DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Wednesday, July 13, 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@dhcfp.nv.gov.

   - Introductions – BHU, Provider Enrollment, SUR, Gainwell Technologies, Social Entrepreneurs, Inc. (SEI)

2. June 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.

   - BH Updates
   - Care Coordination

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
   -

   Public Hearings
   -

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#2838** -- COVID-19 UNWIND: Impact on Nevada Medicaid 1135 Flexibilities When Public Health Emergency Expires

- **WA#2837** – Attention All Providers, Delegates and Staff: Upcoming Training Sessions for August 2022
- **WA#2835** – Attention Provider Types 60 (School Health Services) and 85 (Applied Behavior Analysis): Applied Behavior Analysis Services Can Be Billed With More Than One Place of Service Code
- **Volume 19 Issue 2** -- COVID-19 UNWIND: Nevada Medicaid and Nevada Check Up News (Second Quarter 2022 Provider Newsletter)
- **WA#2834** – Nevada Medicaid and Nevada Check Up Managed Care Organization (MCO) 2022 Open Enrollment
- **WA#2729** – Attention All Providers: Please Distribute Through Social Media
- **WA#2828** – Attention All Providers: New Recipient Medicaid ID Cards Are Coming Soon
- **WA#2823** – Attention All Providers: Pfizer COVID-19 Booster Administration Code 0074A Open for Children 5 through 11
- **WA#2822** – Provider Documentation Reminders
- **WA#2820** – Medicaid Management Information System Updated with NCCI Quarter 3 2022 Files
- **WA#2817** – Rate Review Surveys for Certain Provider Types
- **WA#2815** – Attention Nursing, Hospice, Residential Treatment and Intermediate Care Facilities: Inpatient Crossover and Outpatient Crossover Claims That Denied With Error Code 4239 Have Been Reprocessed
- **WA#2814** – New and Clarified Statuses for Provider Enrollment Applications
- **WA#2813** – Attention All Providers: Moderna COVID-19 Booster Vaccine Code and Administration Code
- **WA#2812** – Attention All Providers: Update on Claims Denied with Error Code 2504 When Other Insurance Applied to Co-Pay or Co-Insurance
- **WA#2811 –** Update Regarding Behavioral Health Claims Denied if Recipient Was Covered by Medicare
- **WA#2809 –** Some Claims Adjudicated with Error Code 6511 Have Been Reprocessed
- **WA#2808 –** Claims That Should Have Denied for Medicare or Private Insurance Coverage Have Been Reprocessed
- **WA#2805 –** Attention All Providers, Delegates and Staff: Upcoming Training Sessions for July 2022
- **WA#2803 –** Attention Certified Community Behavioral Health Centers (CCBHCs): Bill with Place of Service Code 15 for Mobile Crisis Services
- **WA#2799 –** URGENT for All Providers: System Upgrades Will Impact Availability of the Provider Web Portal and Online Provider Enrollment

Kim Hopkinson, Social Entrepreneurs, Inc. (SEI)

- **Presentation on 988** –The one thing that we want to note is to make sure that folks understand that 988 is part of a larger endeavor within Nevada to build out a crisis response system that has multiple components, of which 988 is one of the three main components that we think about when we think about a crisis response system. We really want those together, the crisis response system and 988, to serve as the foundation of Nevada's behavioral health

safety net. We want to make sure that everyone in Nevada has immediate access to effective and culturally informed behavioral health services, crisis services, and suicide prevention, both through 988 and the larger crisis response system. As I talk through the presentation today, you'll see sometimes we're referring to the crisis response system or CRS and sometimes we're specifically talking about 988 but know that they are all parts of a whole that work together. And I do have a little graphic that'll show that in the moment.

We are using best practices from the national landscape when it comes to building out Nevada's crisis response system, really making sure that folks have universal and convenient access to the supports they need, that their experience is high quality and personalized, and that they have connections to resources and follow up both through if they need to progress through the crisis response system. Or if they need to just have referrals or resources for supports that might not be part of the three main components of the CRS, making sure that they have those.

