EXTERNAL INDEPENDENT THIRD-PARTY REVIEW

Cost Sheet

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **KANSAS FOUNDATION FOR MEDICAL CARE (KFMC)**  | **CY 2020** | **CY 2021** | **CY 2022** | **CY 2023** | **CY 2024 OPTIONAL** | **CY 2025 OPTIONAL** |
| Case rate, Medical Necessity Reviews | $435.00 | $442.00 | $448.00 | $455.00 | $462.00 | $469.00 |
| Additional Costs - Medical Director Testimony | $55.00 | $56.00 | $57.00 | $57.00 | $58.00 | $59.00 |
| **TOTAL CASE RATE -- MEDICAL NECESSITY REVIEWS** | **$490.00** | **$498.00** | **$505.00** | **$512.00** | **$520.00** | **$528.00** |
| Case rate, Adverse Payment Reviews | $135.00 | $137.00 | $139.00 | $141.00 | $143.00 | $145.00 |
| Additional Costs - KFMC Staff Testimony | $20.00 | $20.00 | $21.00 | $21.00 | $21.00 | $22.00 |
| **TOTAL CASE RATE -- ADVERSE PAYMENT REVIEWS** | **$155.00** | **$157.00** | **$160.00** | **$162.00** | **$164.00** | **$167.00** |
| Administrative Fee for Partial Reviews - Tier 1 Medical Necessity Reviews | $110.00 | $111.00 | $113.00 | $114.00 | $116.00 | $118.00 |
| Administrative Fee for Partial Reviews - Tier 2 Medical Necessity Reviews | $175.00 | $178.00 | $181.00 | $183.00 | $186.00 | $189.00 |
| Administrative Fee for Partial Reviews - Tier 3 Medical Necessity Reviews | $225.00 | $228.00 | $232.00 | $235.00 | $239.00 | $242.00 |
| Administrative Fee for Partial Reviews - All Adverse Payment Reviews | $65.00 | $66.00 | $67.00 | $68.00 | $69.00 | $70.00 |