



APRIL 2022

KMAP GENERAL BULLETIN 22048

KMAP Pricing Change

Effective for claims processed on and after April 4, 2022, the Kansas Medical Assistance Program (KMAP) will only pay for KMAP-covered services that are also covered by other insurance if the Medicaid payment rate is higher than the amount paid by the primary insurance, and, within this limit, will only pay to the extent necessary to pay the member’s cost-sharing liability. Providers will now submit the claim adjustment reason code (CARC) and remittance advice remark code (RARC) provided by the other insurance company on their explanation of medical benefits (EOMB), or remittance advice (RA) for all affected services. Reason codes explain the reasons for any financial adjustments, such as denials, reductions, or increases in payment. These codes will now be used at the detail level for professional, outpatient and dental claims. This change will impact processing and pricing of claims, as providers may notice a difference in payment due to the calculations performed at the detail level. Electronic RAs will reflect other insurance claim payment adjustment details.

KMAP will calculate secondary payment based on the **lowest** allowed amount minus the primary insurance payment. If the resulting calculation is \$0 or less, a payment will not be made, and the claim will be considered paid in full. This will be considered an approved-but-zero-paid claim (See formula 1):

KMAP Formula 1: Lowest allowed - (Primary payment) = Potential KMAP payment

KMAP will calculate tertiary payment based on the **lowest** allowed amount minus the combined other insurance payment amounts. If the resulting calculation is \$0 or less, a payment will not be made, and the claim will be considered paid in full. This will be considered an approved-but-zero-paid claim. (See formula 2):

KMAP Formula 2: Lowest allowed - (Primary payment + secondary payment) = potential KMAP payment

If the calculations from above are greater than \$0, KMAP will deduct any Member spenddown or Patient liability amounts from the “potential KMAP payment” prior to final KMAP payment if the resulting calculation is \$0 or less, a payment will not be made, and the claim will be considered paid in full. This will be considered an approved-but-zero-paid claim. (See formula 3):

KMAP Formula 3: Potential KMAP payment - (Member spenddown) - (Patient liability) = KMAP payment

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday



KMAP Pricing Change continued

Medicare Crossover Claims

Medicare-related claims that automatically cross over to Kansas Medicaid with both covered and noncovered services will be processed. Providers will no longer need to initiate an adjustment to bill covered and noncovered services separately.

Note: The effective date of the policy is April 4, 2022.

The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday