

**DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Agenda – Wednesday, March 9, 2022
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 using the 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@dncfp.nv.gov.

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

2. February 2022 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.

- Vaccine Mandate
- Enrollment and Revalidation for QBA and QMHA
- Neurotherapy
- Crisis Services in Nevada

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 Meetings

- **03/02/2022** – Medical Care Advisory Committee

Public Hearings

- ~~03/11/2022~~ – MSM 1200 – Prescribed Drugs; MSM Chapter 400 – Mental Health and Substance Abuse Services; MSM Chapter 2900 – Community Health Workers **Rescheduled**
- **03/29/2022** – MSM Chapter 400 - Mental Health and Substance Abuse Services, MSM Chapter 600 – Physician Services, and MSM Chapter 2900 - Federally Qualified Health Centers
- **03/29/2022** – STATE PLAN AMENDMENT Crisis Stabilization Centers

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#2732** – Attention All Providers, Delegates and Staff: Use Online Provider Enrollment Tool to Check Enrollment Application Status
- **WA#2726** – Attention All Providers, Delegates and Staff: Upcoming Training Sessions for March 2022
- **WA#2723** -- Attention All Providers: Community Health Worker Provider Type Created
- **WA#2721** -- Update: Medication-Assisted Treatment (MAT) Services with an Opioid Use Disorder (OUD) Diagnosis Must Be Billed with Modifier U5
- **WA#2718** – Attention Provider Type 63 (Residential Treatment Center/Psychiatric Residential Treatment Center): Policy Clarification for Use of Psychiatric/Mental Health Advanced Practice Registered Nurse (APRN) Signatures
- **WA#2711** – Update Regarding Inpatient and Outpatient Crossover Claims Impacted by Payment Error
- **WA#2709** – Medicaid Management Information System Updated with NCCI Quarter 1 2022 Files
- **WA#2704** – Smoking/Tobacco Cessation Counseling Procedure Codes 99406 and 99407 No Longer Restricted to Pregnant Women Only

Carin Hennessey, SSPS II

- BH Updates –
 - Neurotherapy update to MSM Chapter 400 -- CMS has determined that the Biofeedback and Neurotherapy provisions of State Plan Amendment (SPA) 21-0009 would be considered a maintenance of effort (MOE) violation of the requirements of Section 9817 of the American Rescue Plan Act of 2021 (ARPA) and would put the state's 9817 enhanced Home and Community Based Services (HCBS) funding at risk. The state has withdrawn the SPA until these services can be re-considered for limitation at the end of the HCBS ARPA period in 2024. The state will revert MSM policy for Neurotherapy services during the March 11, 2022 Public Hearing. There will be a web announcement posted after the Public Hearing is held. We encourage providers to attend the public hearing to be a part of that and to ask questions or raise concerns at that time.
 - Crisis Stabilization Centers (CSC) -- With the approval of SB 156, we have begun proposed revisions to the Nevada Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol and Substance Abuse Services and the SPA 4.19-B to ensure that crisis stabilization services provided at hospitals with a crisis stabilization center endorsement are covered and reimbursable services under

Nevada Medicaid. The goal of this legislation is to add a place to go as a critical element of the crisis continuum of care to support an array of crisis services critical in caring for individuals experiencing a behavioral health crisis. New proposed policy documentation includes scope of services for crisis stabilization centers, their primary objective, requirements, best practices, provider responsibilities, admission criteria and authorization process. Crisis stabilization centers best outcomes will be for patients getting better immediate care and a more positive behavioral health crisis response. The Public Hearing for CSCs is being held 3/29/2022.

- QBA and QMHA Enrollment Issues -- We are working on the issues related to enrollments denying related to the 16-hour training and some of the other requirements on the submissions. We are working on these concerns and finding some more immediate resolution. For those of you encountering these issues, reach out to the BH Unit, and let us know of any other issues encountered with QBA and QMHA enrollments.

Related to the QBA and QMHA checklists, we are aware that there are multiple issues ongoing: notarized signatures; certificates for the 16-hour training; transcript documents.

We are working internally to update the Provider Type 14 and 82 checklists. We want to make more immediate clarifications to support enrollment. In the coming months, we will be proposing policy edits to MSM 400 to support clarity around provider qualifications and enrollment for these provider types. We want these requirements to be clearer for providers and to the review process on the Medicaid side. We are projecting out, but hopefully by the summer we will be closer to having those policy changes. Be on the lookout for a Public Workshop coming soon.

