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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION

Request for Reimbursement Policy

Management Memorandum 20-002

DATE: December 24, 2019

TO: All Bureau of Behavioral Health Wellness and Prevention Funded Subrecipients and Contractors

FROM: Brook Adie, Bureau Chief *BA*

SUBJECT: Policy and Procedures for Submitting Fee-for-Service Requests for Reimbursement (RFR)

The Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health Wellness and Prevention (BBHWP) is announcing a revision in policy and procedures for subrecipients and contractors to request reimbursement (RFR) from the BBHWP. This Management Memorandum will replace Management Memorandum 17-005 and Management Memorandum 18-001. Effective immediately, all RFRs will be uploaded to the BBHWP's secured file transfer protocol (SFTP) site, Globalscape, and an email sent to SAPTAPay@health.nv.gov to begin the RFR approval process. Please review the following policy and procedures for specific RFR instructions.

Policy:

It is the policy of the BBHWP to review RFRs submitted by subrecipients and contractors for Fee-for-Service, herein referred to as "Subrecipient," to receive the reimbursement of costs for work performed by the Subrecipient within the terms and conditions of their subgrant or contract and in accordance with Title 2 of the Code of Federal Regulations (CFR) Part 200. This policy doesn't apply to the line-item budget subawards. Please see Management Memorandum 20-001 for this policy and procedure.

Responsibility of the Subrecipient:

It is the responsibility of the Subrecipient to ensure their RFRs are compliant with the following policies and guidelines:

- A RFR is due on a monthly basis, based on the terms of the subaward/contract agreement, no later than the 15th of the month, unless authorized by the BBHWP's Bureau Chief or the Bureau Chief's delegate in writing.
- If Subrecipients or contractor has been deemed high risk due to a monitor, single audit, or risk assessment, BBHWP reserves the right to dictate to the subrecipient the RFR supporting documentation method that is required for the contractual obligation's period of performance. This criterion will be established at the time the contractual obligation is executed in writing from the Bureau.
- All required backup documentation shall be uploaded to the SFTP site at <https://dpbhsftp.nv.gov/EFTClient/Account/Login.htm> in the specific SFTP folder that was created for the Subrecipient. A separate subfolder is required for each subgrant or contract.
- All BBHWP-funded entities requesting reimbursement shall submit a notification email to the "SAPTA Pay" (SAPTAPay@health.nv.gov) email address without attachments. The subrecipient will receive a confirmation email containing a work order number.
- If an entity does not have an SFTP folder, contact Laurie Gleason at SAPTAPay@health.nv.gov. See Exhibit A for instructions to access the SFTP site.
- RFRs may include expenditures contained within a subgrant or contract's period of performance only and must be accompanied by all supporting documentation. All expenditures must be allowable in accordance with federal and State laws and regulations, and all federal grant governing guidance and program requirements. Reimbursement is based on actual expenditures **incurred** during the period being reported.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward or contractual document. Any expense being claimed on a RFR that was not approved on the Notice of Subaward or contractual document must be pre-approved in writing as an authorized request and the written approval must be provided as supporting documentation to the RFR. Failure to complete this action may result in the denial of the RFR and the reimbursement of these expenses.
- Payment will not be processed without all reporting being current.

Requirements for Submission of RFRs:

1. The Subrecipient will submit RFRs and supporting documentation to the SFTP site, [https://dpbhsftp.nv.gov/EFTClient/Account/Login.htm#/,](https://dpbhsftp.nv.gov/EFTClient/Account/Login.htm#/) within 15 business days following the end of each month for the approved subgrant period.
2. The RFR must contain, at a minimum, the following elements:
 - i) An accurately completed and mathematically correct cover sheet (Section D) that has been signed by the Subrecipient, an accurately completed and mathematically correct invoice (Section I), and
 - ii) Supporting documentation must accompany the RFR cover sheet and invoice:
 - **Supporting documentation for all fee-for-service reimbursements**
 - 1) Client services list;
 - 2) Must be in an excel format;
 - 3) Required fields: Business location, Level of Care, Client ID, Last Name, First Name, Date of Birth, Social Security Number, Date of Service, Service Code, Billing Rate, Units Billed, and Total Amount Billed by Row, and Total Amount Billed by all Services. Each required field must be in a separate column.
 - 4) Ensure that all units billed are consistent with billing code requirements

