

Behavioral Health Enrollment and Re-Enrollment

Frequently Asked Questions

Q: When enrolling, does each individual Behavioral Health provider type (PT 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment) need to complete a Provider Application and Contract?

A: Yes. All group and individual service providers, i.e., Qualified Mental Health Professionals (QMHP), Qualified Mental Health Associates (QMHA) and Qualified Behavioral Aides (QBA), must complete the Provider Enrollment Packet, which contains the Application and Contract, and submit the appropriate documents as listed on the Enrollment Checklist for each specialty.

Q: If I am an individual service provider, must I be linked to a group/agency?

A: Yes. Providers may not be enrolled as individuals unless they are linked to a group/agency, nor can a group be enrolled without having individuals linked to it.

Q: Can an individual service provider be enrolled in more than one group?

A: Yes. Each individual service provider will have one individual National Provider Identifier (NPI). That NPI can be linked to multiple groups/agencies.

Q: Do I enroll three groups – one each for QMHP, QMHA and QBA?

A: No. Groups/agencies must enroll under a single group/billing NPI and indicate a 000 specialty on the application.

NEW Q: If I am an individual service provider working for three agencies, do I have to re-enroll three times (once for each agency)?

A: No. Submit only one Provider Enrollment Packet. List on your application the group NPI for each of the agencies to which you are affiliated.

NEW Q: If I am an individual service provider working for a PT 14 (Behavioral Health Outpatient Treatment) agency, which provider type do I enroll as?

A: Individual service providers who are affiliated with a PT 14 agency/group should enroll/re-enroll as a PT 14.

Q: Should I submit the group and all of the individual applications together or separately?

A: Together. Submitting the applications together will assist Hewlett Packard Enterprise in processing your enrollment quickly and efficiently.

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Q: I am enrolling for the first time. Am I guaranteed enrollment as a Medicaid provider just by submitting a Provider Application and Contract?

A: No. Submission of an application does not guarantee enrollment as a Medicaid provider. You must meet all of the enrollment criteria at the time the application is submitted.

Q: I am currently enrolled as a provider. Does re-enrolling guarantee I can continue as a Medicaid provider?

A: No. Submission of a re-enrollment application does not guarantee the provider's current enrollment will continue. If it is found that providers/groups do not meet the criteria for their provider type and specialty, their re-enrollment will be denied and their current enrollment will be terminated.

Q: What does Hewlett Packard Enterprise do if my group application does not meet State requirements?

A: In the event that the group application does not meet Medicaid Services Manual Chapter 400 policy requirements, it will be returned. When the group application is returned, the QBA, QMHA and QMHP applications will also be returned. As mentioned above, an individual NPI must be linked to a group NPI per the new enrollment process; therefore, you must resubmit your QBA, QMHA and QMHP applications when the group application is resubmitted.

Q: Do our group's clinical and direct supervisors need to be Nevada Medicaid providers?

A: Yes. In order for your group enrollment to be approved, the clinical and direct supervisors are required to be Nevada Medicaid providers.

Q: Why and when were new enrollment procedures implemented for PTs 14 and 82?

A: Nevada Medicaid implemented new enrollment procedures for Behavioral Health providers to ensure consistency in the prior authorization, billing and claim adjudication processes for these providers. The new procedures were implemented for providers enrolling on and after Sept. 1, 2010, and apply to providers who are required to re-enroll.

Q: Which providers must re-enroll? What is the deadline?

A: PTs 14 and 82 who enrolled prior to Sept. 1, 2010, must re-enroll by Oct. 31, 2011.

Q: Are there any other dates regarding this project that I need to know about?

A: Yes. Please be aware of the following dates:

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Aug. 1, 2011: Prior authorizations may not be requested using an Atypical Provider Identifier (API) on and after this date.

Oct. 31, 2011: Providers must be re-enrolled by this date (does not apply to providers who enrolled on and after Sept. 1, 2010). APIs will be terminated in the Medicaid Management Information System (MMIS) on this date. National Provider Identifiers (NPIs) of providers who did not re-enroll will be terminated in the MMIS effective Oct. 31, 2011.

Nov. 15, 2011: Providers who do not re-enroll by Oct. 31, 2011, will start receiving letters terminating their NPIs in the MMIS.

Q: When I enroll/re-enroll, will I be assigned an API to use for prior authorization and billing processes?

A: No. APIs are no longer assigned to PTs 14 and 82. APIs for these providers will be terminated in the MMIS on Oct. 31, 2011. Effective on and after Sept. 1, 2010, Behavioral Health providers are required to enroll with an NPI. Those providers who have enrolled on and after Sept. 1, 2010, must use their NPI for prior authorization requests and billing.

Q: What is a National Provider Identifier (NPI) and how do I obtain one?

A: An NPI is a federally issued, standard, unique identification number for health care providers and health plans. To obtain your NPI, contact the Centers for Medicare & Medicaid Services' (CMS) National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov> (click on National Provider Identifier (NPI) and follow the instructions) or call (800) 465-3203.

Q: When applying for an NPI, do Behavioral Health individual service providers and groups need a taxonomy code?

