KMAP Closed Claims Resolution Log

Below are the payment issues (both underpayments and overpayments) from the Claims Resolution Log that have been completed. For these issues, all systematic cleanup has been completed. After 8 quarters, timely filing will no longer be bypassed for underpayments. After 30 days, completed payment issues will be removed from this log. Refer to the historical versions of the Claims Resolution Log on the Bulletins page under the Publications tab on the KMAP website.

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/4/2022	INC0039819	General Provider	The Kansas Medical Assistance Program (KMAP) is unable to return some 271 Eligibility Response transactions when a 270 Eligibility Request transaction is submitted to the KMAP website. Any eligibility requests that did not receive a response will need to be resubmitted after the fix is implemented. This affected eligibility responses from 04/04/2022 - 04/05/2022.	Resolved	Providers will need to resubmit the transaction.	N/A	4/7/2022
4/4/2022	INC0039838	Pharmacy Provider	Point of Service (POS) transactions for Fee-for-Service (FFS) claims are timing out because they are hitting the 10 second limit on the server. The time limit has been expanded to 30 seconds while this issue is being researched. This affected claims submitted 04/04/2022 - 04/06/2022.	Resolved	N/A	N/A	4/7/2022
4/5/2022	INC0039874	General Provider	Provider Electronic Solutions (PES) is currently not able to send files to the Provider Portal. This affected files submitted 04/04/2022 - 04/07/2022.	Resolved	Providers will need to resubmit these claims.	N/A	4/7/2022
4/8/2022	INC0040507	General Provider	KanCare claims submitted through the Front-End Billing (FEB) Dashboard may be delayed. This affected claims submitted from 04/04/2022 - 04/26/2022.	Resolved	N/A	N/A	4/27/2022
4/9/2022	INC0041167	General Provider	Claims for KanCare carved out services keyed as direct entry through the Provider Portal are incorrectly being routed to the Managed Care Organizations (MCO). This affected claims submitted 04/04/2022 - 04/09/2022.	Resolved	Providers will need to resubmit these claims.	N/A	4/9/2022
4/8/2022	INC0041035	Pharmacy Provider	Some pharmacy providers are seeing $0 payment at POS when claims have actually been paid. KMAP is making payment although the POS response shows $0. This affected claims submitted 04/04/2022 - 04/08/2022.	Resolved	N/A	N/A	4/9/2022
4/9/2022	INC0041056 INC0041180	Inpatient/Nursing Facility	Inpatient and Nursing Facility (NF) claims keyed as direct entry through the Provider Portal are receiving the error message "Admission Date should be within Covered Date range." This error message is preventing the claims from being accepted into the claims processing system. This issue can impact new day claims and claims being adjusted. This affected claims submitted 04/04/2022 - 04/12/2022.	Resolved	N/A	N/A	4/11/2022
4/11/2022	INC0040817	General Provider	Claims keyed as direct entry through the provider web portal may receive the error message "Provider ID not found" when entering a Provider ID in the Provider ID field. A workaround for this issue has been provided on the Provider Portal under Provider/Helpful Information, titled "Workaround for IG Search on Web Claims." This affected claims submissions between 04/04/2022 - 04/13/2022.	Resolved	N/A	N/A	4/13/2022

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Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/12/2022	INC0041506 INC0041041	General Provider	Providers are getting a generic error message when uploading x12 files to the Provider Portal. This issue is intermittent. Providers are able to get files in eventually, but this has affected multiple different submitters and multiple file types. This affected file uploads between 04/04/2022 - 04/15/2022.	Resolved	N/A	N/A	4/15/2022
4/13/2022	INC0041450	General Provider	Delegates for Provider Portal accounts are showing as terminated when delegates were previously active. This affected accounts between 04/04/2022 - 04/13/2022.	Resolved	N/A	N/A	4/13/2022
4/14/2022	INC0040330	General Provider	The Provider Portal Professional Claim Form only allowing 5 detail lines. Detail line maximums for Professional, Institutional, and Dental claim forms have been updated to Health Insurance Portability and Accountability (HIPAA) x12 Implementation Guide standards. This impacted the web submissions between 04/04/2022 - 04/08/2022.	Resolved	N/A	N/A	4/14/2022
4/14/2022	INC0040330	General Provider	Member name search in the Provider Portal is not able to search names with a hyphen, names with spaces, or names with a suffix. This affected eligibility verification searches between 04/04/2022 - 04/08/2022.	Resolved	N/A	N/A	4/14/2022
4/14/2022	INC0041504	General Provider	Some claims submitted through Electronic Visit Verification (EVV)/AuthentiCare are delayed in processing due to issues with routing to the Managed Care Organizations (MCOs). This affected claims submitted between 04/04/2022 - 04/20/2022.	Resolved	N/A	N/A	4/22/2022
4/15/2022	INC0041836	General Provider	Providers requesting member eligibility through Electronic Data Interchange (EDI) Trading Partners real-time services are receiving an error instead of the eligibility information. This impacted eligibility requests between 04/04/2022 - 04/19/2022.	Resolved	N/A	N/A	4/21/2022
4/13/2022	INC0040970 INC0041553	Atypical Providers	Atypical Providers are unable to verify member eligibility on the Provider Portal. This affected eligibility requests between 04/04/2022 - 04/25/2022.	Resolved	N/A	N/A	4/27/2022
4/14/2022	INC0041274	General Provider	IVR and the Provider Portal Eligibility Verification search does not display the hospice assignments. Providers can call the Customer Service Center to obtain this information. This affected eligibility inquiries between 04/04/2022 - 04/27/2022.	Resolved	N/A	N/A	4/28/2022
4/14/2022	INC0041634	General Provider	Provider Portal Eligibility Verification search does not display the MCO Lock-in assignment. Providers can call the Customer Service Center to obtain this information. This affected eligibility verification between 04/04/2022 - 04/24/2022.	Resolved	N/A	N/A	4/25/2022

