



Provider Notice 1.12

May 1, 2008

» ***SED Waiver***

Historically, the SED Waiver was closed once a Member was institutionalized for 14 or more days. SRS and KHS have decided to extend the time period a youth is institutionalized to 30 days or more before the Waiver is closed. This change will go into effect June 1st, 2008. If you have any SED Waiver questions Lynn Amyx, MSW, LCSW is available at 785-575-0781.

*Carol Neeley, MSW, LCSW
Clinical Director*

» ***Member Registration and Pre-Authorizations***

We would like to take this opportunity to outline some upcoming changes to the registration and preauthorization system.

Effective June 1, 2008:

- All KHS members will continue to need to be registered when you begin to provide services to them.
- For claims submitted on or after June 1, 2008, there are services/(13) CPT codes that WILL REQUIRE an authorization number be submitted at the time of claims submission. These pre-authorized service codes are:
 - * Case Conference – 99366, 99367, 99368
 - * 1915(b) Attendant Care – T1019-HE
 - * Attendant Care (SED/PRTF Waiver) – T1019-HK
 - * Parent Support, Education, and Training (SED/PRTF Waiver) – S5110, S5110Tj
 - * Professional Resource Family Care (SED/PRTF Waiver) – S9485
 - * Wrap Around Facilitation (SED/PRTF Waiver) – H2021
 - * Short Term Respite Care (SED/PRTF Waiver) – S5150
 - * Independent Living/Skills Building (SED/PRTF Waiver) – T2038
 - * Community Transition Supports (PRTF Waiver) – T2038-U1
 - * Employment Preparation/Support (PRTF Waiver) – H2025
- All other non-preauthorized services will no longer require an authorization number. If a claim is submitted for services/codes not listed above KHS will process and appropriately pay the claims without looking for an authorization number. (Please note: If your system is currently programmed to capture and submit authorization numbers for all claims you submit, you do not need to reprogram

Changes will go into effect 30 days following the date of publication of Provider Notice.

your system as KHS will accept the claim for these codes regardless of whether it has or does not have an authorization number entered.)

Effective July 1, 2008:

KHS will introduce an updated version of the registration and authorization process that begins to separate “registering” a member to care and seeking “pre-authorization” for the services/(13)CPT codes listed above. The highlights of the program follow and training sessions will be held during June.

Member’s Registration

- All KHS members will need to be registered with KHS at the time you begin to provide services to them.
- The member’s Registration will remain “Active” as long as services are regularly provided to the member by the provider with whom they are registered.
- It is the provider’s responsibility to update the member’s Registration when any information about the member changes (i.e. primary diagnosis is changed, member becomes identified as being part of a special health care needs population, etc.).
- The member’s registration will be “Suspended” if either of the following occurs:
 1. The provider’s original registration for the member has not had any of its information updated for 18 months. (Providers will be supplied a list of their registrations that have not been updated during the 18 month period.) OR
 2. No claim has been submitted for the registered member during a consecutive 6-month period. (Example: Member registered on July 15, 2008 and no claims are received between then and January 15, 2009 the registration is suspended on January 15th.)

In either of the above defined cases, provider’s will be required to either:

- * Change the status of the registration to “Active” by updating the clinical event with key data elements; OR
 - * Discharge the member from care through the on-line process.
- Providers should DISCHARGE their members from care whenever they have completed their treatment of or interaction with the member. Aside from closing your liability for the care for your client and KHS’ member, it also assists KHS in gathering appropriate statistics about services being provided to its members.

- From a claims payment perspective:
 - * If a claim is submitted and no registration is found the claim will be pended “No registration Event”. The Provider will be notified and have 30 days to register the member.
 - » If the registration is received, the claim will move to final adjudication.
 - » If the 30 day mark is reached and the provider has not submitted a registration the claim will be DENIED “No Registration Event Found for your client”.
- If a claim is submitted and a registration is found, but the registration is “Suspended” the claim will be pended “Suspended Registration, Clinical Update Event required”. The Provider will be notified and have 30 days to update the registration with a Clinical Event Update.
 - » If the update is received, the claim will move to final adjudication.
 - » If the 30 day mark is reached and the provider has not submitted an update, the claim will be DENIED “No Clinical Update Event found for your client”.
- All pended claims will be listed in a separate file on Provider Connect with indications as to reason pended; No registration or Suspended registration.

Pre-Authorization of Services:

- A member will need to be registered before any of the services/(13) CPT codes can be authorized.
- Provider will proceed to the member’s record and select the services they would like to have authorized.
- Once completed, an authorization number will be given and should then be used to submit claims that have these services.

Registrations/Authorization due to expire on June 25, 2008

With the KHS program starting on July 1, 2007, some providers have many members who now have registrations/authorizations that are due to expire on or about June 25, 2008. In order to assist in the facilitation of movement of members into the second year of the KHS program, the following will be implemented.

- For the registration portion: All members with current registration due to expire/terminate on June 25, 2008 will have their registrations automatically renewed. The registrations will then become subject to the rules and regulations outlined under the July 1 modifications noted above.

- For the pre-authorization portion related to 1915(b) Attendant Care and Case Conference ONLY:
 - * For providers with more than 30 KHS members pre-authorized for the aforementioned category of services, you will receive an Excel spreadsheet showing KHS members who have pre-authorizations that are due to expire between June 25, 2008 and July 13, 2008.
 - * The list will be posted on the secure download section of ProviderConnect on or before May 19, 2008
 - * This list will contain pre-populated information regarding member identification number, CPT code, and the effective date of the new authorization.
 - * Providers will complete information related to
 - » Assessment of client for SED Waiver if client is a youth
 - » Number of units of service requested
 - » End date of new pre-authorization (it is recommended that the provider stagger these end dates)
 - » Medical rationale for the continuation of attendant care services.
 - * Providers will submit the completed file back to KHS on or before June 20, 2008.
 - * KHS will use the supplied information to create new pre-authorization event and will send back to the provider a version of the Excel spreadsheet which contains the authorization number by July 3, 2008.
 - » Any entry within the file containing incomplete information will be rejected and will become the provider's responsibility to enter.
 - * Individuals who are on the SED Waiver and also need to have case conference services re-approved WILL NOT be shown on these lists.

- For the pre-authorization portion related to SED Waiver Services with or without 1915(b) Case Conference services: By SED Waiver guidelines, providers are required to re-authorize services on a yearly basis based on the family choice date. This is an action that is separate and distinct from any changes in monthly budgets or changes in the overall services offered to the KHS member. Therefore:
 - * KHS will post on the secure site within ProviderConnect the list of SED Waiver Eligible members whose yearly review is due to expire between June 25, 2008 and July 13, 2008.
 - * The provider will be responsible for direct entry of updated information on these clients.

Steve Richards
Chief Financial Officer