988 is going live on Saturday, in just a few days. It is not live yet. After July 16th, 2022, if folks have a public safety emergency, fire, police, ambulance, they should continue to call 911. If they're experiencing a behavioral health crisis or suicidality, they can call 988. That goes for family members as well. Third parties are able to call 988 if they have someone in their life that is experiencing behavioral health crisis or suicidality and they want to get supports in that way. **Our call center will be CSS NV, Crisis Support Services of Nevada.** I think probably many of you are familiar with the work they do currently, as they are one of our suicide prevention lifeline across the nation and they are our lifeline center in Nevada. [CSS NV] will be serving as the 988 call center when the system goes live on Saturday. They've actually indicated that they've been receiving 988 calls for several months. It just hasn't been officially announced and launched

They will also be answering texts and chats, so this is not just calls, after the 16th. If you or someone in your life, your family, your clients, you know anyone you serve is more comfortable with texting. That is an option as well. You can just text enter 988 into your "TO" bar and it should go to someone at 988.

Some general rationale for 988 which I'd like to include -- with this group these are likely statistics that most folks are aware of -- since 1999, rates of suicide have been increasing across the nation. It's estimated that one in five people over the age of 12 have a mental health condition; suicide is the leading cause of death among young people and the 10th leading cause of death in the US. Related to [suicide rates among young people], **beginning this fall, all student ID's for public Kindergarten through 12th grade (K-12) schools will have the 988 number on them**; they used to have the suicide prevention, the 10 digit number. They're now going to have the 988 number on there. We're also working with institutions of higher education in the state to get that number changed on their school ID's as well. So that's

just another way to promote the service to individuals that might be experiencing crisis.

Suicide is most often preventable; for every person who dies by suicide, there are approximately 280 people who seriously consider suicide but do not [complete suicide]. **988 is an opportunity to provide services and early intervention for folks that are experiencing a behavioral health crisis or suicidality.** It is a direct 3-digit line to trained counselors. These counselors are trained to serve the population that may be calling, texting or chatting. And it's a very easy to remember number. I couldn't remember the 10-digit suicide prevention number, but I can remember 988. So, we're hopeful that that will really increase use of this service. **Just as a reminder, public safety emergency should still continue to use 911, but [for] mental health needs and suicidality, [individuals] can call 988 or text or chat.**

We've kind of covered this, so I'm going to go over this kind of quickly, the 988 crisis line that's effectively resourced and promoted will connect a person in a crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care. It has been shown that it can reduce healthcare spending with more cost effective, early intervention, particularly by keeping people out of things like emergency departments and facilities where they may have been going because there were no other supports available to them or that weren't readily available to them. It's also projected to reduce the use of law enforcement, public health, and other safety resources, so that first responders are not necessarily responding to or receiving calls from folks in a behavioral health crisis, and that those calls are going to 988. We have a case study from Houston that I'll show in a moment. We're really hoping it will also help end stigma towards those seeking or accessing mental health care to really promote this as a service that folks should feel comfortable using, comfortable sharing in their communities.

A little bit of background on why this came to be -- in October of 2020, the National Suicide Hotline Designation Act was passed, which requires states to move from a 10-digit number to a 3-digit number. I think one thing I glossed over at the front end is that this is not a state initiative. This is a nationally-mandated initiative that Nevada is excited for, but this is happening all across the nation. All States and territories will be moving to 988. That doesn't mean the 10-digit number goes away, so any materials that still have the 10-digit number on them will still be valid. I don't know when or if [the 10-digit number] will be sunseted, but for now 988 is a is the prime number we want to promote.

