



Provider Notice 2.3

October 1, 2008

» **QMHPs Providing CPST**

A QMHP may provide CPST or other community based services as long as he/she has completed the required training. However, KHS does not support a QMHP providing both psychotherapy and CPST to the same individual. KHS recognizes that there will be unique situations where it is necessary for a QMHP to provide both services. In those instances, an exception request form must be completed and faxed to Care Management at KHS. KHS will review each exception request and approve as appropriate. Any questions regarding the enclosed/attached form or this process need to be directed to Carol Neeley at 785-575-9373 or caroln@kansashealthsolutions.org.

Carol Neeley, MSW, LSCSW, Clinical Director

Michael Leeson, MD, PhD, Chief Medical Director

» **Credentialing Application and Provider Agreement Update**

In June of 2008 the KHS Credentialing Application and Provider Agreement were revised for new providers/practitioners.

Credentialing Application

The revisions included the following:

1. New practitioners were requested to attach his/her individual KMAP Verification/Welcome Letter to the KHS Credentialing Application.
2. New Provider Group Agencies were requested to attach their KMAP Verification/Welcome Letter to the KHS Credentialing Application to confirm the **GROUP** KMAP Number.
3. A line requesting the Taxonomy Number was added.
4. The question “Does your office meet ADA Accessibility Standards (Yes or No)” was included.

Effective July 1, 2008, KHS asked that all new individual practitioners and Group Providers/Agencies complete the revised Credentialing Application which reflects these changes. **The revision date, 05/09/07 revised 7/08** is located in the lower right-hand corner of the first page on the Credentialing Application. Please destroy all KHS Credentialing Applications that do not indicate the revision date noted above.

Effective November 1, 2008, KHS will not process applications that are submitted on the old form or do not have the KMAP Verification/Welcome Letter attached. Applications without the additional information will delay the enrollment process.

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

Provider Agreement

Effective July 1, 2008, the Provider Agreement had the following information added.

1. Attach current W-9 form to verify Federal Tax Identification Number.
2. A copy of the W-9 form was included with the Provider Agreement.

This addition can be found on page 33 of the Provider Agreement, below the signature column, directly below Federal Tax ID # _____.

Effective November 1, 2008, please return the W-9 form with the Provider Agreement. Agreements returned to KHS without the W-9 form may be returned to the provider, thus delaying the enrollment process.

If you have any questions about these revisions, please contact Michele Johnson, Director of Provider Network Management at 866-547-0222.

Michele Johnson, Director of Provider Network

» **TPL Review/Exception Criteria – 8/6/08**

In cooperation with SRS and KHPA, Kansas Health Solutions will, under certain conditions, conduct Third Party Liability/Coordination of Benefits (COB) Exception Reviews on individual cases to make determinations regarding payment of claims. These COB Exception Reviews will be conducted based upon submission of individual COB claims as well as upon reports from the claims data base regarding outliers, particularly with regard to the reasons for denial by the primary insurer. Individual COB Exception Reviews may be conducted under any circumstance deemed appropriate by KHS, including when there is a unique question of continuity or quality of care. Providers will be expected to cooperate with any request for documentation regarding submission or payment by a member's primary insurance carrier.

With regard to the exception review process, these core values will govern in making the reimbursement decision:

1. Medicaid is always the payer of last resort and therefore any other insurer is considered primary (with the exception of Special Health Service, Vocational Rehabilitation, Indian Health Service, Crime Victim's Compensation Funds and the non-Medicaid county mental health funds).
2. Whether Medicaid reimburses the claim or not, pursuant to the terms of the SRS/KHS contract, members may not be billed (or balance billed) for any Medicaid reimbursable services.
3. Providers must always submit claims to the primary insurer except where previous COB "blanket"-type exceptions have been issued by KHS, such as in the case of specific mental health rehabilitation services for which coverage is always denied by a particular insurer.
4. Providers must always retain a copy of the EOBs for your submitted claims from the primary insurer in the member's medical record. Those EOBs must be promptly produced upon request, and must be maintained for at least six years following receipt.
5. Providers must always include the primary insurer's name, the denial reason and amount of denial, and full, partial, or zero payment amount in claims submitted to KHS.

Kansas Health Solutions

TPL/COB Exception Review Guidelines

<i>TPL/COB Payment <u>may</u> be granted if any one of the following applies</i>		<i>COB Payment <u>will not</u> be granted if any one of the following applies</i>	
#1	Service is not a paid benefit within Primary Insurer's Certificate of Coverage.	#1	No evidence of claim submission to Primary Insurer is present
#2	Provider license type is not recognized by Primary Insurer, but is a provider type covered by the Prepaid Ambulatory Health Plan program.	#2	Denial of payment from Primary Insurer due to lack of "clean" claim such as inaccurate, incomplete or missing data
#3	Claim is denied because provider is not within Primary Insurer's network (a consideration for this decision will be whether the provider has sought to become part of the Primary Insurer's network).	#3	Denial of payment from Primary Insurer for untimely claim submission
#4	Coverage for the type of mental health service involved has been exhausted under primary insurance.	#4	Provider is a member of both the KHS network and the Primary Insurer's network, and the claim relates to a service for which coverage is available.
#5	Continuity or quality of care may be compromised.		

Operational guidelines:

KHS will conduct exception reviews based on geographic location. The reviews will include the following operational procedures:

1. Reviews will occur in each geographical area twice annually.
2. Exception reviews will focus on COB claims submitted the previous month.
3. KHS will request documentation from the provider to include the Primary Insurer's EOB, as well as written statements and /or supporting documentation regarding the member's reason/circumstances for the out-of-primary network service provision.
4. Claims denied by the primary insurer for out of network or license type not recognized by the primary will require additional information on continuity or quality of care in support of KHS payment.
5. COB/TPL Exception Review Guidelines, as noted above, will be used to determine appropriate payment or denial of the claim. Claims not supported by EOB or paid inappropriately will be subject to recoupment.

Steve Richards, Chief Financial Officer

» **Filing COB Claims on Rehabilitation Services**

Effective May 5, 2008, KHS stopped requiring the submission of primary insurance EOB's with a claim for rehabilitation services. Since not all primary insurance companies provide proof of denials, providers were only required to show that zero was paid by the primary insurance.

When filing claims on 837 file format, these 837 requirements are required for proper adjudication of the claim, regardless of paid amount by primary. (This does not exclude any other 837IG requirement.)

- 1) AMT*D*
- 2) SVD
- 3) CAS is required if there is an adjustment

To show that zero was paid on a rehabilitation service, according to the 837 Implementation Guide, these segments should be submitted as:

- 1) AMT*D = 0
- 2) SVD = 0
- 3) No CAS should be submitted.

Please refer to the COB loops for 837 file submission on the KHS Website:

http://www.kansashealthsolutions.com/web_docs/COB/Required%20Loops%20and%20Segments%20for%20COB%20electronic%20filing.pdf

Steve Richards, Chief Financial Officer