



# Behavioral Health

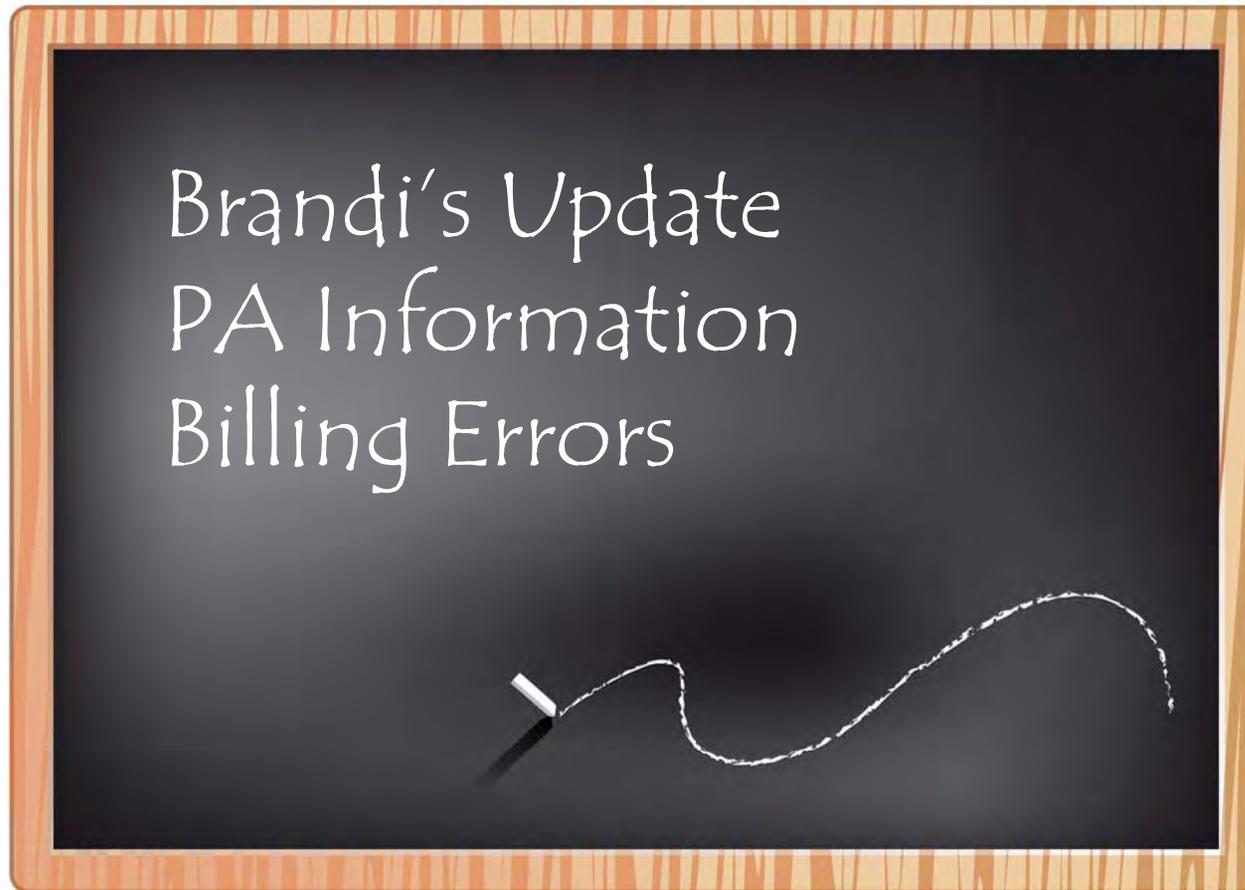
Annual Medicaid Conference  
October 2012

Presented by: DHCFP and HPES Training

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# Agenda



# On the horizon



- Evidence-Based Practices
  - Will become ingrained in policy as requirement
- Emphasis on outcomes
- Comprehensive approach to care

# Reminders

- Intent of services
  - Non covered
  - Elements included
  - Face-to-face delivery
- Fraud, Waste and Abuse
  - Enticements/kickbacks
  - Over servicing
  - Out-of-scope services