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Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/20/2022	INC0041912	General Provider	Providers with Portal usernames longer than 15 characters are unable to send EDI files to the Provider Portal. As a workaround, providers can either re-register with a shorter username or a delegate account with a shorter username can submit the files. This affected files submitted between 04/04/2022 - 04/26/2022.	Resolved	N/A	N/A	4/27/2022
4/21/2022	INC0041825	General Provider	Some claims keyed into the Provider Portal are rejecting up front and not being routed to the MCOs. This affected claims submitted between 04/04/2022 - 04/25/2022.	Resolved	Providers will need to resubmit these claims.	N/A	4/27/2022
4/22/2022	INC0042225	Atypical Providers	Atypical Provider claims keyed into the Provider Portal are denying due to the system not applying the correct KMMS Provider ID to the claim. This affected claims submitted 04/04/2022 - 04/26/2022.	Resolved	Providers will need to resubmit these claims.	N/A	4/27/2022
4/25/2022	INC0042251	General Provider	Providers keying claims into the Provider Portal may be experiencing long response times upon submission. This affected the provider portal between 04/04/2022 - 05/03/2022.	Resolved	N/A	N/A	5/4/2022
5/2/2022	INC0042751	General Provider	Some 835s are not being sent to clearinghouses due to a KMMS conversion error. Providers can work with their clearinghouse and the KMAP EDI Helpdesk for assistance in downloading the 835s from the Provider Portal. Once the 835s are downloaded the provider can send the file to the clearinghouse to translate the x12. This impacted 835s produced between 04/04/2022 - 04/28/2022.	Resolved	N/A	N/A	5/3/2022
4/26/2022	INC0042282	General Provider	Eligibility verification requests are not returning the member's spenddown information when the spenddown amount has been met. 05/06/2022: The HIPAA 270/271 transaction is designed to not return spenddown data once a member is in a met status. Members with a Medically Needy benefit plan and no spenddown data indicates there is no remaining amount.	Resolved	N/A	N/A	5/6/2022
4/28/2022	INC0041070	General Provider	Some Third Party Liability (TPL) related claims keyed into the Provider Portal are unable to be submitted due to a TPL balancing error. 05/06/2022: This issue existed from 04/04/2022 - 05/04/2022.	Resolved	N/A	N/A	5/6/2022
4/28/2022	INC0042146 INC0042933	General Provider	Eligibility verification responses are not returning a Date of Death (DOD) for deceased members or the DOD is reporting as 1/1/1753. As a workaround, providers can call Customer Service Center to verify DOD. 05/06/2022: This issue existed from 04/04/2022 - 05/01/2022.	Resolved	N/A	N/A	5/6/2022

