



Provider Notice 1.14

July 1, 2008

» ***PRTF Requirement Change***

Effective July 1, 2008 the PRTF Acuity Index will no longer be required. All other requirements for accessing PRTF treatment or an extension at a PRTF remain the same. As a reminder, these requirements include the CBST meeting, the completed CBSP, and the PRTF screen.

Carol Neeley, MSW, LSCSW
Clinical Director

» ***KHS Corporate Compliance Department Activities FY 2009***

With the start of a new fiscal year, the KHS Compliance Department wishes to offer our provider network a summary of planned compliance-related activities for the next twelve months. The KHS Compliance Department develops plans annually, in collaboration with the Regulatory Compliance Oversight Committee, based on a review of identified and potential risks. What follows are highlights for Fiscal Year 2009:

Routine Claims Verification audits will continue throughout FY2009. A random sample of medical records will be requested on a quarterly basis and reviewed against KHS Provider Manual requirements and claims data. Audits will be conducted by desk review and/or site visit. Additionally, routine Provider Agreement audits will continue with the Director of Provider Network Management. Providers selected for this review will be determined based on the number of Members registered to that provider, as well as any other risk factors identified through previous reviews and monitoring activity. These audits will also be conducted by desk review and/or site visit.

A planned focused audit will take place beginning in the fall of 2008. This audit will focus on the documentation needed to clearly support and justify claims submitted for rehabilitation and other community based services.

KHS will continue to conduct other audits on an as-needed basis, based on reports submitted from external sources or concerns identified internally. These audits follow known, suspected, or potential fraudulent or abusive activity which may require a more formal inquiry, review, or investigation.

Technical Assistance in meeting documentation requirements will continue to be made available to the KHS provider network on an ongoing basis, scheduled at the request of providers. To request technical assistance, contact KHS at 1-866-547-0222.

Finally, during FY2009, recoupment of paid claims will take place if at least one of the following

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

conditions is met. This list is not exhaustive, as other circumstances may exist which indicate a need for recoupment. This list was approved by the KHS Board of Managers on June 18, 2008:

1. There is no documentation to support the billed/claimed service
2. The content of the documentation doesn't justify the service billed/claimed
3. The content of the documentation doesn't justify the medical necessity of the service
4. The billed/claimed services provided are not included on a current treatment plan, unless there is a crisis and it is clearly indicated that the service is medically necessary

As a reminder, providers are required to maintain their own compliance plan appropriate for the size and scope of their practice, including participating in annual KHS Corporate Compliance training. You may contact KHS at any time to request technical assistance in the development of your compliance plan.

As always, if you have questions or concerns, do not hesitate to contact me at 785-575-9394 or via email at annew@kansashealthsolutions.org.

Anne Werring, KHS Corporate Compliance Officer