One thing to note, because you'll see some notes here about a fee or funding, is that in the **last legislative session Nevada passed SB390 which establishes 988 and includes a funding mechanism to support 988 through a surcharge on phone lines.** Similar to how 911 is financially supported through a surcharge on all phone lines, that's what will be happening in Nevada [for 988] as well. If you have a phone line, when you get your phone bill, at some point, you will start seeing a surcharge or a tax -- I'm not sure what they'll call it on there -- of up to $0.35. That is on all phone

lines. A question I got at a recent presentation: Is [the surcharge] only for folks when you call 911 or call 998, are you charged, and the answer is no. This is a standing monthly surcharge on all phone lines regardless of whether you use the 988 service or not.

I talked a little bit at the front end of how 988 is part of a larger system. **When we talk about a coordinated crisis continuum or a crisis response system, there are really three key elements that we're talking about. The first is a crisis center. It's someone to talk to.** And in this case, it's 988. But there are also additional key components of the system that Nevada is working to build currently. Now, these are not the only elements that will either directly or tangentially be brought into the system, but they're the main ones that are being stood up at the moment. Th**e second is mobile crisis teams**. You'll see them called mobile crisis team (MCT), or crisis mobile teams. There are a couple different ways you'll see them written out, but that's **someone to respond**. If someone calls 988 and cannot be have their issue resolved, cannot be deescalated, it may be appropriate to have a response team to come to them. Then the third element is the crisis receiving and stabilization services. In Nevada, we're calling those **Crisis stabilization centers, or CSC, and those are a safe place for people to go for help**. In many cases they follow something like a *living room model* or an area where people can come other than an emergency room or another facility, where they can come and have their issue resolved and work with trained individuals to do that, to be assessed and supported.

And then of course, we want to make sure best practices are throughout the entire system. When we talk about how the system can help to support reduced costs and use of resources both on the healthcare [system] and on the law enforcement or first responders [system], one figure that we like to [provide] shows the progression of how folks can be redirected and connected to treatment instead of going through law enforcement or emergency department pathways -- if that's not the appropriate pathway for them. In this case, you see on the graphic, if a person is in crisis, they have the ability to call 988. That's the crisis line. What you see on the bottom, where it has the 911 number, is it's indicating that **911 operators (public safety answering points, or PSAPs) would also have the ability to transfer calls to 988. That's actually something we're working on establishing here in Nevada.** We already have a few PSAPs, especially in the northern region, that are already working with CCC NV to transfer calls that are more appropriate for [behavioral health services] over to what will now be the 988 line.

Of the folks that call the crisis line, data shows us that about 80% of them can be resolved on the phone and don't need additional elements of the system. Of those 20% that cannot be resolved on the phone, those that may need to have a mobile crisis team dispatched to them, 70% of that 20% can have their issue resolved in the field and they don't need to be brought to a facility. But some will need to be brought to a facility, so it's [the remaining] **30% of that 20% that couldn't be resolved on**

