



Provider Notice 2.5

December 2, 2008

» Credentialing/Specialty COB Form

KHS realizes that some of the provider specialties that deliver services to our members are not recognized by other insurers. Therefore, we have instituted a new procedure to use in submitting claims in instances of the primary insurer denying or refusing to process claims for services rendered by a provider whose credentialing specialty is not considered a covered specialty type. KHS will consider these instances for payment if the appropriately completed HIPAA adjustment code or '**COB Credentialing/Specialty Form**' is submitted with the claim.

For electronically submitted claims, new HIPAA adjustment reason code 184 should be submitted with the appropriate SVD and AMT*D amounts. These 837 requirements are required for proper adjudication of the COB claim, regardless of the amount paid by the primary insurance. (This requirement does not exclude any other 837IG requirement.)

- 1) AMT*D
- 2) SVD
- 3) CAS should have HIPAA adjustment reason code 184

Claims submitted on paper will require a completed '**COB Credentialing/Specialty Form**' to accompany the CMS 1500. The '**COB Credentialing/Specialty Form**' is attached and can be found at the KHS website in the Provider section. Go to the 'Miscellaneous Forms and Documents' area under 'Provider Downloads'. The form will require the following details: Provider Name, Provider Specialty, and the Signature/Date of the Provider's claims manager. The form may be completed and copied as needed for ease of billing for each individual provider. Claims received without this '**COB Credentialing/Specialty Form**' or primary EOB will be denied.

We appreciate your efforts in relaying needed information to process your claims successfully. (This change is effective for claims submitted after December.)

Steve Richards, Chief Financial Officer

» Training Requirements

The updated Crisis Intervention Training is available on the KHS website (on the training portion) and through Wichita State University (WSU) on the kidstraining.org and trainingteams.org websites. There will no longer be three tracks that are dependent on the Provider's level of education (i.e. non-

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

licensed or licensed Providers). This updated version is for all levels of Providers billing the Crisis Intervention code.

Those who have completed the previous Crisis Intervention training available on-line through WSU do not have to take the updated version now available. There is no renewal date for the on-line training.

As a reminder, both the on-line training as well as the SRS approved “Nationally Recognized Crisis Intervention Training” program components are necessary and are required to be completed prior to billing for the service. The “prior to service” requirement will go into effect January 1, 2009. The renewal for the live portion of the training should be in compliance with the certification requirements for the “Nationally Recognized Crisis Intervention Training”.

Any “Nationally Recognized Crisis Intervention Training” completed prior to January 1, 2009 will be accepted. After January 1, 2009 the list below are the SRS approved “Nationally Recognized Crisis Intervention Training”.

They include:

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TCI – Therapeutic Crisis Intervention

CPI – Crisis Prevention Institute – Nonviolent Crisis Intervention

MAB – Managing Aggressive Behavior

SCM – Safe Crisis Management

PIP – Peaceful Intervention Program (A de-escalation program only – does not teach physical holds)

If any other courses have been completed for the live portion of Crisis Intervention certification requirements, the alternate courses will be accepted for FY 08 and FY 09.

Lorna Clarke, Training Manager

» **Treatment Environment (Effective January 1, 2009)**

Network providers shall furnish services to plan members in safe, secure, clean, and well-maintained facilities which comply with all applicable building and fire codes. Such facilities shall incorporate appropriate safeguards to prevent incidental disclosures of protected health information.

Michele Johnson, Director of Provider Network

» **Timely Credentialing Application Submission**

Providers/Agencies

Please remember that when you employ a practitioner that had been employed by another Medicaid provider, the first page of the KHS Credentialing Application must be completed and returned within 30

days following his/her last date of employment. A copy of the KMAP letter verifying the practitioner's KMAP, NPI, and Taxonomy numbers must also be attached. If more than 30 days elapse, providers will need to complete the application as a new provider and it will be processed accordingly.

Individual Practitioners

Please remember that when you begin employment at a new agency, the first page of the KHS Credentialing Application must be completed and submitted within 30 days of your date of employment. A copy of the KMAP letter verifying the practitioner's KMAP, NPI, and Taxonomy numbers must also be attached. If more than 30 days elapse, you will need to complete the application as a new provider and it will be processed accordingly.

Providing Services to Medicaid (PAHP) Members

A reminder that practitioners may not provide services to Medicaid (PAHP) Members until they are approved at Credentialing Committee. The Provider Agreement states:

In no event will Provider begin performing his or her obligations under this Agreement until Provider's credentialing or recredentialing application has been approved by KHS.