# Supervision

## Referring QMHP

- Recommends services via treatment/rehabilitation plan based on MEDICAL NECESSITY
- Reviews progress and updates treatment plan accordingly
- **42CFR 440.130 – “Rehabilitative” services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.**

## Clinical Supervisor

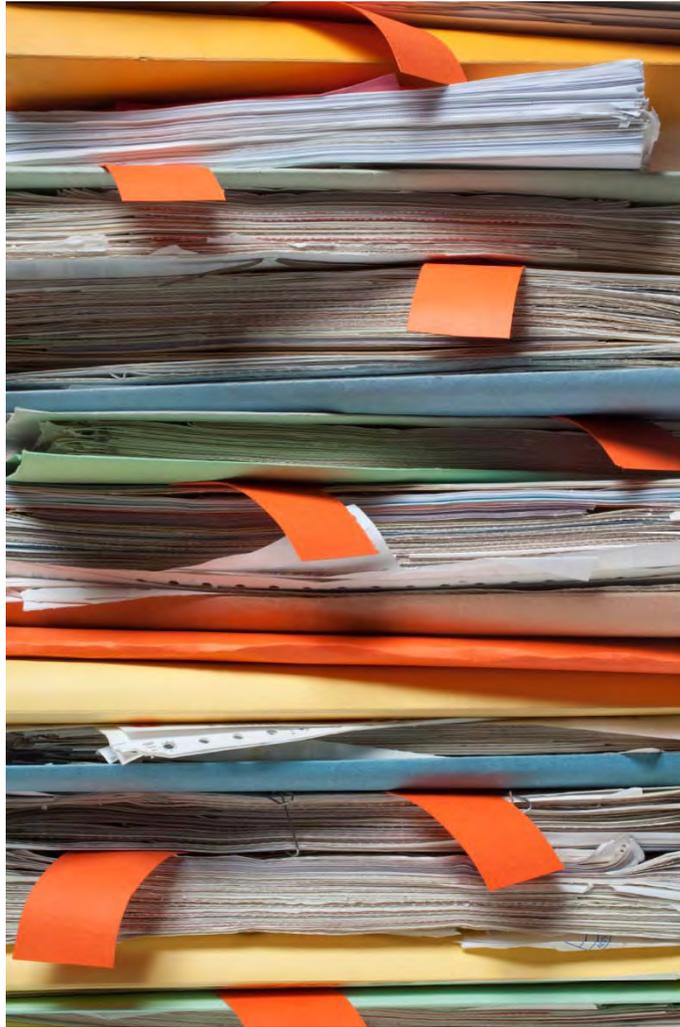
- Assures services provided are clinically appropriate
- Assumes professional responsibility for services provided
- Evaluates the effectiveness of the services delivered
- **42CFR 440.260 - The plan must include a description of methods and standards used to assure that services are of high quality**

## Direct Supervisor

- Directs and coordinates the DELIVERY of services
- Assures services provided are in accordance with the established treatment/Rehabilitation Plan
- Limited to the service delivery does not include treatment/rehabilitation plan development, modification, or approval
- **Required by Division of Health Care Financing and Policy (DHCFP) for non-licensed provider oversight**



# Prior authorizations



# View authorization status

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. At the top left is the Nevada state seal. The main header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A dark blue navigation bar contains the following menu items: "My Home", "Eligibility", "Claims", "Care Management", and "Resources". Below this bar, a light blue sub-menu contains "Create Authorization", "View Authorization Status" (highlighted with a red box), and "Maintain Favorite Providers".

Under the "Care Management" section, there is a sub-menu titled "Authorizations" with three options: "Create Authorization", "View Status of Authorizations" (highlighted with a red box), and "Maintain Favorite Provider List".

An orange arrow points from the "View Status of Authorizations" link in the left sub-menu to the "View Authorization Status" link in the top sub-menu. Another orange arrow points from the "View Authorization Status" link in the top sub-menu to a text box on the right.

To begin the search for a Prior Authorization (PA), click "View Authorization Status" from the top sub-menu, or "View Status of Authorizations" from the list on the left.