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KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/4/2022	INC0042917	General Provider	The Consent for Sterilization form available on the Provider Portal has an expiration date of 04/30/2022. According to Centers for Medicare & Medicaid Services (CMS) guidelines the form can still be used up to a year after the expiration date. 05/06/2022: Per General Bulletin 22080 providers can continue using the expired form until the new form is published.	Resolved	N/A	N/A	5/6/2022
4/27/2022	INC0042344	General Provider	Claims submitted in the Provider Portal which deny, are not displaying the Explanation of Benefit (EOB) descriptions. The denial descriptions can be viewed by clicking "View" on the Receipt page. 05/06/2022: If providers still experience this situation perform a Ctrl + F5 on the 'Review Page' prior to submitting. FEB claims that reject now display the error. FFS claims provide the Integrated Care Network (ICN) and status. Click 'View' to see the claim and EOB information.	Resolved	N/A	N/A	5/6/2022
4/11/2022	INC0041226 INC0042005 INC0042392 INC0042897	General Provider	835 Remittance Advice (RA) transactions may not have been sent due to errors in processing. The errors are being corrected and the files will be resent when corrections are complete. RA information can be obtained by downloading the PDF version on the Provider Portal. 05/06/2022 - Resolved on 05/04/2022. Impact from 04/11/2022 - 05/04/2022.	Resolved	N/A	N/A	5/6/2022
4/4/2022	INC0042741	General Provider	Eligibility verification responses are not returning TPL information. Providers can call Customer Service Center to verify TPL. 05/11/2022: This issues existed from 04/04/2022 - 05/03/2022.	Resolved	N/A	N/A	5/11/2022
5/5/2022	INC0042904	General Provider	Provider Portal users may not be able to view a claim when performing a claim search by the member ID. Users may use the claim number to perform the claim search or do a 'Search by Service Location', then sort the search results by the Member ID column. This affected the search capability from 05/02/2022 - 05/12/2022.	Resolved	N/A	N/A	5/12/2022
5/4/2022	INC0043011	General Provider	Some providers attempting to change their password on the Provider Portal are experiencing long wait times causing a time out error and the password not to be changed. This affected password changes from 05/03/2022 - 05/13/2022.	Resolved	N/A	N/A	5/16/2022
5/17/2022	INC0043646	General Provider	Some Home and Community Based Services (HCBS) claims submitted to Fiserv for United HealthCare (UHC) members were not routed from 04/04/2022 – 05/12/2022. This issue was resolved on 05/12/2022 and claims are now routing appropriately. The claims will be identified and routed to UHC for reprocessing. This affected claims from 04/04/2022 - 05/12/2022.	Resolved	N/A	N/A	5/18/2022

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Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/18/2022	INC0043918	General Provider	The Provider Portal claims search is returning encounter claims (claims processed by the KanCare MCOs). The claims search should only be returning FFS claims. The ICN for encounter claims begins with a "7." Providers should ignore the encounter claims returned when performing a search. This affected searches performed 04/04/2022 - 06/15/2022.	Resolved	N/A	N/A	5/18/2022
5/10/2022	INC0043430	General Provider	When performing an eligibility verification, including using the IVR, it is possible that an inactive TPL segment will appear as currently active. Providers can call KMAP Customer Service for verification. Impact from 04/04/2022 - 05/25/2022.	Resolved	N/A	N/A	5/26/2022
5/9/2022	INC0043206	General Provider	Providers attempting to use the claim copy feature on the KMAP Provider Secure Portal will not consistently be able to edit the other insurance information when copying claims submitted prior to 04/04/2022. Issue exists with editing other insurance information on a copied claim regardless of claim status. Work Around - After copying the claim, click the remove all button in the other insurance information and then do a create new in other insurance to add the correct other insurance information. Impact from 04/04/2022 - 05/26/2022.	Resolved	N/A	N/A	5/27/2022
4/28/2022	INC0042375	General Provider	The KMAP Provider Secure Portal is not able to adjust or void claims that were submitted prior to 04/04/2022. This affected claims from 04/04/2022 - 05/17/2022.	Resolved	N/A	N/A	5/31/2022
4/19/2022	INC0041917	General Provider	Eligibility verification on the KMAP Provider Secure Portal may be missing the Medicare Part C information. The primary insurance should be verified with the member. This affected information from 04/04/2022 - 06/08/2022.	Resolved	N/A	N/A	6/8/2022
6/8/2022	INC0044885	General Provider	Some providers are receiving a general error message and are unable to view the 06/09/2022 Remittance Advice (RA). Customer Service does not have the ability to retrieve the RAs on behalf of the providers at this time. This affected access from 06/06/2022 - 06/08/2022.	Resolved	N/A	N/A	6/9/2022
5/20/2022	INC0043358 INC0043826	General Provider	Claims submitted on or after 04/04/2022 with a member ID of all 9s are posting a name mismatch error causing the claims to deny with the wrong EOB. Claims should be denied with EOB 0028 (Member name or number is missing or disagree) or EOB 0032 (Member ID number incorrect or missing). This will not cause an issue with timely filing (TF). This affected claims from 04/04/2022 - 06/08/2022.	Resolved	N/A	N/A	6/9/2022

