



December 14, 2007

CLINICAL DEPARTMENT UPDATE

Access Standards

As many of you know KHS and the KHS Access Standard Task Force have been focusing on access to services. Timely access is both a federal priority as well as a KHS contractual obligation. KHS must ensure outpatient access standards are met 95% of the time. This includes routine initial appointment within 9 working days, follow-up from the routine outpatient appointment within 10 working days, urgent appointments within 48 hours and emergent outpatient appointments within 3 hours.

To ensure KHS is accurate in its reporting requirements, we continue to refine our reports and are working to validate the data being entered into the system. One important area we need providers' help with is in ensuring accuracy of data entry. We rely on this information for completion of the access standards reports. Over the next couple of weeks, KHS and the KHS Access Standard Task Force will finalize a data validation process.

KHS has reviewed FY07 access data from AIMS based on previous standards, and revised the AIMS reports to match FY08 targets. A comparison indicates providers have made improvement in routine and urgent appointments, but we are still short of meeting the targets for emergent treatment. Your continuing efforts to ensure members have timely access to serious service needs is of highest importance.

KHS will continue to provide outreach and technical assistance to assist providers in achieving the standards. Please contact us at anytime if you have questions or concerns.

Requests For Psychosocial Group Hours

Psychosocial group and individual is a covered Medicaid service. There are at the time of registration for psychosocial group a total of 750 hours authorized. The 750 hours are a soft limit; however, requesting more hours before using three fourths of those hours is discouraged. KHS will authorize, if medically necessary, more than the 750 hours once a Member has used at least three quarters or more of the allotted amount. Please fill out the exception request form when you need to exceed the limit.

Service Guidelines

KHS's Clinical Utilization Committee is in the process of finalizing the documentation and billing guidelines for crisis services. Once finalized, an email will go out to providers with that information. This will be an opportunity to ask questions and seek further clarification before the provider manual is updated.

KHS's Clinical Utilization Committee is also reviewing documentation guidelines for all services and discharge planning protocols. These will also be in future provider manual updates.

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