DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, July 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 call offers providers guidance and updates on DHCFP Behavioral Health policy. The TEAMS meeting format offers providers an opportunity to ask questions chat feature and receive answers in real time. The webinar is recorded. If you have questions prior to or after the monthly call, submit requests directly to the behavioralhealth@dhcfp.nv.gov.

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

2. June 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 information from previous and current meetings. Please review if you have questions and if you were not able to attend the BHTA last month; this is a great place to check up on what we discussed.

- Behavioral Health Updates
- Links to Training
- Recycle of Crisis Intervention Claims

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 Hearings
- 7/27/2021 – Medicaid Services Manual (MSM 3800 – Medication Assisted Treatment)

Public Meetings
- 7/13/2021 – Medical Care Advisory Committee (MCAC)
- 7/14/2021 – Tribal Consultation

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#2542 --** Electronic Funds Transfer (EFT) Authorization Form Update
- **WA#2541 --** Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse), 74 (Nurse Midwife), and 77 (Physician Assistant): DEA X-Waiver Providers Prescribing Buprenorphine
- **Volume 18 Issue 2:** Nevada Medicaid and Nevada Check Up News (Second Quarter 2021 Provider Newsletter)
- **WA#2538 –** Multiple Improvements Implemented on Remittance Advices
- **WA#2537 --** New Provider Orientation Scheduled for August 2021
- **WA#2536 --** Attention All Providers: Providers Must Be Enrolled in Nevada Medicaid to be Reimbursed for COVID-19 Services
- **WA#2535 --** Attention All Providers: New Disability Information and Access Line (DIAL) Hotline Provides COVID-19 Vaccination Access Assistance
- **WA#2534 –** Medicaid Management Information System Updated with NCCI Quarter 3 2021 Files
- **WA#2533 –** Attention All Behavioral Health Providers: Information about the LOCUS and CALOCUS Assessment Tools
- **WA#2532 --** Attention All Providers, Delegates, and Staff: Upcoming Training Sessions for July 2021
- **WA#2531 --** Attention All Providers: Claims Submission Time Frame Reminders
- **WA#2524 –** Attention All Providers: Proposed Elimination of Biofeedback and Neurotherapy Services for the Treatment of Mental Health
- **WA#2523 –** 2021 Annual New Code Update: Rates to be Entered and Claims to be Released for Adjudication (Updated July 1, 2021)
- **WA#2518 –** Attention all Providers: Authorized User Information Update in Online Provider Enrollment Application
- **WA#2517–** Urgent Announcement Regarding Claims Suspending for Budget Relief

Serene Pack, HCC II RN

- Outreach to Providers Serving Children and Adolescents: I oversee the policy for Residential Treatment Centers (RTC) and Psychiatric Hospitals, and want to reach out to our outpatient providers; we would really like to provide a list to a residential providers, as well as our case managers, to be able to assist them with finding OP services, especially with the step down from the RTCs and from the hospitals if they are not needing a residential level of care. Specifically, any providers offering PHP and IOP programs, providers who tailor to certain populations (i.e., pediatric populations, individuals with autism, and individuals with developmental disabilities or those with intellectual disabilities, individuals with fetal alcohol syndrome.
  We are hoping providers will reach out to our BH inbox and let us know what kind of services you provide, the age ranges you target, some basics about what your facilities do. So that we can create a list on our side and provide the information to our RTC providers, to our our DHCFP District Office case manangers, ADSD case managers, anyone who may need that to help them find that care.
  Please email behavioralhealth@dhcfp.nv.gov
  Here is an example of the kind of information you can provide:

Facility Specialty:

What age groups does your facility treat?_____

What gender does your facility treat? Female Male

Does your facility offer PHP and/or IOP services? Please specify: _____

Please check the box for each specialty your facility treats:

☐	Asperger's or Autism Spectrum Disorder	☐	Attention Deficit Disorder	☐	Complex Medical Issues
☐	Co-Occurring Disorders	☐	Deaf or Hard of Hearing	☐	Dual Diagnosis
☐	Eating Disorders	☐	Fetal Alcohol Syndrome	☐	General Psychiatric
☐	IQ Between 48 And 80 or Borderline IQ	☐	Neurological Disorders	☐	Pervasive Developmental Disorder
☐	Post Traumatic Stress Disorder	☐	Sexual Offenders	☐	Sexually Reactive Disorders
☐	Substance Abuse	☐	Traumatic Brain Injuries	☐	Other (please specify): _____

Contact name, including telephone number/email:_____
_____

Facility name: _____

National Provider Identifier (NPI):_____

Carin Hennessey, SSPS II

- QA Program – Organizational Chart – MSM 403.2(B)(6)(b): Part 2: QA Program – MSM 403.2(B)(6)(b) states, "An organization chart that outlines the BHCN's supervisory structure and the employees and positions within the agency. The organizational chart must identify the Clinical Supervisor(s), Direct Supervisor(s), affiliated mental health professional(s) and paraprofessionals names and National Provider Identifier (NPI) numbers for each."
  You will be providing this information in your QA Program at enrollment and at revalidation. When you revalidate, you want to be sure your QA Program is current with the Chapter 400 policy. Policy is often changing and we want to review the current requirements. We want to answer provider questions and we'd like to share some information on what we've seen in QA Programs submitted to the BHU for review.