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Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/26/2022	INC0042074	Pharmacy Providers	Some claims have denied for both Edit 584 (PRESCRIBING PROVIDER NPI INVALID/INELIGIBLE ON DOS) and Edit 1253 (PRESCRIBING PROVIDER NOT ENROLLED). These claims denied correctly, however Edit 584 is inactive and the claims should only denied Edit 1253. This affected claims submitted between 04/04/2022 - 04/26/2022.	Resolved	Complete	6/7/2022	6/15/2022
6/10/2022	INC0044980	General Provider	FFS payments on the 06/09/2022 RA were delayed. Paper checks were mailed on 06/10/2022 and electronic fund transfers (EFTs) will be posted on 06/13/2022. Affected payments were on the 06/09/2022 RA.	Resolved	N/A	N/A	6/15/2022
5/31/2022	INC0044449	ECI Provider	If an Early Childhood Intervention (ECI) has more than one provider specialty, claims are routing incorrectly to the assigned MCO. These claims should be routed to KMAP and processed FFS. This affected claims from 04/04/2022 - 06/07/2022.	Resolved	Providers will need to resubmit these claims.	N/A	6/16/2022
5/6/2022	INC0042751	General Provider	835 RA files were being routed to the provider instead of the Clearinghouse. This resulted in neither party having access to the 835 transaction because the providers were not set up to receive these files directly via the EDI transaction method. Providers can contact the KMAP EDI helpdesk for assistance with getting the file assigned to the appropriate EDI Clearinghouse. This affected files from 04/04/2022 - 06/23/2022.	Resolved	N/A	N/A	6/24/2022
5/6/2022	INC0042361 INC0043531 INC0044097	General Provider	The National Drug Code (NDC) look-up tool may not display the correct information. Issues include inaccurate coverage information and portal display errors. Until the NDC look up tool is corrected, providers can contact Customer Service to validate NDC information. This affected NDC searches from 04/04/2022 - 06/23/2022.	Resolved	N/A	N/A	6/24/2022
5/18/2022	INC0043329 INC0043759 INC0043835	General Provider	Provider Electronic Solutions (PES) providers are unable to download their response files. PES providers can contact the EDI Helpdesk for a copy of their response files, which will allow them to verify their claim status. This affected file downloads from 04/04/2022 - 06/23/2022.	Resolved	N/A	N/A	6/23/2022
5/23/2022	INC0044031	General Provider	Providers using the HCPCS search on the KMAP Provider Secure and Public Portals may receive a message stating "Procedure code is not covered for the selected provider type and specialty on the date of service." If you receive the above message, call KMAP Customer Service to verify coverage. This affected coverage searches from 04/04/2022 - 06/23/2022.	Resolved	N/A	N/A	6/23/2022

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KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
6/2/2022	INC0044634	General Provider	Providers attempting to void a FFS claim, adjudicated prior to 04/04/2022, via the KMAP Provider Secure Portal will receive the following error "Please try your request again. If the problem persists, please contact customer support." The provider will need to submit the appropriate adjustment form in accordance with the General Billing FFS Provider Manual. This affected claims from 04/04/2022 - 06/23/2022.	Resolved	N/A	N/A	6/24/2022
5/27/2022	INC0043139	Hospice Provider	When entering hospice elections in the KMAP Provider Secure Portal on the 5th calendar day following service start, users may receive an error stating "Date does not meet five calendar day criteria, please fax form to the hospice coordinator." If the above message is received, the provider should fax in the hospice election and request the election start date be corrected. The fax number to use is 1-800-913-2229. Affected hospice election entries from 04/04/2022 - 06/23/2022.	Resolved	N/A	N/A	7/1/2022
5/17/2022	INC0043751	General Provider	Claims billed with procedure code T1019 with HE modifier may deny in error with EOB 0006 (Claim Denied. Prior Authorization Required). This affected claims from 04/04/22 - 05/20/2022.	Resolved	Complete	6/21/2022	7/8/2022
5/17/2022	INC0040702	General Provider	Claims billed with procedure code H2011 may deny in error with EOB 0007 (Detail Denied - Procedure/NDC/Revenue Code Not consistent with member's age) or with EOB 0006 (Claim Denied - Prior Authorization Required). This affected claims from 10/01/2021 - 05/20/2022.	Resolved	Complete	7/6/2022	7/8/2022
7/12/2022	INC0045485	General Provider	Some OneCare Kansas enrollments are not being returned on an eligibility verification. Providers will need to contact the MCO to verify. This affected the enrollment months of June and July 2022.	Resolved	N/A	N/A	7/12/2022
6/24/2022	INC0045636	General Provider	Providers using the HCPCS search on the KMAP Provider Secure and Public Portals may receive an inaccurate response reflecting that a service is covered. Call KMAP Customer Service to verify coverage. This affected search results from 04/04/2022 - 07/12/2022.	Resolved	N/A	N/A	7/15/2022
5/10/2022	INC0041917	General Provider	The Medicare Part C type and effective dates are not reflected when performing eligibility verification, including using the VR. Providers can call KMAP Customer Service for verification. ***Note:*** The Part C and Part D carrier information is not returned as part of an eligibility verification. This information should be obtained from the member. This affected eligibility searches from 04/04/2022 - 06/08/2022.	Resolved	N/A	N/A	7/15/2022