# View authorization status – prospective authorizations

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

**My Home** | **Eligibility** | **Claims** | **Care Management** | **Resources**

Create Authorization | **View Authorization Status** | Maintain Favorite Providers

[Care Management](#) > View Authorization Status Wednesday 11/09/2011 03:49 PM PST

**Member in Focus:** ALMA MARTINEZ [Change](#) ID: 5655880000100  
JANE DOE 00000123456 [Return to Member Focus](#) [Close Member Focus](#) X

**View Authorization Status**

Prospective Authorizations [Search Options](#)

Prospective authorizations identifying you as the Requesting or Recipient beginning Services Date of today or greater. Click the Authorization Tracking Number to search for a different authorization.

**Prospective Authorizations**

Authorization Tracking Number	Service Date	Decision	Recipient Name	Recipient ID	Authorization Type	Requesting Provider	Servicing Provider
<a href="#">20000000315</a>	11/14/2011 - 11/17/2011	Pended	MARTINEZ, DOE, JANE	5655880000100 00000123456	Inpatient (Acute, Rehab, SNF/ICF, MH)	CORONADO SURGERY CENTER LLC	CORONADO SURGERY CENTER LLC
			MARTINEZ, DOE, JANE	5655880000100 00000123456	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	CORONADO SURGERY CENTER LLC	CORONADO SURGERY CENTER LLC

If the PA you are searching for is not listed here, click on "Search Options."

If the PA you are looking for is displayed here, just click the authorization tracking number to view results.



# View authorization status

**View Authorization Status** ?

Prospective Authorizations | Search Options

Enter at least one of the following fields to search for an authorization.

Use any ONE of the fields to search for authorization status.

---

**Authorization Information**

Authorization Tracking Number

Authorization Status

Select a Day Range or specify a Service Date

Day Range  OR Service Date

---

**Member Information**

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

Recipient ID  Birth Date

Last Name  First Name

---

**Provider Information**

Provider ID

ID Type

This Provider is the  Servicing Provider on the Authorization  
 Referring Provider on the Authorization



# View Authorization status, continued

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

Authorization Tracking Number

Authorization Status

Select a Day Range or specify a Service Date

Day Range  OR Service Date

You must select a value for the "Day Range" field. You can search up to 14 days in the future or up to 30 days in the past.

The Service Date field is the beginning date of the authorization.

Enter the 11-digit PA number here.

**TIP:** If you need to search for a PA that was submitted more than 30 days ago, you can do so here. Simply enter the 11-digit PA number, select the blank space from the drop-down box and click "Search." Or, you can enter the 11-digit PA number, enter the beginning date of the PA in the Service Date field, then click "Search."



# View Authorization status, continued

Select a day range.

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Member Information**

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

Recipient ID  Birth Date

Last Name  First Name

The "Service Date" field is the beginning date of the PA.

**TIP:** When using the member information to search for a PA, you will use EITHER the 11-digit recipient ID number, OR the recipient's last name, first name and date of birth.

**TIP:** If searching for a PA that was submitted more than 30 days ago, and you are only using the member information, you must have the beginning date of the PA and enter it into the Service Date field. This is the only way results display.

Click the "Search" button when you have finished entering information.



# View Authorization status, continued

Select a Day Range or specify a Service Date

Day Range  **OR** Service Date

OR, enter the beginning date of the PA.

Select a day range.

---

Type the 10-digit NPI or API.

Provider Information

Provider ID

ID Type

Select either NPI or Other for the ID type.

This Provider is the

Servicing Provider on the Authorization

Referring Provider on the Authorization

Select the appropriate option.

Search

Click the "Search" button when all information is entered.



# View Authorization status – search results

Once you have entered all of your information and clicked the “Search” button, any results matching the search criteria entered display on the bottom of the page.

Search Results							
<a href="#">Authorization Tracking Number</a>	<a href="#">Service Date</a> ▼	<a href="#">Decision</a>	<a href="#">Recipient Name</a>	<a href="#">Recipient ID</a>	<a href="#">Authorization Type</a>	<a href="#">Requesting Provider</a>	<a href="#">Servicing Provider</a>
<a href="#">20000001471</a>	01/10/2012	Pended			Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	DURANGO OUTPATIENT SURGERY CENTER	DURANGO OUTPATIENT SURGERY CENTER

Always click the authorization tracking number to view details of the PA.