A: Yes. The following tips may assist you with taxonomy codes.

A potential taxonomy code for individual QMHA and QBA providers to use when applying for their NPI is 225400000X for rehabilitation practitioner (practitioner who trains or retrains individuals disabled by disease or injury to help them attain their maximum functional capacity).

Potential taxonomy codes for groups are: 193200000X for multi specialty (a business group of one or more providers who practice with different areas of specialization) and 193400000X for single specialty (a business group of one or more providers, all of whom practice with the same area of specialization).

For more information and the complete list of health care provider taxonomy codes, visit <http://www.wpc-edi.com/taxonomy>.

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Q: If a new QMHA is hired on or after Sept. 1, 2010, must they have an NPI?

A: Yes. Effective on or after Sept. 1, 2010, all new Behavioral Health providers must have an NPI.

Q: Do I have to report if an individual has left our group/agency?

A: Yes. Hewlett Packard Enterprise must be notified of the change within five days. Use the Provider Information Change Form (FA-33). The form must be mailed with original signatures. Also, if the group/agency uses the online Prior Authorization in the Provider Web Portal, the Delegated Administrator must delete access to the system for that user's ID.

Q: If an individual is no longer affiliated with a group, will that individual be terminated as a Medicaid provider? If yes, when will the termination be effective?

A: Yes, the individual will be terminated as a Medicaid provider. The termination is effective the date the individual was disassociated from the group/agency.

Q: The Enrollment Checklists for QMHA (specialty 301) and QBA (specialty 302) list a requirement for Federal Bureau of Investigation (FBI) criminal background checks. How do I obtain one and what do I do with it?

A: Following are tips regarding obtaining and submitting background checks:

FBI criminal background checks may be obtained through the Nevada Department of Public Safety (DPS) Records and Technology Division, 333 West Nye Lane, Suite 100, Carson City, NV 89706, (775) 684-6262, <http://dps.nv.gov>.

Agencies may set up an account with the DPS. The agency is required to have the results of the background check. The QMHA/QBA should obtain a copy of the results letter from their agency to include with their enrollment documents.

Please do not request the DPS to send the results letter directly to Hewlett Packard Enterprise.

Therapeutic care foster parent acceptance/clearance letters may be submitted in lieu of the background check.

The active background check must be dated within the last six months for new enrollments (applies to a new provider joining an established or new agency) or dated within the last five years for re-enrollments (applies to QMHAs and QBAs who have been working for an enrolled agency and their services have been billed through the agency's enrollment until now).

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NEW Q: What educational degrees and work experience must a QMHA possess to enroll in Nevada Medicaid?

A: QMHAs must meet specific education and/or experience requirements in order to be eligible to enroll in Nevada Medicaid. The QMHA Education and Professional Work Experience Requirements document lists qualifying areas of study for QMHAs with bachelor's degrees; examples of requirements for providers with bachelor's degrees in other areas of study; and examples of requirements for providers with associate's degrees.

Q: What training is required before QBAs and QMHAs can enroll as Medicaid providers?

A: QBAs and QMHAs are required to successfully complete an initial 16-hour training program before enrolling as Medicaid providers. The training should ensure that QBAs and QMHAs will be able to interact appropriately with individuals with mental health disorders. At a minimum, the 16-hour training must include the following core competencies as per the Medicaid Services Manual (MSM) Chapter 400, Section 403.6A.1b., 1a-h: case file documentation; recipient's rights; client confidentiality; communication skills; problem solving and conflict resolution skills; communication techniques; cardio pulmonary resuscitation (CPR); and understanding the components of a rehabilitation plan.

QMHAs and QBAs are also required to receive a minimum of two hours of quarterly in-service training on an ongoing basis. At a minimum this training must include any combination of competencies (or single competency) as listed in Chapter 400, Section 403.6A.1b.2a-f.

Q: After I re-enroll, what happens to my active prior authorizations?

A: Your re-enrollment will have no impact on your active prior authorizations. Please review the Prior Authorization Information Sheet for Behavioral Health Provider Types 14 and 82 for guidelines regarding new and active prior authorizations.

NEW Q: Once I have enrolled/re-enrolled, how can I avoid common billing errors and data corrections?

A: When you have completed the enrollment/re-enrollment process (all individual service providers' NPIs have been linked to the group/billing NPI), you are ready to obtain prior authorization (PA) with your group/billing NPI regardless of the service being requested.

Once you have re-enrolled, if your active PA was authorized with a group Atypical Provider Identifier (API), then bill the claim with that group API. If your active PA was authorized with an NPI, then bill the claim with the NPI of the rendering and billing providers. Please review the CMS-1500 Claim Form Instructions for proper use of

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NPIs/APIs on claims.

Q: I would like to use the online systems to submit my prior authorizations and verify recipient enrollment. How do I get started?

A: The first step is to register through the Provider Web Portal. Please refer to the EVS User Manual on the portal for complete instructions on registering. Registering for the Provider Web Portal provides access to submit prior authorization requests and for the Electronic Verification System (EVS).

Q: Who do I contact if I have enrollment questions?

A: Contact the Hewlett Packard Enterprise Provider Enrollment Unit by calling (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.