



Provider Notice 1.3

September 28, 2007

Member Registration-Required Only Every 360 Days

- Routine registration in eCura will be updated to show 360 days after registration. There will be no expirations on October 1st.
- Existing authorization plans will be updated to include all services (except for the SED Waiver) to reflect 360 days. Outpatient therapy will **not** be added to meds only registrations.
- New Member registration forms will be active on October 14 to allow for selection of all services, except Waiver Services, Attendant Care, and Case Conference.
- Webinar training on the registration process will be available during the next two weeks. Please visit the KHS website (www.kansashealthsolutions.org) for a notice and further information.

Screens

- Initial screens should be billed under I0010.
- PRTF follow-up should be billed under I0020.
- Screens should be billed for actual hours. However, we will monitor toward a three hour average.
- The facility NPI# should be reported as the Rendering Provider in Box 24J. This is a change to how the current system works. All pending screens will be paid.
- If not Medicaid and no Social Security Number, enter 999-99-9999 as the Social Security Number.

Extension to File Claims

- Many providers required new systems or systems changes to adjust to registering members and billing services in the KHS system. Simultaneously, KHS has worked to stabilize ProviderConnect streamlined the registration process and required internal adjustments in our early months of operations. Because of these reasons, the time to submit claims for July and August service has been extended to November 30, 2007. Services after September 1, 2007 will continue to be filed within 90 days of service.
- Authorization numbers will not be required to be reported on claim submissions until November 1, 2007.

October Provider Manual Changes

- *Section 8: Member Registration and Authorization for Additional Services*
 - * Page 65 – **Change five business days to 10.** The paragraph now reads – Providers are expected to make every effort to register members within ten (10) business days of the first face-to-face contact with the member.
 - * Page 66 - **Authorization for additional services - Change five business days to 10.** The paragraph now reads – Outpatient authorization for additional services can not be backdated to a start date greater than ten (10) business days.
- *Section 9: Claims Overview*
 - * Please Note box – **NEW** – In order to be paid through Kansas Health Solutions (for the PAHP program of mental health services), providers **AND LICENSED PRACTITIONERS** must also be a Medicaid-enrolled provider.
 - * New – Inserted CMS 1500 Claim Form and instructions.

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