The initial PA submission always defaults to Pended. This means that your PA has not yet been reviewed for a decision. No further action is required at this point.

**TIP:** Always view the PA to see details; it may say “Pended” here, but when you look at the details, it may have been partially certified.



# Lessons learned: viewing status

- When you initially submit your PA request, it always defaults to “Pended” and the “Reason” field defaults to “Additional Information is Needed.” This means that your PA request has not yet been reviewed and no further action is needed at this point.
- The “Remaining Units” field displays as claims are processed and units are subtracted from the total approved units.
- If additional information is needed, or your PA has been denied, details display in the “Medical Citation” field.
- You are only able to select “View Original Request” if the PA request was submitted through the Provider Web Portal. If the request was faxed, you are only able to select “Print Preview.”



# View Authorization status – search results

**Authorization Tracking #** 20000001471

General Authorization Response Instructions [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Member Information** +

Dia +

Ser -

**ID Type** NPI      **Name** DURANGO OUTPATIENT SURGERY CENTER

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision	Reason
01/10/2012	12/31/9999	-	-	-	H2014-SKILLS TRAIN AND DEV, 15 MIN	-	Pended	Disposition pending review

[View Original Request](#)      [Print Preview](#)      [Go to Top](#)

If approved, the total amount of approved units displays here.

As claims process, units used are subtracted from the total units approved and display here.

This is the beginning date of the PA.



# View Authorization status – search results, continued

Authorization Tracking # 20000001471

General Authorization Response Instructions [Collapse All](#)

**Requesting Provider Information** +

**Member Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

Provider ID  Name SURGEON CENTER

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision	Reason
01/10/2012	12/31/9999	-	-	-	H2014-SKILLS TRAIN AND DEV, 15 MIN	-	Pended	Disposition pending review

[View Original Request](#) [Print Preview](#) [Go to Top](#)

The requested code displays here.

The decision displays here. Examples are: Pended, Certified in Total or Not Certified.

If additional information is needed, or your PA was denied, details display here.



# Common denial codes/claim errors



# Edits 0208 and 0308

Date of service exceeds filing limit

- Providers must bill Medicaid for all claims within the specific time frame set by Medicaid.
- To be considered timely, claims must be received by the fiscal agent within 180 days from the date of service or the date of eligibility decision, whichever is later.
- For out-of-state providers or when a third party resource exists, the timely filing period is 365 days. *MSM Chapter 100, Section 105.2B*



# Edit 0453

Recipient enrolled in HMO

- Always verify recipient's eligibility through EVS, ARS or a swipe card system prior to rendering services
- Send your claim to the appropriate Managed Care Organization (MCO) in which the recipient is enrolled for the date(s) of service(s)



# Edit 0318

Recipient not authorized on Date(s) of Service billed

- Always verify recipient eligibility through EVS, ARS or a swipe card system, prior to rendering services
- If the recipient receives retroactive eligibility, first refund any monies collected from the recipient, then submit the claim to the appropriate Medicaid program, i.e., Medicaid FFS, HPN or Amerigroup



# Edit 0155 (BH)

Procedure requires authorization

- Ensure a valid, **approved** prior authorization number is listed on claim in field 23
- Ensure prior authorization was issued to the group NPI billed on the claim
- Prior authorization dates must be within the dates of service on claim



# Edits 0301 and 0302

Duplicate payment request – Same provider, same dates of service

- Review your remittance advice to determine if the service has already been paid. In most cases, the service being submitted has already been paid (including a zero payment) to the provider.