There are also updates coming to the QMHP enrollment related to licensure and documentation requirements. We are trying to align our enrollment procedure at Nevada Medicaid with the requirements of the Board of Examiners for Social Workers. Please reach out to the inbox if you have any questions.

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/>

Contact Information: providerenrollment@dhcfp.nv.gov

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

NVMMIS.EDIsupport@gainwelltechnologies.com

nv.providerapps@gainwelltechnologies.com

Prior Authorization Information: (800) 525-2395

nvpeer_to_peer@gainwelltechnologies.com

Field Service Representatives: nevadaprovidertraining@gainwelltechnologies.com

Alyssa Kee Chong, Provider Relations Field Service Representative - North
Susan 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 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.

Q: In regards to the applications being returned for PT 14, we have updated our training logs so they are appropriate. However, the outlines are continuously being rejected. Is there any guidance you can give because are items are being very close to stale date and we won't be able to bill those services anymore?

A: In the Chapter 400 policy, we have been trying to provide guidance based on our policy and the checklists. The information for the 16-hour training is how the applicants and revalidating providers are being trained. It is an outline (the checklist does also say summary, but it is an outline) of how, for example, applicants are being trained on case file documentation. You are pulling out (extracting) the essential elements of the training and listing that on your document/certificate. We say this for agencies themselves providing training to their employees as well as to outside training agencies providing the training in these areas. If you have additional training (outside of the 16-hour requirements) that you are providing to your employees, that can confuse the purpose of confirming that the 16-hour training elements are covered. That can cause a denial or return. The documentation that seems to cause the most problems is that where multiple requirements are

combined. One thing to note is the CPR training; the certification card ticks the box on the requirement for that element of the training. I have seen that it has been combined with problem solving and conflict resolution as a practical application of what it might be like with a client. Currently for the initial enrollment and the revalidation require the 16-hour training.

Q: The portal is a little slow for the QBA and QMHA enrollments. You can only work on one at a time. Agencies are getting stuck where you have multiple new enrollments and revalidations. It's causing agencies to lose money, providers to lose their jobs. Back billing and timely filing has become an issue. And the enrollment date is sometimes changed. Is there a way to expand the processing and speed it up?

A: We are trying to improve the document that is submitting so there are less questions, on the front end. Submitting sooner rather than later is helpful and taking the time to put together the most complete enrollment as possible. Regarding multiple submissions under the group NPI, with multiple requests, we would be returning them asking you to submit all at once. Reach out to your Field Representative or to the Call Center to confirm and update request is completed before you submit a new one. It doesn't mean that you can't, it just means that you need to make sure the previous one was completed before you submit anything new. As far as linkage requests, you can do those through the individual NPI, and add the group NPI through the individual portal. That's a work around. As well as the individual revalidations and individual enrollments, you can submit multiple ones of those because they are at the individual level.

Q: What is the expected turn-around to add a new provider?

Q: But the time frames are still taking a lot longer than before. It used to take 7-10 days for individual providers now it's 2-3 months before [Medicaid] even looks at it. Through the group Portal it used to 2-5 business days how it's the new time frame as the new enrollments.

A: If you submit a completed application, it is expected to be worked in 5 business days. By the fifth business day it should be approved. However, at this time our Fiscal Agent is delayed on some of the applications; they are in the process of hiring more staff and getting caught up. We are bringing in staff and getting them trained and doing our best to address that backlog right now. As it stands now, we do not have any time frames on enrollment. If you are experiencing delays, if you are experiencing hardships because of the delays, you can request assistance from your Provider Field Representative. For truly escalated situations, please email nevadaprovidertraining@gainwelltechnologies.com. Please include your NPI and contact information and please reach out to us so we can get things going on the back end. And note if everything is considered an escalation, everything else will become delayed. We don't want you losing staff. We don't want you to stop seeing our recipients.

Q: I had a Provider question in regards to services provided when a client is hospitalized in a standard hospital for Medical reasons (not psych). They

wanted to know if a client is admitted, can the Therapist and PSR visit them, conduct sessions, and continue to provide support during their hospital stay?

A: I will have to take this question back to the and get some answers. This is a great question, worthy of more extensive discussion, and I will take this back internally for more information. It's important to raise the question of continuity of care and patients receiving their behavioral health services by a professional of their choice, a provider with whom they have been working and trust with their care. The difficulty is that the recipient is admitted to an inpatient hospital setting and the system does not generally allow for outpatient services to be delivered at the same time.

Q: Hello how do we get the phone numbers to contact Mackenzie Lopez and Blanca Iris Lanza?

A: nevadaprovidertraining@gainwelltechnologies.com

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