



KANSAS HEALTH SOLUTIONS

Provider Notice 2.10

June 2, 2009

» **SED Waiver and PRTF CBA Grant Changes**

SRS and KHS have identified a couple of issues via the SED Waiver audits and authorization of services. The following changes will be effective 7/1/09 for the SED Waiver and PRTF CBA Grant.

Crisis Budget Entry Requirements

- The Crisis Budget will be entered on a new page in Lucidity and accessed with a button from the Budget page. The Crisis Budget will be tied to the SED or the PRTF CBA Budget and will have the same begin and end dates.
- Lucidity will allow centers to select services and enter units for both Crisis services and Debriefing services. Each section will have a checkbox to indicate that the Plan of Care accounts for the services with non-waiver supports and services. Each section will require at least one service to be selected or the checkbox marked. The page will allow both entries for each section; services can be selected and the checkbox can be checked.
- At the 90 day reviews or when updates are entered into Lucidity and services are copied to a new date range, the Crisis and Debriefing services will be copied as well. The center will have to check a checkbox to verify that they have reviewed the Crisis Budget and either the POC has not changed or has been updated.
- As part of the Budget approval process, Care Management will assure the Crisis section and the Debriefing section of the Plan of Care have been completed before approving the Budget.
- A Crisis Budget will only be required on Budgets entered after the implementation date, 7/1/09. If an existing Budget without a Crisis Budget is copied to a new date range, please remember to add a new Crisis Budget for the new Budget date range.

Transferring a SED Waiver or PRTF CBA Grant from CMHC to CMHC

The following paperwork should be sent to the receiving provider if you are transferring the SED Waiver or PRTF CBA Grant:

1. The FCAD
2. Completed ICEP or qualifying PRTF screen if PRTF CBA Grant Member
3. 3160/3161
4. Approval letter for Age or CBCL Exception, if applicable
5. Date of the ePOC Closure

Clarification

Paper Claims mailing address:

KHS
Claims
PO Box 1979
Topeka, KS 66603

Physical address:

KHS
Attention: (name or department)
534 S Kansas Ave
Ste 510
Topeka, KS 66603

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

6. The Plan of Care
7. WAF progress notes from initial and annual review POC meetings
8. Date the last Waiver/CBA Grant service was provided at your CMHC (a Waiver service must be provided monthly)

Please document all efforts to receive this paperwork. If you are unable to obtain these documents please contact KHS Care Management for assistance. KHS will post a transfer checklist on the KHS website. The checklist can be downloaded for your convenience. As always contact KHS Care Management if you have any questions.

*Lori Libel LSCSW, AAPS
Manager of HCBS Waiver Services and Care Management*

» **ProviderConnect Updates (Effective Immediately)**

KHS recently implemented upgrades to eCura to improve Provider claim submission and system performance. These changes are effective immediately.

- After editing a claim in the ‘Exception Report’ module in ProviderConnect, the user can now opt to return to the Exception Report by clicking on the “Return to Exception Report” link. Previously, the system returned the user to the ProviderConnect Home Page.
- The “Unable to match treatment provider site” exception should no longer erroneously occur. Prior erroneous occurrences of this exception will be reprocessed by KHS.
- When editing a claim with more than six service lines, there will now be a “Next Page” and “Previous Page” displayed in the Edit CMS/HCFA 1500 Claim Module. This will enable providers to see all lines of service submitted.
- The check boxes “Include Skipped Claims” and “Include Previously Reported Claims” on the Claim Search Module will now be auto-checked.
- In the Brief Inquiry Module, the user will no longer be required to select “Insurer” type before entering the Policy Number (Medicaid ID number).
- When performing a claim search, the results will now return a provider voided (edited or deleted) claim. These claims will not have the Edit/Delete links available. The denial reason will read “Provider Voided Claim” after clicking on the claim number.
- When searching for a claim in the Claim Search Module, users will now see a message stating “Claim Search is in Progress. Please wait...”. This message will be displayed after the user clicks Search prior to the results being displayed.
- When entering or editing a claim in the CMS/HCFA 1500 Claim Module, the user will now see a message stating “Saving Claim – Please wait...”. This message will be displayed after clicking on the Save button.
- A new row for units has been added in the Claim Status page under the Amounts row. The claimed units will either display under Approved, Accepted, Pended, Denied, or Paid depending on the status of the claim.
- Providers should no longer receive the exception of “Required NPI Number is not submitted for Service Facility.” Box 32 NPI is not required. However, if an NPI is submitted, it must be in a valid format.

