



Provider Notice 1.6

October 25, 2007

- **Home Based Family Therapy Update**

Dear Provider,

This Provider Notice serves to inform you of recent developments in relation to training for Home Based Family Therapy (HBFT.) After hearing feedback from several providers and exploring the issue further with SRS leadership, KHS shares the goal of ensuring qualified HBFT providers have a variety of paths to use in demonstrating and/or developing their ability to provide this important service.

The three options you may choose to take include:

- 1) Attend the approved KSU training on the dates offered by KSU prior to July 1, 2008;
- 2) Submit an alternative training curriculum to KHS which sufficiently addresses core competencies required to provide HBFT;
- 3) Provide to KHS provider specific information in the form of a curriculum vitae, demonstrating your existing experience and knowledge that reflect the core competencies required to provide HBFT.

If option 2 or 3 is used, KHS will evaluate and compare your curriculum against the Core Objectives to determine if the core elements of the training are met. (See Enclosed Core Objectives.)

Providers seeking to be certified as HBFT providers should submit their request, with the supporting information by June 1, 2008 to allow time to review your information and make a determination before the June 30, 2008 deadline to:

Lorna Clarke, Training Manager
720 South Jackson Street, Suite 310
Topeka, KS 66603
1/888/547/0222
lornac@kansashealthsolutions.org

Whichever path providers use to demonstrate their ability to provide HBFT services, KHS will continue to offer training and information consistent with the KSU-sponsored training and continuing education sessions.

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

- **Billing for ‘No Show’ Appointments**

Taken from the General Manual for Third Party Liability:

Providers shall not bill beneficiaries for missed appointments. Missed appointments are not a distinct reimbursable service, but a part of the providers’ overall cost of doing business.

- **Clarification to Provider Notice 1.5: Completion of CMS 1500 Claim and other insurance information**

Box 9 –Insurance Secondary to Medicaid. T-XIX is secondary to all other third parties with the exception of Special Health Services, Vocational Rehabilitation, Indian Health Services, Crime Victim’s Compensation Funds and the non-Medicaid county mental health funds. Box 9 should only include insurance information from those entities that are secondary to Medicaid.

Box 11 – CMS requires completion of Box 11. THIS BOX MUST BE COMPLETED, IT IS REQUIRED, ACKNOWLEDGING THE PROVIDER HAVING MADE A GOOD FAITH EFFORT TO DETERMINE WHETHER MEDICAID IS THE PRIMARY/SECONDARY/TERIARY PAYER.

If there is no insurance primary to Medicaid, enter the word “NONE” and proceed to item 12. (If the word “none” is in box 11 then 11a-d may be left blank.)

If there is insurance primary to Medicaid, enter the insured’s policy or group number and proceed to items 11a - 11c.