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KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/13/2022	INC0043643	General Provider	Trading Partners may have received system time-out errors for some of their 270 inquiry transactions. Some transactions are not receiving a 271 response, resulting in the eligibility verification not being returned. Trading Partners can resubmit the transaction until the transaction successfully receives the 271. If a final response is not received, and a provider needs eligibility information, they will need to do a verification via the KMAP Provider Secure Portal or by contacting KMAP Customer Service. This affected transactions from 05/12/2022 - 06/28/2022.	Resolved	N/A	N/A	7/15/2022
4/29/2022	INC0042587	General Provider	RAs are currently available in text format, instead of PDF. Provider can follow the steps below to obtain a PDF version from the available text file: 1. Click the RA Copy icon□ 2. The download file displays at the bottom of the page 3. Open 4. To obtain in PDF format: - Download in Text Format - Open the File - Select Print - Save as PDF - Change the page layout to 'Landscape' - 'Print as PDF' If this process does not produce a readable RA, providers can contact Customer Service to request a PDF file. This affected RAs from 04/04/2022 - 07/13/2022.	Resolved	N/A	N/A	7/15/2022
6/3/2022	INC0044562	General Provider	Providers that have their Medicare claims automatically crossed over to Medicaid may see some delays. This affected claims from 04/04/2022 - 06/01/2022.	Resolved	N/A	N/A	7/15/2022
7/5/2022	INC0045944	General Provider	The NDC look-up tool on the KMAP Provider Public Portal may return an error message of "NDC Service failed to process the request". Providers can contact KMAP Customer Service to validate NDC information. This affected NDC searches from 04/04/2022 - 07/20/2022.	Resolved	N/A	N/A	7/21/2022
5/9/2022	INC0043279 INC0044678 INC0043755 INC0045598	Pharmacy Provider	Pharmacy providers have reported instances of a non-response, or receiving an error message indicating technical issues, to a claim request. The claim has adjudicated and paid in Kansas Modular Medicaid System (KMMS), but the provider is not aware of the adjudication. Upon resubmission due to the non-response or error message, the provider may experience denials, such as Duplicate, Suspect Duplicate, or Early Refill. If you experience this issue please contact KMAP Customer Service. This affected claims from 04/28/2022 - 07/20/2022.	Resolved	N/A	N/A	7/21/2022

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Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/6/2022	INC0041091	General Provider	The eligibility verification is not providing complete MCO Lock-in program information. The hospital and pharmacy segments are reporting, when applicable. However, medical provider information is not being returned, when applicable. Providers should contact the MCO for the most current Lock-in information. This affected eligibility verification from 04/04/2022 - 07/12/2022.	Resolved	N/A	N/A	7/22/2022
5/6/2022	INC0042745	General Provider	Providers may encounter historical claims that no longer contain the member information. If you encounter this situation and need assistance, call KMAP Customer Service. This affected claims from 04/04/2022 - 07/20/2022.	Resolved	N/A	N/A	7/26/2022
5/6/2022	INC0042663 INC0042665	General Provider	Some providers may not receive a response to their eligibility verification transaction (HIPAA 270) while their vendor is continuing to make file changes or is testing changes with KMAP. Providers should contact the vendor if they are having issues getting a 271 response. This affected eligibility inquiries from 04/04/2022 - 07/22/2022.	Resolved	N/A	N/A	7/26/2022
5/25/2022	INC0044181	General Provider	When billing an institutional claim (direct entry) with other insurance (OI) information, the KMAP Provider Secure Portal is requiring EOB information at both the header and detail line. If the provider does not have both header and detail information from the other insurance, they received the message "Correct the Amounts." Providers can submit claims via EDI batch, PES, or paper. This affected claims from 04/04/2022 - 07/20/2022.	Resolved	N/A	N/A	7/26/2022
6/16/2022	INC0045207 INC0045203 INC0045509	General Provider	There are a limited number of TPL policies with inaccurate or missing coverage information used in claims processing and returned in an eligibility verification. Providers should verify TPL coverage with the member or call KMAP Customer Service. This affected TPL policies from 04/04/2022 - 07/20/2022.	Resolved	N/A	N/A	7/26/2022
7/5/2022	INC0045936	General Provider	There may be a discrepancy between National Drug Code (NDC) coverage returned when doing a search using the KMAP Provider Secure and Public Portals. Providers can contact KMAP Customer Service to validate NDC information. This affected NDC inquiries from 07/01/2022 - 07/21/2022.	Resolved	N/A	N/A	7/26/2022
5/23/2022	INC0044108	Hospice Provider	The KMAP Provider Secure Portal does not allow Hospice providers to enter a NF National Provider Identifier (NPI) in the referring provider ID field for procedure code T2046. Providers can submit FFS claims via paper, batch, or PES and MCO claims directly to the MCO. This affected claims from 04/04/2022 - 07/27/2022.	Resolved	N/A	N/A	7/28/2022

