



Provider Notice 2.6

December 31, 2008

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

Network providers shall furnish services to plan members in an environment which is conducive to effective treatment. Such facilities (including home-based offices) must meet the following minimum standards:

- Compliance with all applicable building, fire, and zoning codes
- Safe, secure, clean, and well-maintained
- Proper lighting and ventilation
- Free from excessive noise and other distractions
- Incorporate appropriate safeguards to prevent incidental disclosures of protected health information
- No smoking in any area in which patient care services are provided
- Handicapped accessible
- Available restrooms
- Adequate parking
- Liability insurance coverage

Michele Johnson, Director of Provider Network

» **Additional Information Needed for Physicians Assistants and ARNPs**

Effective February 1, 2009 Kansas Health Solutions will be requiring a form with the KHS Credentialing and Recredentialing Applications that will be used to verify the name of a Physician Assistant's supervising physician and an ARNP's collaborating physician.

Please complete this information with new applicants and during re-credentialing.

If you have questions, please call Michele at 866.547.0222 or e-mail michelej@kansashealthsolutions.org.

Michele Johnson, Director of Provider Network

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

» **Timely Filing-Completed Claims Only**

For a claim to be considered a complete claim it must contain all of the required information, either on the CMS 1500 form, 837 file submissions or through ProviderConnect submissions. Required information includes:

- Correct member name (box 2)
- ID (box 1a)
- Date of birth (box 3)
- Other primary insurance (box 11)
- Diagnosis code(s)
- Dates of service (box 24a) (historical only, as we cannot accept future dates)
- CPT/HCPCS (box 24d) code(s)
- Whole number of units (box 24g)
- Valid place of service (box 24b)
- billed amount(s) (box 24f)
- Diagnosis indicators (box 24e)
- Valid rendering provider NPI (24j)
- Valid billing provider name (box 33) and NPI (box 33a)

Claims with the above listed fields completed accurately will be considered complete, and will be considered as meeting the timely filing requirements if the complete claim is received within 365 days of the service delivery date (date of service or DOS). Complete claims meeting the initial 365 day timely filing requirement will have an additional 180 days (total of 545 days from the date of service) to submit corrections or adjustments when necessary.

A claim will be returned, manually or electronically, when it does not meet the complete requirements listed above, and will not be considered a complete claim submitted in a timely fashion. Only complete claims can be entered into the system for adjudication, and, if denied, be eligible for the additional 180 days for adjustment or correction. These instructions are found in the Billing Manual on the KHS website (www.kansashealthsolutions.org).

Steve Richards, Chief Financial Officer