You may contact Nevadaprovidertraining@dxc.com for assistance.

Q: Are these codes still valid: 90837, 90834, 90846, 90847?
A: Yes, these codes are still codes billable under Nevada Medicaid.

Q: Is 96156 replacing 90791? Is 96158 replacing 90832?

A: 90791 is the code for the Psychiatric Diagnostic Interview, which is referred to as the Psychiatric Diagnostic Evaluation on the current PT 14 Billing Guide. 90832 is the code for Psychotherapy, 30 minutes. These codes are not being replaced.

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