- Provider Support-If you continue to experience difficulties with these changes and are unable to determine the cause, please contact Becky Schuetz at 785-291-9179, or Daniel Dubois at 785-291-9633 for help in resolving your issue.

Jennifer Roberts
Claims Manager

» **New Treatment Guidelines**

Enclosed are Kansas Health Solutions new practice guidelines for Schizophrenia. These new guidelines will both go into effect July 1, 2009. They will also be put into the new provider manual scheduled to come out this summer. If you have any questions feel free to contact Carol Neeley at 785-575-9373 or Dr. Michael Leeson 785-575-0720.

Carol Neeley, MSW, LSCSW
Clinical Director

» **Retro-Eligibility Changes**

On July 1, 2009, KHS will re-adjudicate claims previously received between, 07/01/2008 and 05/31/2009, and have since had retro-eligibility changes. If timely filing has now expired and you have a member that no longer has PAHP eligibility, please refer to the KMAP website under the General Billing Manual, section 5100. Beginning 08/01/2009, KHS will re-adjudicate claims each month with retro-eligibility changes that occurred 30 or more days prior to the first of the month.

Jennifer Roberts
Claims Manager

» **Patient Liability**

KHS will begin re-adjudicating claims that apply to patient liabilities by the end of June, 2009. This re-adjudication will include:

- Claims with dates of service from 9/1/2008 and forward.
- Any date of service before 09/01/2008 will not be re-adjudicated for the patient liability.
- The re-adjudicated claims will show on your RA with a denial of 'Monthly Medicaid Patient Liability Amount.'
- Once the older claims are re-adjudicated, this will become a monthly re-adjudication process that will begin the month following the original adjudication of the claim.
- It is the provider's responsibility to collect the appropriate monies from the beneficiary as part of the patient/family monthly responsibility.
- For questions concerning this process, please contact Becky Schuetz at (785) 291-9179 or Daniel Dubois at (785) 291-9633.

Jennifer Roberts
Claims Manager

» **Pregnant Women with Co-Occurring Substance Abuse and Mental Health Issues**

For women within this category, early detection and treatment of the multiple issues they may face is crucial. To assist in this process, a coordinated effort is underway to improve coordination between physical, mental health and substance abuse health plans and providers to facilitate the best possible health outcomes. Beginning June 1, 2009, if you see a pregnant woman who you think might have a substance abuse and/or mental health issue for which she might need support, please call one of the following numbers.

Behavioral Health Managed Care

Substance Abuse

ValueOptions-KS 1-866-645-8216 (Title XIX)
Cenpatico 1-866-896-7293 (HealthWave Title XXI SCHIP)

Mental Health

Kansas Health Solutions 1-877-642-9283 (Title XIX & Medikan)
Cenpatico 1-866-896-7293 (HealthWave Title XXI SCHIP)

Physical Health Managed Care

UniCare 1-866-408-7105 (Members – HealthWave Title XIX & XXI)
 1-800-989-1655 (Providers – HealthWave Title XIX & XXI)
Children’s Mercy Family Health Partners
 1-888-691-4874 (HealthWave Title XIX & XXI)

Physical & Behavioral Health – Fee-For-Service (FFS) and Health Connect

Kansas Medical Assistance Program (KMAP)
 1-866-305-5147

To allow coordination of care between the various service delivery systems, the Member will need to complete a Release of Information which can be found at www.valueoptions.com/kansas.

In getting help for these Members, there is NO WRONG DOOR – Just call one of the above numbers.

Stacy Forgy, LMSW
Director of Care Coordination

» **Correction: Provider Notice 2.9, May 1, 2009**

Please note a misprint in Case Conference CPT code 99368 under *ProviderConnect Updates* in the May 1, 2009 Provider Notice (2.9). The correct Case Conference CPT codes are: 99366, 99367 and 99368.

Jennifer Roberts
Claims Manager