Effective Date for Providing Services at Additional Locations

An approved practitioner may provide services at an additional location(s) only after KHS has received the completed first page of the credentialing application and the KMAP number applicable to that location. The date of receipt of the credentialing application and KMAP number becomes the practitioner's effective date to provide services at the new location(s). This policy is effective immediately.

Michele Johnson, Director of Provider Network

» Revised Policy on Provider Contract Compliance

The Board of Managers of Kansas Health Solutions and SRS recently approved a revision to Policy 15.8, Provider Contract Compliance. The purpose of the changes to the Policy were to establish level of Provider violation and authority to impose sanctions.

Kansas Health Solutions has created three distinct groups of potential provider agreement violations with requisite potential actions: routine, urgent and emergent. This list is not intended to be exhaustive but only provides examples of potential violations. Under usual circumstances, sanctions will be progressive in nature and require that providers rectify any violations noted. KHS is not bound, however, to follow a progressive process if the nature of a violation deems otherwise.

<i>Level</i>	<i>Examples of Possible Sanctions</i>	<i>Examples of Violations</i>	<i>Authority to Impose Sanctions</i>
<i>Routine</i>	<ul style="list-style-type: none"> • Allow for self-correction • Recommend training 	<ul style="list-style-type: none"> • Failure to perform to standards • Failure to attend trainings • Failure to maintain adequate documentation 	Department Head (or designee)
<i>Urgent</i>	<ul style="list-style-type: none"> • Corrective Action Plan Required • Peer Intervention Required • Training Required 	<ul style="list-style-type: none"> • Repeated failure to perform to standards • Repeated failure to attend trainings • Repeated failure to maintain adequate documentation • Prolonged failure to supply credentialing documentation in the re-credentialing process • Health & Safety violations • Ethical violations • Situations with potential for waste, fraud & abuse 	Department Head Oversight with CEO Review
<i>Emergent</i>	<ul style="list-style-type: none"> • Fine • Suspension from Panel • Termination from Panel 	<ul style="list-style-type: none"> • Life Safety Violations • Reported Instances of Waste, Fraud & Abuse • Instances of Abuse 	Department Head to CEO except for Termination – Department Head to Board and CEO

KHS will send a provider a notice outlining the provider non-compliance with the provider agreement within ten business days of discovery. The notice will outline:

1. The area(s) of non-compliance.
2. The expected remedy/improvement.
3. Any additional KHS monitoring of the provider.
4. The date by which the remedy is expected to occur.
5. The date a response from the provider is due.
6. To whom the response is to be sent.
7. All sanctions related to urgent or emergent violations will also include the communication of the sanction to the provider through certified mail with a return receipt requested.

For the purposes of this policy, “fine” is defined in the provider agreement on page 15, F. as KHS’ ability

to “withhold amounts due Provider, or may offset such amounts against any payment obligations due to Provider, during such time as Provider remains non-compliant.”

With the clarification provided by this policy revision, providers can expect the initiation of sanctions if the terms of the provider agreement are not met. Anne Werring, Corporate Compliance Officer, will be managing the sanctioning process. Should you have any questions about the policy, please feel free to call Anne at 785-575-0721.

Scott Graham, Director of Quality Improvement

» **Family Therapy Documentation Guideline**

Enclosed are Kansas Health Solutions new Family Therapy Documentation Guideline which can be used for in-office or in-home family therapy and new practice guidelines for Bipolar I Disorders. These new guidelines will both go into effect January 1, 2009. KHS will be doing WebX presentations over time on documentation and practice guidelines, but if you need a question answered before these trainings occur please feel free to contact Carol Neeley at 785-575-9373 or Dr. Michael Leeson 785-575-0720.

Carol Neeley, MSW, LSCSW, Clinical Director

» **Addition to Covered Diagnoses**

Effective January 1, 2009 KHS is adding to the list of covered diagnoses 313.9 Disorder of Infancy, Childhood, or Adolescence Not Otherwise Specified. If you have questions around KHS’s list of covered diagnoses please contact Carol Neeley at 785-575-9373.

Carol Neeley, MSW, LSCSW, Clinical Director

» **Billers Manual Updates**

KHS has updated the Billers Manual with recent changes and corrections. The current version is located on KHS website under Provider Downloads.

Steve Richards, Chief Financial Officer