

# **Network Communication Bulletin #297**

Transforming Lives. Building Community Well-Being.

**To:** All Providers

From: Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP

VP of Network Management

**Date:** April 28, 2023

Subject: Supervision Requirements for BCBAs, Overpayment Recoveries, Clinical Trials and

Patient Costs

## SPECIAL UPDATE BULLETIN MEDICAID TRANSFORMATION

### SUPERVISION REQUIREMENTS FOR BCBAS

### SUPERVISION REQUIREMENTS OF BOARD-CERTIFIED BEHAVIOR ANALYSTS

This bulletin provides clarification around the supervision requirements of Board-Certified Behavior Analysts (BCBAs) as it relates to Research Based-Behavioral Health Treatment (RB-BHT) and Specialized Consultative Services, and new taxonomy for Behavioral Analyst to be <u>added to NCTracks</u>.

Pursuant to <u>SL 2022-74</u>, <u>House Bill 103</u>, <u>Section 9K.3</u>, Behavior Analysts, or their nationally accredited equivalents may practice without the supervision of a psychologist if they are licensed or certified in another state, or they are board certified by either the BCBA Board or Qualified Applied Behavior Analysis Credentialing Board.

According to S.L. 2022-74, Section 9K.3, the ability for Behavioral Analysts to practice without the supervision of a psychologist is in effect until 60 days after the North Carolina Behavior Analyst Licensure Board (NBALB) begins to accept licensure applications.

As a result, BCBAs can act as the Licensed Qualified Autism Service Provider through the RB-BHT State Plan Amendment.

More information about the RB-BHT Clinical Coverage Policy can be found in <u>Clinical Coverage</u> <u>Policy 8F</u>. In addition, BCBAs can independently provide Specialized Consultative Services through the NC Innovations Waiver.



The new taxonomy for Behavior Analyst 103K00000X, will not be available for enrollment in NCTracks until the NBALB is authorized to begin accepting applications for licensure. BCBAs should enroll with this new taxonomy only after they are licensed by the Board.

Behavioral Analysts will use this Level II taxonomy code for enrollment and subsequent billing for care. This new taxonomy will be implemented under the existing group Behavioral Health and Social Service Providers. Submission of an active BCBA board certification and Behavior Analyst license in accordance with N.C.G.S. Chapter 90, Article 43 will be required for enrollment.

Until this taxonomy code is implemented, analysts should continue to use their current billing process. The new taxonomy code will not preclude continued provision of services and credentialing under the current process. Clinical social workers and licensed counselors can continue to practice and bill within their scope of practice and under their professional taxonomy.

See the bulleting Supervision Requirements Board Certified Behavior Analysts

## **OVERPAYMENT RECOVERIES**

#### **OVERPAYMENT RECOVERY REVIEWS**

NC Medicaid has contracted with Health Management Systems (HMS) to conduct <u>Overpayment Recovery Reviews</u> for NC Medicaid Direct beneficiaries.

Pursuant to SEC. 1866 [42 U.S.C. 1395cc] providers are required to make adequate provision for return of any moneys incorrectly collected from such individual or other person. NC Medicaid's objective is to identify and recover overpayments determined to be refundable to the Medicaid program.

#### **DEFINITION OF A MEDICAID OVERPAYMENT**

A Medicaid overpayment is a payment a provider receives in excess of the amounts properly payable under Medicaid statutes and regulations. Once NC Medicaid, the recovery vendor or the provider identifies an overpayment, the overpayment amount becomes a debt owed to the NC Medicaid. Federal law requires that states timely attempt recovery of all identified overpayments.

In Medicaid, overpayments commonly occur due to:

▲ Duplicate submission of the same service or claim;

- Furnishing and billing for excessive or non-covered services; or
- A Payment to the incorrect payee.

#### **OVERPAYMENT COLLECTION PROCESS**

When NC Medicaid discovers an overpayment, the Medicaid Administrative Contractor HMS initiates the overpayment recovery process by sending notification to the provider via the HMS Provider Portal. The provider has 30 days to dispute or issue payment for the overpayment. If the payment or dispute is not received in 30 days, then HMS will adjust the claim(s) to recover the overpayment on the provider's account.

NC Medicaid prefers that a provider submit adjusted claims to return the overpayment to the State; however, if an adjusted or voided claim cannot be submitted electronically NC Medicaid will accept payment via a physical check.

Please follow the NCTracks Provider refund form instructions.

### **CLINICAL TRIALS AND PATIENT COSTS**

CLINICAL COVERAGE POLICY 1A-39, ROUTINE PATIENT COSTS FURNISHED IN CONNECTION WITH PARTICIPATION IN QUALIFYING CLINICAL TRIALS

Clinical Coverage Policy 1a-39 Routine Patient Costs Furnished Connection Participation
Qualifying

# Revised Effective May 1, 2023

CCP 1A-39 has been updated to reflect changes in 1905(a) of the Social Security Act for items and services furnished in connection with participation of Medicaid beneficiaries in qualifying clinical trials (CMS SMD#21-005 Mandatory Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials), including:

- A change in the name of the title from "Routine Costs in Clinical Trial Services for Life Threatening Conditions" to "Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials"
- △ Updating the definition of "qualifying clinical trial" as stated in Section 1905(gg)(2) of the Act
- △ Updating the definition of "routine costs" as stated in Section 1905(a)(30) and 1905(gg)(1) of the Act
- Adding a definition for "Principal Investigator"

Adding a requirement that the referring health care provider and principal investigator of the qualifying clinical trial must complete the Medicaid Attestation Form on the Appropriateness of the Qualified Clinical Trial

Providers are encouraged to review Clinical Coverage Policy 1A-39, Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials on the <u>Program Specific Clinical Coverage Policies</u> webpage for a detailed overview.