# Edits 0313 and 0316

Bill any other available insurance (0313)

Medicaid has more TPL policies than claim documentation shows (0316)

- Verify the recipient's other insurance(s)
- Bill the recipient's other insurance(s) first
- Send the claim with the primary EOB(s) attached
- Bill only one line per claim with the primary EOB(s) attached to each claim
- Bill only for the recipient's legal obligation to pay
- If the primary insurance denied the claim, applied payment to the co-insurance and/or deductible, or if primary insurance was terminated or exhausted, send claim to Customer Service for special batching



# Billing information – www.medicaid.nv.gov

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

Home Providers EVS Pharmacy Prior Authorization Quick Links Contact Us

**Notification**  
Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see [Web Announcement 451](#).

**Billing Information**  
Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]

**Paper Claim Form Instructions**  
The following instructions are for paper claims. For electronic claim requirements, professionals can refer to Companion Guides for transactions [837D](#), [837I](#) and [837P](#).

Title	Last Update
<a href="#">ADA Claim Form Instructions</a>	12/05/11
<a href="#">CMS-1500 Claim Form Instructions</a>	12/05/11
<a href="#">UB Claim Form Instructions</a>	12/05/11

**Billing Manual**  
For Archives [Click here](#)

Title	Filesize	Last Update
<a href="#">Billing Manual</a>	977 KB	12/05/11

**Billing Guidelines (by Provider Type)**  
For Archives [Click here](#)

Provider Type	Title	Last Update
10	<a href="#">Outpatient Surgery, Hospital Based</a>	02/01/12
11	<a href="#">Hospital, Inpatient</a>	06/21/12
12	<a href="#">Hospital, Outpatient</a>	06/06/12
13	<a href="#">Psychiatric Hospital, Inpatient</a>	02/01/12
14	<a href="#">Behavioral Health Outpatient Treatment</a>	02/01/12



# Billing information – www.medicaid.nv.gov

**Nevada Department of Health and Human Services**  
 Division of Health Care Financing and Policy Provider Portal

Tuesday 03/06/2012 02:05 PM PST

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Announcements/Newsletters **Billing Information** Electronic Claims/EDI E-Prescribing Forms NDC Provider Enrollment Provider Training

**Urgent Notification (updated 2/6/2012)**  
 Please note that there is a 4MB (4,000K) limit (the total of all documents) when attaching files to a prior authorization (PA) request. Providers will be notified if other methods of attaching large documents become available. Please use the forms provided in the Provider Web Portal for attaching documents to your requests. If you have additional documentation that exceeds the 4MB limit, please fax the additional documents noting the Prior Authorization Tracking number on your fax cover sheet. Fax numbers are on the forms. PA forms are located at <http://www.medicaid.nv.gov/providers/forms/forms.aspx>.

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Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]

Get Adobe Reader You will need Adobe® Reader to view any printable PDF document(s). Click the button to the left to download a free copy of Adobe® Reader.

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# Billing guidelines by provider type

Billing Manual		Filesize	Last Update
For Archives <a href="#">Click here</a>		977 KB	12/05/11
 <a href="#">Billing Manual</a>		Filesize	Last Update

Billing Guidelines (by Provider Type)		Title	Last Update
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12		<a href="#">Hospital, Outpatient</a>	06/06/12
13		<a href="#">Psychiatric Hospital, Inpatient</a>	02/01/12
14		<a href="#">Behavioral Health Outpatient Treatment</a>	02/01/12
16		<a href="#">Intermediate Care Facilities for Mentally Retarded / Public</a>	12/05/11
17		<a href="#">Special Clinics</a>	12/05/11
19		<a href="#">Nursing Facility</a>	02/01/12
20		<a href="#">Physician, M.D., Osteopath</a>	02/01/12
21		<a href="#">Podiatrist</a>	12/05/11
22		<a href="#">Dentist</a>	02/01/12
23		<a href="#">Hearing Aid Dispenser &amp; Related Supplies</a>	02/01/12
24		<a href="#">Certified R.N. Practitioner</a>	02/01/12
25		<a href="#">Optometrist</a>	02/01/12
26		<a href="#">Psychologist</a>	02/01/12
27		<a href="#">Radiology &amp; Non-invasive Diagnostic Centers</a>	02/15/12
28		Pharmacy: <a href="#">Billing Manual</a>   <a href="#">Apx. A</a>   <a href="#">Apx. B</a>   <a href="#">Apx. C</a>	12/05/11
29		<a href="#">Home Health Agency</a>	12/05/11
30		<a href="#">Personal Care Services - Provider Agency</a>	02/01/12
32		<a href="#">Ambulance, Air or Ground</a>	02/01/12
33		<a href="#">Durable Medical Equipment (DME), Disposable, Prosthetics</a>	02/01/12
34		<a href="#">Therapy</a>	02/01/12
36		<a href="#">Chiropractor</a>	12/05/11