the phone, they would then be taken to CSC or other crisis facility to have their issue resolved and be treated. The ultimate goal is that this will decrease use of jail, emergency departments, and other inpatient facilities when again that's not the appropriate level of response that the folks need to have their issue resolved.
We are following SAMHSA, what they have as a five year vision. We don't know if this is a five year vision for Nevada. We don't know what the time frame for full implementation in Nevada will be. But we are still following [SAMHSA's] general model. We just aren't sure if the five year vision is feasible in Nevada yet; we do want to have a fully resourced crisis care system which has the crisis call centers, the MCTs and the CSCs all in place as quickly as we can, but these items will take work to stand up. We know the 988 number is going to go live on Saturday, so that is fantastic. We know development of MCTs and CSCs is under way. This is not a linear progression. We don't have to wait for all the MCTs to be functional before we move on to CSCs. All of this work is happening simultaneously so that the system being built out is comprehensive and not it's not a linear approach. We talked about the case studies that I mentioned, the case study from Houston that illustrated what cost savings and resource savings could look like. This is the one I was referencing, and I really like to show this graphic because I think particularly the first two sections of it really show the impact that a crisis response system and a 988 (or the 988 equivalent) can have. In Houston, they have had a relationship between their first responder network and their call center. They didn't have 988 because 988 wasn't stood up, wasn't activated, but they had something similar and they've had a relationship [in Houston] since 2016. So, what you can see is that between 2016 and 2021, almost 7500 calls were diverted from law enforcement to that call center. Another 3100 calls were diverted from the fire department to that. So that freed up law enforcement and the fire department to not need to respond to a little over 10,000 calls over that four- to five-year period; that's the equivalent of over $6 million in savings between the police time and the fire department time.
In terms of how Nevada has been working to implement 988, we actually **received a grant as did most States and territories in January 2021 to develop an implementation plan, a strategic plan for implementing 988. Nevada chose to use that opportunity to build out a strategic plan, or an implementation plan, to build out all of the crisis response system, not just 988.** That final plan was sent to the grantor that funded that endeavor in January of 2022. [The grantor] was very pleased with what Nevada produced. It includes sections on 8 core elements that I just want to briefly go over. **Making sure that there is 24/7 coverage by the lifeline member contact center**, in this case CSS NV, for calls, chats and texts. Making sure that there are **funding streams to support 988 moving forward**, that there's capacity building. For current and projected 988 volume, once the system goes live; we know that there is going to be exponential growth in the number of people that use it once it's promoted and people feel comfortable using it --

making sure that the state supports the lifeline's standards for centers that are answering 988 calls. **Making sure that the key stakeholders have been involved in the process and so we actually utilize a 988 planning coalition for development of the implementation plan**; we've continued to meet since the plan was submitted to **make sure we're getting continuous feedback on systems elements in the system**. And then **making sure that the 988 centers have the ability to access local resource and referral listings** so that, if during the call folks indicate that they need supports, the 988 call center staff are able to access those and share those referrals immediately with people, and then also **being able to provide follow up services directly**, meaning that the centers would be based on certain protocols, call the individual back, or try to text them back within a set period to just check in on them; **making sure that they're doing OK after the initial call** and then also **making sure that our public messaging and marketing aligns with the national marketing** so that everyone's getting consistent messaging around what 988 is and does.
So that's kind of where I'll wrap here, and I can stay on for a few minutes if folks have any questions.

Carin Hennessey, SSPS II

- BH Updates -- We just have a few ongoing projects, things that we've been working on, that we've been trying to keep you updated on.

  Regarding our 1115 waiver (related to the Support Act), expanding statewide access to comprehensive behavioral health services for the most vulnerable Nevadans, including those with opioid use disorders and other substance use disorders specifically. The Department of Health and Human Services seeks authority to provide a limited waiver of federal Medicaid Institutions for Mental Diseases (IMD) exclusions. DHCFP was approved to resubmit the 1115 demonstration application to the Centers for Medicare and Medicaid Services (CMS) during the May 31st Public Hearing. CMS has accepted Nevada's application, June 27, 2022; now that that has been completed, you can look at the application on Medicaid.gov which is a federal website. There will be a 30-day federal comment period; the state's application will be available at this link, 1115 Waiver application and Federal Comment period until 8/4/22. Here is the CMS Medicaid.gov website, for your convenience.

  Our next update is related to our Crisis Stabilization Centers (CSC) state plan. Amendment 22-0005, our state plan amendment (SPA) related to the CSCs, was put on RAI with CMS and the state is working with CMS to determine the appropriate placement within the state plan for this rate methodology for the crisis stabilization centers. Nevada Medicaid is considering moving the rate methodology under the Rehabilitative Services section of the state plan rather than where rather than where it was going to go, under the hospital services. That is an ongoing process, which means that the state plan amendment is still being reviewed. It's an extended review

period. As you know, we have it within our Chapter 400 policy right now and you can look at that (MSM 403.6I).