- a) If the billing code defines a minimum service as 30 minutes, but the subgrantee is charging a new unit of service every 30 minutes, additional research must be done to determine appropriate billing. In this example, the reviewer may want to request progress notes associated with each service.
- 5) Confirm the services billed are consistent with current treatment certifications
- **Supporting documentation for outpatient services**
 - 1) If a client is deemed by the provider to be BBHWP eligible, all charges submitted for reimbursement must be accompanied by a financial evaluation and insurance application denials. Submission is not a guarantee of payment. The client's eligibility and reimbursement request will be evaluated by a Scope of Work Analyst.
 - 2) Acceptable evidence that the service is eligible for reimbursement by BBHWP
 - a) Proof that the client is ineligible for insurance
 - b) A pre-screening tool is available to determine if an individual or family may qualify for Medicaid or other insurance through the Health Exchange:
<https://nveapp.dwss.nv.gov/NV-EAPPWEB/EAPPPreScreenerServlet?currentPage=HouseHold>.
 - c) A copy of this pre-screening tool with the clients first name, last name, date of birth and social security number should be attached if a client does not have insurance. This pre-screening tool does qualify as a financial evaluation.
 - d) If another form is used to complete a financial evaluation that form should also be attached.
 - e) Also, attached should be the application denial letter detailing why a client does not qualify for insurance.
 - f) Clients denied Medicaid for "excess income" are not eligible for reimbursement by BBHWP.
 - g) Clients who choose not to enroll in insurance or "opt out" are not eligible for reimbursement. They should be listed as self-pay clients and offered sliding fee scale or payment plan options.
 - 3) Other denial reasons will be evaluated on a case by case basis.
 - a) Proof of denial from a primary payor (Remittance Advice or Explanation of Benefits)
 - b) When services are denied as "not a covered benefit" they are typically reimbursable by BBHWP
 - c) Services denied for failure to obtain prior authorization or other billing errors are not eligible for reimbursement
 - d) The denial on these services should be addressed with the payor by correcting the billing error and resubmitting for payment.
 - e) When services exceed the maximum allowable benefit amount, they are not eligible for reimbursement
 - f) Other denial reasons will be evaluated on a case by case basis
- **Undocumented population**
 - 4) If the client is "undocumented", a note on the excel workbook next to the client's service row is sufficient.
 - 5) If the client is "undocumented" with a social security number, an explanation as to why a social security number is listed is mandatory or the service will be denied by BBHWP for additional information.
 - 6) Clients may not be denied care due to an inability to pay.

- 7) When an agency refers a client back into his or her network, refers them to another agency, or places them on a waitlist, it is not in violation of this regulation. Tracking these clients, all referrals and any waitlist clients will help BBHWP identify roadblocks and need within Nevada's communities.
3. In accordance with Title 2 of the Code of Federal Regulations (CFR) Part 200, BBHWP has the authority to ask for any additional documentation that may be required to determine if costs are allowable.
 - i) The expenditures should be limited to the subgrant's period of performance and only for the current month's expenditures, except in extreme cases that will be approved on a case-by-case basis. The period of performance on any RFR can only be for a one-month period, unless the Subrecipient has received written preapproval from the BBHWP Bureau Chief or designee.
 - ii) The amount requested cannot exceed the amount of the actual expenditure.
 - iii) If there has been no fiscal activity in a given month, Subrecipients are required to submit an RFR claiming zero dollars for the month.
4. Send an email to SAPTAPay@health.nv.gov.
 - a. **DO NOT** attach the RFR/invoice supporting backup to the email and **DO NOT** copy individuals on the email.
 - b. The subject line of the email must be in the convention as follows:

RFR [Reporting Month and Year] HD # [Number] [Name of Organization]

- Example subject line: RFR May 2018 HD 16052 Vitality Unlimited
 - Failure to use the prescribed convention in the subject line of the email may result in a delay of payment.
 - Submit only one email per submission related to a given RFR for each given reporting month and year. Any backup documentation attached to the email when submitting RFRs/invoices may result in a delay of payment.
5. Upon submission of the email to the SAPTAPay email address, an auto-generated email message will be sent to the submitter. DO NOT reply to the auto-generated emails. This email will include the work order number generated by the tracking system.
 - By replying to the auto-generated email, a new work order is created by the tracking system and may result in a delay in payment.
 - BBHWP is using the Division of Public and Behavioral Health's internal information technology helpdesk tracking application. Although a work order number is generated and included in the email, some of the information in the auto-generated email will not apply to external parties. Providers with concerns about their submission should contact their assigned program analyst.
 6. In the instance of a denial of reimbursement claim, the Subrecipient is required to upload the revised coversheet, invoice, and supporting documentation to the SFTP site. Additionally, please DO NOT send an email to SAPTAPay@health.nv.gov, but send an email to the analyst that rejected the original submission.
 7. If a Subrecipient or contractor is requesting reimbursement for an expense that the analyst has denied, but the Subrecipient believes the expense meets the following criteria (see below), a justification memorandum can be submitted to the SFTP site for the Bureau Chief's review and

decision. Please note that the Bureau Chief has final decision-making authority. Written communication from the Bureau will be provided to the Subrecipient with a decision.

- a. Be necessary and reasonable for the performance of the Federal award and be allocable thereto under these principles.
 - b. Conform to any limitations or exclusions set forth in these principles or in the Federal award as to types or amount of cost items.
 - c. Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-Federal entity.
 - d. Be adequately documented.
8. Additional emails will be sent to the submitter by BBHWP staff upon RFR submission and payment to the Subrecipient. Generally, the Subrecipient should see the payment in their bank account within five (5) business days from the date of the closure email. DO NOT reply to these emails.
 9. Contact the assigned program analyst with any questions or concerns you may have.

If you have any questions, please do not hesitate to contact Laurie Gleason at (775) 276-4612, lagleason@health.nv.gov , or Dana Rael at (775) 684-4065, drael@health.nv.gov.

To view the latest BBHWP policies and procedures, please visit the BBHWP webpage at <http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Partners/MOT/>.