Billing guidelines by Provider Type



https://dhcfp.nv.gov/index.htm



## Nevada Department of Health and Human Services Division of Health Care Financing and Policy



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### DHCFP INDEX

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### Division of Health Care Financing and Policy (DHCFP)

The Division of Health Care Financing and Policy works in partnership with the [Centers for Medicare & Medicaid Services](#) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. Services are provided through a combination of traditional fee-for-service provider networks and managed care.

- [2010-2011 Governor Recommended Budget for DHCFP](#)
- [Medicaid and Nevada Check Up Fact Book \(2009\)](#)
- [Nevada Long Term Care Report](#)

**[Apply for Medical Assistance Programs](#)**

**[Report Medicaid Fraud!](#)**

**[Provider Incentive Program for Electronic Health Records \(EHRs\)](#)**

Tuesday October 5th  
2010

The Web  DHCFP

### WHAT'S NEW

**IMPORTANT!**

[Provider Incentive Program for EHRs](#)

[DHHS - Office of Health Information Technology \(HIT\)](#)

[Nevada Compare Care - Transparency in Health Care](#)



## Contact information:

Nevada Medicaid Central Office  
1100 East William St., Suite 101  
Carson City, NV 89701  
(775) 684-3600  
Las Vegas area: (702) 668-4200  
[www.dhcfp.nv.gov](http://www.dhcfp.nv.gov)

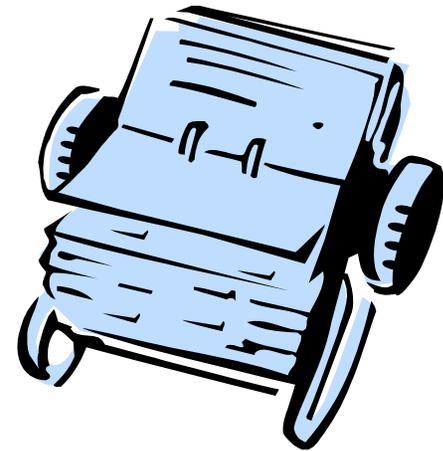
Nevada Check Up Central Office  
1100 East William St., Suite 200  
Carson City, NV 89701  
(775) 684-3777  
Toll free number: (877) 543-7669  
[www.nevadacheckup.nv.gov](http://www.nevadacheckup.nv.gov)



# DHCFP contact information:

## DHCFP

Carson City Administration Office  
1100 East William St.  
Suite 101  
Carson City, NV 89701  
Main Number: (775) 684-3676

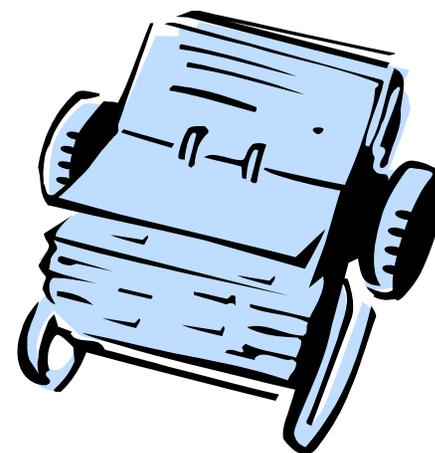


# HPES contact information:

## HPES

Customer Service Center  
Claim inquiries and general information  
P.O. Box 30042  
Reno, NV 89520-3042  
Phone: (877) 638-3472  
[www.medicaid.nv.gov](http://www.medicaid.nv.gov)

Nevada Provider Training  
P.O. Box 30042  
Reno NV 89520-3042  
Phone: (877) 638-3472 (select option 2 and then select option 5  
for "Provider Training")  
Fax: (775) 624-5979  
Email: [NevadaProviderTraining@hp.com](mailto:NevadaProviderTraining@hp.com)



# Questions?