Whatever you submit, it must fulfill the requirements of policy and be clear in its display of your Supervisory Structure. You must at minimum include Clinical Supervisor(s), Direct Supervisor(s), and *all* servicing providers, their names, positions within the agency and Medicaid enrollment, and the NPI numbers. Generally, I would advise you to think ahead, but in this case, it is better to list your current organization. If you are planning to expand, you can update your organizational chart at that time when you do expand; what you present here is a snapshot of what the agency looks like at that time. There is a direct connection between the services you will deliver and the staff you currently have; is there adequate staff to deliver the services you indicate? Are they enrolled correctly? Do they have the appropriate qualification? Do not include any 3rd party contractors (individuals or groups) who are not enrolled with NV Medicaid and with whom you contract privately. We do not want to tell you what to show us in your organizational chart and we have seen very extensive charts from agencies, including DBAs including overriding structure. You may include other officers in the company, and other divisions of the company if you want to, but this is not required. However, we are only looking at those providers who are rendering and billing for services to Medicaid recipients, and to bill for Medicaid services, the services must be delivered by a Medicaid-enrolled provider. Through the organizational chart, we are also confirming that every rendering provider is supervised properly as needed.

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/

   - **Educational Updates:** Providers Billing for the Group Using Linked Service Provider NPIs as the Billing Provider – The SUR Unit has been made aware of some issues going on with certain providers. We want to share precautions that you can't take to not be involved in this activity.
     Some billing providers and organizations that did not revalidate or were not actively enrolled with Medicaid and billed under one of their linked providers, listing their linked providers as their billing provider.
     That can go a couple of different ways. The concern is that for the individual servicing provider, that 1) are they enrolled using their Social Security number or the company Tax ID number, and 2) is there payment information or electronic funds transfer for the individual personally or for the company.
     We had several providers who received very large 1099s for 2020 and they did not understand why. Some of them were receiving the money in their personal account and then transferred the money to the company; that was an agreement that the individual made with the company. That is not

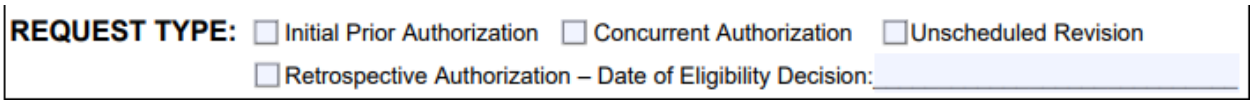
something that Medicaid can fix. When we actually pay the individual, it is taxable; Medicaid can not change that because the individual then wrote a check to a company who may or may not have delivered the services but billed it under the individual.
As individual providers, you should think long and hard about allowing any unauthorized users on your enrollment. You should check your enrollment. If you do not function as a billing provider yourself, you can update your enrollment to indicate that you are only a servicing provider. Make sure any communications as far as payments or remittance advices are addressed to you, not a company for which you work or for which you previously worked. Many individual providers had a company for which they were working offer to set them up in Medicaid. Then all of the individual's contact information was with that company; if they no longer worked or did business with that company, they did not update their information on their own. Individual providers must go online, verify your enrollment, and protect yourself from possible improper billing. If there is payment information in the system it should be for services your provide that you get paid for, not the company.
For the companies, if you are billing under someone else, without their knowledge, that could be criminal. If you are billing under someone else with their knowledge, to avoid the fact that your company is not getting paid – due to suspension or inactivity with Medicaid – that is also criminal.
Make sure your biller is not doing that and that as individuals you are not being taken advantage of in this manner.
Please share with all of your servicing providers, who may also work for other companies, and encourage them to look at their enrollment.