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Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
6/2/2022	INC0044503	General Provider	When a provider uses the copy "Entire Claim" option in the KMAP Provider Secure Portal the other insurance carrier information may not copy to the new claim. Providers will have to enter the missing information manually. This affected claim copies from 04/04/2022 - 07/27/2022.	Resolved	N/A	N/A	8/1/2022
6/1/2022	INC0044458	General Provider	Providers are not receiving a 271 response or an error when submitting an invalid date on the eligibility verification 270 transaction. This affected 271 responses from 04/04/2022 - 08/03/2022.	Resolved	N/A	N/A	8/5/2022
4/13/2022	INC0040456	General Provider	Eligibility Reports printed from the Provider Portal are not legible. Providers no longer need to use the workaround that was outlined in Bulletin 22066. Providers can print an Eligibility Verification by using the “Print” button at the bottom of the Eligibility Verification Details page to create a PDF of the page that can be printed/saved. Please reference General Bulletin 22181. This affected eligibility requests from 04/04/2022 - 07/27/2022.	Resolved	N/A	N/A	8/9/2022
8/12/2022	INC0047391	General Provider	Providers are not able to access the Fee Schedule on the KMAP Public Portal. Providers can use the Code searches under the Resources Menu on the KMAP Provider Secure Portal for Fee Schedule information. Providers are not able to download RAs via the KMAP Provider Secure Portal. Providers may call Customer Service for copies of RAs. Electronic attachments are not being received when uploaded via the KMAP Provider Secure Portal for Claims and PA submissions. Providers can use a non-electronic format to submit attachments, such as secure email, fax, or mail. This affected the KMAP Public and Secure Portal as noted above from 08/11/2022 - 08/12/2022.	Resolved	N/A	N/A	8/16/2022
6/21/2022	INC0042265 INC0045426	General Provider	Providers trying to access the Fee Schedule on the KMAP Public Portal may not receive a response or may receive a partial response that only displays some of the links. Providers should refresh their internet browser if this issue occurs. This affected the KMAP Public Portal as noted above from 04/04/2022 - 08/17/2022.	Resolved	N/A	N/A	8/17/2022
4/20/2022	INC0041812	General Provider	Searching a provider group on the Provider Search page of the Provider Portal does not return individuals providers within that group. As a workaround, providers can call Customer Service Center to verify this information. This affected searches between 04/04/2022 - 08/17/2022. Providers are now able to request and receive a list of individual providers within the group using the search function under Resources on the KMAP Provider Secure Portal.	Resolved	N/A	N/A	8/17/2022

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KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
9/2/2022	INC0048171	Pharmacy Provider	Pharmacy providers submitting claims between 6:30 p.m. on 08/30/2022 through 8:20 p.m. on 09/01/2022 were not receiving a total amount paid on the KMAP National Council for Prescription Drug Programs (NCPDP) response. The impacted providers will be contacted with further instructions about how the issue will be addressed.	Resolved	N/A	N/A	9/2/2022
9/19/2022	INC0044878	General Provider	835 and paper RA transactions may not have the patient account number returned in the response when it was originally submitted on the claim. This affected RAs from 04/04/2022 - 09/30/2022.	Resolved	N/A	N/A	10/4/2022
5/6/2022	INC0041734	General Provider	There are intermittent issues where the MCO assignment data is incorrect. The correct assignment information has been communicated to the MCO, however, the eligibility verification could reflect out of date information.This is very limited in scope. Providers can call KMAP Customer Service if there is a question on the validity of an MCO assignment. This affected eligibility verification searches from 04/04/2022 - 08/23/2022.	Resolved	N/A	N/A	10/6/2022
9/6/2022	INC0047900	General Provider	When using the search by procedure (HCPCS Codes) option on the KMAP Public Portal and the KMAP Provider Secure Portal, providers may receive a response indicating coverage for a code that may not be covered. It is recommended that providers use the Download Fee Schedules option listed on the KMAP Public Portal to verify coverage. If the procedure code is not listed on the Fee Schedule, the code is not covered. If there are still questions, providers can contact KMAP Customer Service. Impact from 04/04/2022 - 10/11/2022.	Resolved	N/A	N/A	10/18/2022
4/7/2022	INC0040404 INC0043165	Pharmacy Provider	Pharmacy claims submitted with incorrect data are being rejected with a generic error message that does not provide the detail needed to correct the errors. Update 05/06/2022 - A pharmacy provider bulletin will be distributed regarding the need to adhere to the NCPDP standards. KMAP is temporarily allowing the acceptance of some invalid data while updates can be made to provide more detailed responses and to give providers time to update their systems. An additional document will be provided outlining the most common NCPDP transaction errors to help providers with successful submissions. Impact from 04/04/2022 - 10/08/2022.	Resolved	N/A	N/A	10/18/2022
8/9/2022	INC0047170	General Provider	When using the Search By Procedure (HCPCS Codes) option on the KMAP Public Portal, some HCPCS procedure codes are displaying a manual pricing method and associated rate which may not be accurate. It is recommended that providers use the Search By Procedure (HCPCS Codes) option on the KMAP Provider Secure Portal or contact KMAP Customer Service. Impact from 04/04/2022 - 11/08/2022	Resolved	N/A	N/A	11/10/2022

