



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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Program Focus Groups – Psychotherapy and Neurotherapy

Third Session: Friday, September 7, 2018, 1 pm – 4 pm

Place of Meeting: Division of Health Care Financing and Policy (DHCFP)
1100 East William Street, 2nd Floor Conference Room
Carson City, NV 89701

Division of Health Care Financing and Policy (DHCFP)
1210 S. Valley View, Suite 104
Las Vegas, NV 89102

Attendees:

Lisa Foley
Brook Adie
Tiffany Lindsey
Jer Roberson-Strange
Robert Friedman

Angie Charter
Genevieve Ramos
Jerry Cinani
Bill Jenkins
Brandon Ford

Steven Brotman
Lindy O'Connor
Cody Phinney
Alexis Tucey
Marika Baren

1. Introduction:

A focus group was held on Friday, September 27, 2018 from 1 to 4 pm in the Division of Health Care Financing and Policy (DHCFP) conference room. The focus group was facilitated by Cody Phinney and Alexis Tucey who are DHCFP staff. The purpose of the focus group is to make recommendations to the Nevada State Legislature regarding Medicaid costs overseen by DHCFP related to Psychotherapy and Neurotherapy providers in the state. Providers from Northern, Rural, and Southern Nevada participated in person, via video conference, and via conference call. This was the third of five planned sessions and the agenda reflected issues and topic identified during previous focus groups.

2. Goal:

The focus group continued discussions centered on the goal established during the first focus group meeting.

Goal: Deliver patient focused services to recipients moving them to wellness with minimal barriers.

Objectives:

- **Ensure Nevada is in line with federal standards including the mental health parity.**
- **Improve Nevada’s behavioral health ranking.**

3. General Discussion

The discussion began with a brief correction from the last meeting regarding BCIA certification for Neurotherapy, with a participant noting that the criteria does not require a Master’s degree and providing specifics to DHCFP representatives for future reference.

The group discussed prior authorizations, length of visits, time codes and issues related to DXC. The discussion of prior authorization included the lack of notice of decision (NOD) for clients when they are approved after reconsideration and issues related to peer-to-peer review. Participants noted that the peer-to-peer review process would be more useful for providers if there was a discussion of reconsideration. Currently, the process focuses on an explanation of denial. Participants emphasized that sometimes the reviewer has provided “inappropriate” suggestions or adjustments. As a solution, they suggested a hotline to provide feedback to report concerns about the vendor, the reviewer, or the process. Additionally, the group discussed that the length of the visit and the time codes used to document that length are not reflective of the level of care provided to clients. The group concluded that this is an important distinction, and that these codes should not be used as a determination of service. The group also discussed issues related to DXC and the calculation of business days versus calendar days for client claims, as well as the concept of a rolling client year (based on the first date of service) versus a calendar year for the limit on the number of claims a client can make.

DHCFP representatives noted that the group should come to a consensus regarding recommendations. These recommendations will be made during a Public Workshop scheduled for September 11th that would bring the work of the focus group to a broader audience of stakeholders, and by October 1st, these recommendations will also be made to the Administration. Recommendations were divided into subgroups, one for Neurotherapy and one for Psychotherapy. They are presented below:

Psychotherapy:

Recommendation #1: Rescind the five session limit; return to 18 session limit for adults and 26 session limit for children.

Recommendation #2: The group and state representatives will work to address the following issues over time:

- Improve the Prior Authorization (PA) process:
 - Eliminate redundancies on the PA form and between the form and the portal
 - Clarify calendar versus business days
 - Calculation of 90 days for review of PA
 - Notice of decision; clients should receive denial and approval letters
- Improve the availability of client use information for both clients and providers

- Review the criteria used to determine what is a “regular session” and create a mechanism to address inappropriate billing for session length
- Re-evaluate policy for appropriateness and service limitations regarding use of level of care to identify the number of sessions; this could potentially include use of the following:
 - Levels 1-6
 - Using CASII or LOCUS
- Review the medical director requirement
- Clarify medical necessity

Neurotherapy:

Recommendation #1: Rescind the five session limit; return to 18 session limit for adults and 26 session limit for children.

Recommendation #2: The group and state representatives will work to address the following issues over time:

- Improve the Prior Authorization (PA) process:
 - Eliminate redundancies on the PA form and between the form and the portal
 - Clarify calendar versus business days
 - Calculation of 90 days for review of PA
 - Notice of decision; clients should receive denial and approval letters
- Improve the availability of client use information for both clients and providers
- Establish qualifications and/or certification process of providers using the BCIA standards
 - Establish qualification and/or certification of Behavioral Health Technicians enrolled with Medicaid
- Re-evaluate the policy for standards of practice and evidence-base
- Clarify medical necessity criteria
- Clarify technician and clinician coding for billing

At the end of the discussion, the group concluded that the frequency of meetings should be reduced and the format should also be changed. Monthly meetings or conference calls will be scheduled after October 1st to continue work on the issues listed under Recommendation #2.

4. Other Solutions to Explore and Discuss at Future Meetings:

The following are other potential solutions to explore during future meetings:

- Yearlong prior authorization request
- Medical director requirement for the Behavioral Health Community Network
- Consistency for group versus individual sessions
- Clarification of medication management versus medication training and support, the Current Procedural Terminology (CPT) Code, and determination of what exactly is limited to eight sessions
- Crisis intervention
- Evidence-based practice qualifications and incentives

5. Next Steps:

The following are the next steps identified by the group:

- **Public Workshop:** recommendations will be presented at the public workshop on **September 11th, from 9 am to 11 am.**
- **Public Hearing:** recommendations will be presented on **September 27th at 1 pm.** A revised agenda will be requested to include the recommendation to rescind the five session limit.
- DHCFP will notify attendees of previous decisions made regarding the potential of recoupment for FY 17-18.
- Monthly meetings or conference calls will be scheduled with participants to continue to work on issues identified and potential solutions.