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

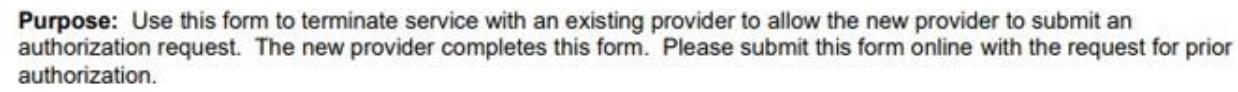
Alyssa Kee Chong, Provider Relations Field Service Representative - North
Susan Harrison (McLaughlin), Provider Relations Field Service Representative – South

- **Educational Updates:** Review on Data Correction Examples for Prior Authorizations – refer to the PT 14 Billing Guide and the FA-29 Form.
  On the Billing Guideline, "Request Timeline", there is a difference between the data correction and the unscheduled revision (NOTE: the timeline is the same for the PT 17,215 Billing Guide). An unscheduled revision is submitted whenever a significant change in the recipient's condition warrants any previously authorized services. The example I use in my trainings with provider groups is an emergency or something tragic in the recipient's life, where they have a PA that is already approved, and they need a higher level of care or more units [of a service]. You would **not** use a FA-29

data correction form in this situation. You use an unscheduled revision. Something warrants a higher or different service than what is authorized for the recipient. Our PA team wants to note that when you do submit an unscheduled revision, it is the check box at the top of your FA form.
For example, on the FA-11 form, it looks like this:



You do not need to upload a brand new service line when submitting an unscheduled revision. You just need that FA form, with that check box of unscheduled revision at the top, and you're going to fill out the form explaining what happened to the recipient, what needs to happen, what's going on, what the recipient needs as far as care. The number of requested units within this unscheduled revision request has to be appropriate for the time of the existing authorization period.
This is sometimes confused with an FA-29 data correction form. We are seeing an uptick of providers who are not end-dating their PAs. A separate thing is the FA-29. If you are a provider on this call and you have an approved PA, but the recipient is no longer going to see you [for services], please do your due diligence as the provider to end-date the prior authorization. That would be an FA-29 data correction form. It's a one-page form. You fill it out. You upload it into your PA request. It will end-date that service and it will allow a recipient to go and get new services from another provider. If you are ever a provider trying to have a PA approved [for services] and you have a full 90 days to go for another provider who is holding an approved PA, this makes it difficult for you [to deliver services to the recipient]. As soon as you know that a recipient is not going to be with you any longer, as soon as you know they will not need your prior authorized services, simply fill out this PA data correction form, upload it, and end-date that PA.
The other option, the situation a recipient leaves one provider and moves to another provider would be an FA-29A form. It's a little bit longer and takes a little more effort for the receiving provider to find the services for which the previous provider was approved, get the recipient's signature, has to submit this with a new request. It's an option for you. But for providers on the line, just do your due diligence to help make it easier for any other provider who is going to be receiving that recipient. The FA-29A would be for that new provider receiving that recipient.
Here is a view of the purpose of this form:



As you can see, this form is longer, takes a little more effort. This would be the receiving provider completing this form. You have to go and do research, find the other provider. One thing that we do see with receiving providers trying to fill this out is that maybe the recipient doesn't know where their previous provider was, which would also prove an obstacle to you to be able to fill it out.
The FA-29 form will just end-date the PA.

A couple of notes from our Nurse Review team. They have seen some providers, mostly substance use disorder (PT 17 Specialty 215) providers, who are submitting the FA-29 to end their services but then submitting the unscheduled revision to do the new request. That is not the correct way to do that. The unscheduled revision is in your Billing Guide. The unscheduled revision is something that happens to the recipient warranting a high level of care or different services on an already approved PA. You would not submit a new request as an unscheduled revision.
If you have questions, if you feel you need some help with this please reach out. We can go through this and talk about different scenarios where this might be occurring.
Some providers are documenting all of the services on the FA form but only putting one service line in the portal; this will result in a technical denial. Everything you are putting in the FA form must match the field lines you are entering in the portal. If you are doing multiple things -- adding service lines here or not adding service lines, but your FA form has a bunch of codes or a bunch of dates and nothing matches, you will receive a technical denial. You may not appeal this; you can only submit an prior authorization appeal for those related to a medical justification of your PA. For clerical errors, such as not knowing when to submit the FA-29 or an unscheduled revision, it will simply be denied, and you will need to submit a new request.
Another thing for reconsiderations, the Nurse Review team is seeing high amounts of reconsiderations that are being submitted, but providers adding service lines with these reconsiderations. A reconsideration is considered an appeal for your prior authorization. It does not require an additional service line. The Nurse Review team has to process the actual denied service line. Just submit reconsideration request if you are looking to appeal your prior authorization.
If you have questions, you may email the provider training inbox nevadaprovidertraining@dxc.com, please include your NPI. For Northern Nevada providers, that will be me. For Southern Nevada providers, that will be Susan.

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

No questions this month.

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