As part of the crisis continuum with crisis stabilization centers, we are also involved in the Mobile Crisis Planning Grant. DHCFP submitted a letter of intent to CMS on Friday, July 8th. And this is for a No Cost Extension. The No Cost Extension is to carry over any unused funds awarded for the Mobile Crisis Planning Grant through the American Rescue Plan Act into the following Federal fiscal year. With the support of this No Cost Extension, which would take us past the month of September into next year, Nevada has developed a projected timeline to submit a SPA for Mobile Crisis Teams, by April of 2023. We want to keep you informed of where we are in that process and when we project to be submitting a state plan amendment for these services.

The final update is related to our MSM Chapter 400 Provider Qualifications update. I want to thank everyone who attended the public workshop. The actual MSM update is scheduled to be presented at public hearing in September; it was originally scheduled to be presented in August, but additional time is really needed to incorporate comments and edits that were generated through the public workshop. This includes the internal process that we have at Nevada Medicaid to review and edit the document to make sure that we are all set to put it into policy.

Here is information on how to sign up for the Medicaid listserv:

https://dhcfp.nv.gov/Resources/NevadaMedicaidUpdate/NevadaMedicaidUpdate/
For questions regarding the ListServ, write to Nevada Medicaid Public Information Officer, Ky Plaskon: Kyril.Plaskon@DHCFP.nv.gov.
For all other Medicaid-related questions, please use the following contact form: http://dhcfp.nv.gov/Contact/ContactUsForm/
Those updates from the listserv provide you with background to ask questions and to find the answers, to keep you informed in general.

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

On the topic of provider enrollment, because it's been a while and I'm not sure that everybody is aware, but last month we did implement some changes on our provider enrollment side. One of those changes being the statuses of your enrollment application. I just wanted to let everybody know in case you're not aware or haven't seen the changes that were made, **we did go in and add a ton of new enrollment statuses that are a lot more specific than they used to be. So now you can see exactly where your application is in the processing order.** It it's quite a long process, but you can see exactly where your application is. So just a new feature that's out there. You can see that both in EVS as well as through the OPE tool. If you're submitting a new application. And all of those reasons, if you need them, are in our provider enrollment user manual, Online Provider Enrollment User Manual, https://www.medicaid.nv.gov/providers/enroll.aspx (halfway down the page). We've got Chapters One and Two, our addendum to Chapter Two and Chapter Three; those new status updates are in Chapter One. We go through the process of starting the application and walking through all of the steps to go through revalidation. We do that in a live training environment, where we don't actually submit the revalidation; we wouldn't be able to show the status because it is a completely demo portal and it's all fictitious information.

We switched over to a new pharmacy benefit manager in July. So instead of Optum RX we are now using Magellan for all of our pharmacy needs. That includes any physician-administered drugs and things like that. Again not entirely sure how many people that applies to here but it is new information. We also created a new provider type specifically for pharmacists. So those would be individual standalone, they do not link to a group, they do require their own Secretary of State business license, their own enrollments and they can also be enrolled as an OPR only if they will only be prescribing or referring services. So that's a new provider type that's out there as of July 1st.

We have also updated a couple other policy chapters that are not behavioral health related. One of those being the telehealth services. It became effective June 1, 2022, and there is some information in there for the new telehealth policy, web

announcement 2840. I don't know if you have it on this list goes over just kind of the notification that those have been changed. There is information about there about PSR and BST services. I know there was a web announcement that went out that specifically related to the COVID pandemic and those exceptions that are in place during the public health emergency (PHE). But I do want to make sure that everybody is aware of the telehealth policy once that PHE comes to a close.

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: Is [the 988] presentation available somewhere?
A: It will be sent out to the contact list on in an email along with FAQ sheets for you to utilize in your practice. **Please reach out to BehavioralHealth@dhcfp.nv.gov if you would like a copy of these items and have not received them.**

Q: The 988 crisis line is being answered by what level of clinician?
A: [per Kim Hopkinson] I'm not exactly sure of how CSS NV does their staffing. I can say that they follow the lifeline centers requirements around what level of training and or background folks need to have to be answering the line. Unfortunately I don't have a straight answer for you on that, but if it's something that's of interest we can get that information and then provide it back. I do know that everyone that is answering those lines is trained by CSS NV, following the guidelines that they're given by the national networks.

Q: I'm a therapist intern. I have a question regarding crisis interventions. So I had a client who came in who was suicidal. I had to write a prior authorization for this client and then [the PA was] denied saying that the client needed substance abuse treatment. And my question when I had did the peer to peer review was why did it deny on the basis that the person needed substance abuse treatment when I'm treating suicidal ideations at this current moment. And the gentleman could not give me an answer. So, I'm asking now and if you guys have any comment on that.

A: Please email the Behavioral Health inbox to discuss this issue, as it is related to an individual case and a peer-to-peer review with our QIO-like vendor, Gainwell Technologies.

Q: Any anticipation of the backlog resolution? Why is it taking them so long to get providers enrolled. I can remember the days back when we used to fax this in and it would be done in two days. Now we're taking months and we're supposed to have an automated system.
A: we have been working diligently on this issue. The units that are involved in that process are trying to streamline the process, but also be mindful of policy and what we need to go through at Nevada Medicaid. I can't speak to what was done in the past, but I know we have a lot of providers -- the last number I heard is there are over 5000 outpatient behavioral health providers -- and those people are revalidating. There are also new providers all the time. It may be a little different ball game than it was in the past and we're trying to manage those enrollments in the best way that we can.
We are through the backlog and we have been for a little while now. Gainwell is meeting our contractual requirements for processing applications and getting through that initial review. What we're seeing is causing delays and taking the longer time as the fact that our applications specifically are behavioral health applications require a second set of eyes; they have to go through a QA program. They have to get additional review because there are so many additional requirements and complexities surrounding the behavioral health programs. Some of those require additional review by the DHCP for certain QA programs. There's PHP, IOP. There are so many different factors that go into these [enrollments] that do cause these applications to take a little bit longer for that final review to go through.
The second part of that is we are seeing a large number of applications that need additional corrections to be made. It's not a one-and-done thing and a lot of these applications need to have corrections, some of them need outreach [by Gainwell staff]. Some of them have several things that are missing. Sometimes it's just one or two things that can cause an application to go back and forth between review. It is something that we are continuing to work on, continuing to try to improve the process for providers as well as our internal processes. It's definitely still a work in progress, but we are not months behind and looking at an application like we were in the past.
Getting those applications in with enough time so that they can be reviewed. Making sure that, on [the provider] side, you have maybe a couple set of eyes, making sure that everything that needs to be on those applications is as complete as possible when you submit them. By doing that second review before you submit, you might be able to avoid some of those returns.
Please see the link for the **Provider Revalidation Report (halfway down the page) and plan ahead, https://www.medicaid.nv.gov/providers/enroll.aspx.**

Q: I'm assisting an individual with enrollments right now. When an application is submitted, and it's returned because something is missing, when it gets resubmitted with the attachment, does it go to the same person, or does it go to a different person?
A: It does go to the same person. That is a recent implementation that we've made.

Q: Who do we talk to when we resubmit the application and then it gets returned again for the same thing saying that what you just attached is not there, but when you go in it's there. Because I've contacted the call center several times and I can see that the attachments are there; I saved the summary enrollments from when it was originally submitted but the call center will say they can't see it. What do we do in those instances?
A: The recommendation would be to reach out to a field representative and we do have escalation processes in place. Obviously, every application is reviewed by a human person and human errors happen. It does happen when there are three pages worth of attachments. Things do get missed. We try to take that second look and if we can see what you're talking about, we can follow our internal escalation processes to have those looked at. Reach out to a field representative if you're experiencing this problem.

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