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
7/6/2022	INC0046010	General Provider	The KMAP Provider Secure Portal is not displaying the total allowed amount for the claim on the View Claim Information page. Providers can view the information once they receive their RA or contact KMAP Customer Service. 07/28/2022 Update: Providers can now view the total allowed amount for the claim on the View Claim Information page. An additional change is in progress that will allow providers to see the allowed and paid amount at the detail line. Impact from 04/04/2022 - 11/08/2022	Resolved	N/A	N/A	11/17/2022
10/20/2022	INC0049723	General Provider	When using the KMAP Provider Secure Portal to search for an 835 batch file, all file types are returned. Impact from 04/04/2022 - 11/16/2022.	Resolved	N/A	N/A	11/17/2022
10/25/2022	INC0049862	General Provider	The fee schedule on the KMAP Provider Portal is not displaying adjustment factor percentages correctly and anesthesia conversion factor is populating zero for all HCPCS codes. Impact from 04/04/2022 - 11/16/2022.	Resolved	N/A	N/A	11/21/2022
8/18/2022	INC0047549	General Provider	Providers trying to download the Fee Schedule on the KMAP Public Portal may receive a blank page. Depending on the browser used, providers may need to either use the back arrow or refresh the page and attempt to download the fee schedule again. If Providers still experience issues getting to the Fee Schedule, they can contact KMAP Customer Service for assistance. Impact from 04/04/2022 - 11/25/2022.	Resolved	N/A	N/A	11/28/2022
8/23/2022	INC0047691	General Provider	KMAP termination letters to providers who have left the program since 04/04/2022 have not been sent. Some providers received email confirmations of the termination. Letters are being recreated and will be sent. Letters sent via email and mail. Impact from 04/04/2022 - 09/02/2022.	Resolved	N/A	N/A	11/28/2022
9/27/2022	INC0048797	General Provider	An eligibility verification through KMAP may display Medicare Part C and Medicare Part D information that is no longer valid. The primary insurance should be verified with the member. Impact from 04/04/2022 - 10/18/2022.	Resolved	N/A	N/A	11/28/2022
11/7/2022	INC0050186	General Provider	Claims keyed as direct entry through the KMAP Secure Portal, that require NDC information at the service line, are not accepting a value with a decimal in the quantity field. As a workaround, Providers can submit FFS claims via batch or paper. Impact from 04/04/2022 - 12/06/2022.	Resolved	N/A	N/A	12/9/2022

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
11/28/2022	CHG0034116	General Provider	When using the KMAP Provider Secure Portal, users may receive a blank screen when clicking View on the receipt of a denied claim. This occurs when the member's date of birth is later than the date of service and the age is being calculated as a negative age by the portal. Impact from 04/04/2022 - 12/13/2022.	Resolved	N/A	N/A	12/14/2022
11/7/2022	INC0050210	General Provider	When a KMAP Provider Secure Portal user with multiple accounts attempts to logout, the page is refreshed but the logout is not successful. If the user attempts to log into an additional account, they may receive an error. The user will need to follow the workaround listed below to resolve their login issue. Workaround: 1. Go to Provider Secure Portal homepage. 2. Click 'Change My Password' located under helpful links. 3. Click User 'ID' at top of page. 4. Click 'Sign Out.' Impact 04/04/2022 - 12/14/2022.	Resolved	N/A	N/A	12/14/2022
11/28/2022	CHG0034142	General Provider	When using the KMAP Public or Provider Secure Portal and searching a HCPCS code containing an alpha character entered as lower case, the user may receive a message stating "Procedure Code Not Found." Users should enter the alpha character as upper case and receive the correct results. Impact 04/04/2022 - 01/03/2023.	Resolved	N/A	N/A	1/6/2023
12/13/2022	INC0051327	General Provider	Electronic claims submitted with different Place of Service (POS) codes at the detail, the POS entered at the claim header level is being incorrectly carried over to each detail during claims processing. As a workaround, providers should bill claims with different POS codes separately. Impact 04/04/2022 - 01/08/2023.	Resolved	Providers will need to correct any impacted claims.	N/A	1/12/2023
1/19/2023	INC0047994	General Provider	When using the KMAP Provider Secure Portal to adjust a claim where OI is entered at both the header and detail level, the system is returning erroneous TPL data at the detail level. As a workaround the user will need to remove and re-add the TPL information at the detail level and resubmit the claim. Impact from 04/04/2022 - 01/31/2023.	Resolved	N/A	N/A	2/1/2023
11/10/2022	INC0050468	Institutional Claims	The KMAP Provider Secure Portal is incorrectly processing institutional adjustment requests as new day claims when using the 'EDIT' button. The user will need to follow the work around listed below. Edit/Adjust - User needs to manually change the bill type (3rd digit frequency code '7') to process these claims as adjustments until the fix is provided. Impact from 04/04/2022 - 03/07/2023	Resolved	N/A	N/A	4/4/2023

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
12/5/2022	INC0051129	General Provider	When registering for any KMAP Secure Portals, users may receive an error stating, "username is unavailable". If this error is received, please wait 5 minutes for a welcome email. If the email is not received, the user will need to contact KMAP Customer Service. Users should not continue the registration process, as this will generate multiple User IDs. Impact from 04/04/2022 - 04/11/2023.	Resolved	N/A	N/A	4/12/2023
3/23/2023	INC0053997	General Provider	When using the KMAP Provider Secure Portal, providers are not able to search for claims with a future Date of Service (DOS) or paid date. Providers can contact KMAP Customer Service for assistance. Impact from 04/04/2022 - 05/09/2023.	Resolved	N/A	N/A	5/10/2023
4/5/2023	INC0054270	General Provider	When using the KMAP Provider Secure Portal, providers are not able to submit a negative amount from the primary keyboard. The minus sign must be entered using the numeric keyboard. Impact from 04/04/2022 - 05/09/2023.	Resolved	N/A	N/A	5/10/2023
5/11/2023	INC0054920	General Provider	Providers using the KMAP Secure Portal may experience issues when attempting to remove Service Line information while creating a claim. The error does not allow the provider to remove the Service Line information. If this information needs removed from a New or Copied Claim, users will need to cancel the claim and create a new claim. If this information needs removed from a paid claim, users will need to submit the Individual Adjustment Request form. Additionally, previously saved templates may lose the data from the service location and Taxonomy fields from the service line. The user may select the appropriate data from the drop down. Impact from 05/10/2023 - 05/18/2023.	Resolved	N/A	N/A	5/22/2023
5/16/2023	INC0055013	General Provider	Providers using the KMAP Secure Portal are unable to void a previously paid claim with OI. Users receive the error message "Resolve the following form field errors and try again". Users that need to void a claim or detail that has OI can contact KMAP Customer Service to request the void transaction. Impact from 05/10/2023 - 05/18/2023.	Resolved	N/A	N/A	5/22/2023
5/16/2023	INC0055020	General Provider	When using the KMAP Secure Portal to enter a claim with more than 5 service lines, users may intermittently encounter either a null error message or a blank claim. When either of these situations occur, the user must back out of the claim and re-enter the claim. Impact from 05/10/2023 - 05/18/2023.	Resolved	N/A	N/A	5/22/2023
4/11/2023	INC0054378	General Provider	When using the KMAP Provider Secure Portal and a provider experiences a significant latency issue during claims submission, multiple Internal Control Numbers (ICNs) may be created for the same claim. The additional claims created will deny duplicate and no further action is required from the provider. Impact from 02/06/2023 - 06/27/2023.	Resolved	N/A	N/A	7/18/2023

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
12/30/2022	INC0051703 INC0051732 INC0052281	General Provider	Providers using the 'Contact Us' feature on the KMAP Secure Portal are intermittently receiving the following error, "There was an issue processing your last request. Please try your request again. If the problem persists, please contact customer support." Providers attempting to bypass the Contact Us form and communicate via email with the KMMS CRM CS Support email will not be successful. Providers that receive this error should contact KMAP Customer Service. Impact from 01/20/2023 - 07/20/2023.	Resolved	N/A	N/A	7/26/2023
8/22/2023	INC0056846	Spenddown	Claims for members with both Qualified Medicare Beneficiary (QMB) and Medically Needy (MN) with unmet spenddown are not processing correctly. The claims are paying instead of being applied to the member's spenddown. Claims for members with MN only with unmet spenddown are not applying the correct spenddown amount to the claim. After review it was determined claims were processing per policy.	Resolved	N/A	N/A	9/12/2023
9/11/2023	INC0057414	General Provider	When Providers attempt a code search for HCPCS and/or NDC search, in the KMAP Secured Portal, the results may not be accurate. The workaround is to use the interactive tools on the Public page https://portal.kmap-state-ks.us/PublicPage until this is resolved. Impact from 09/11/2023 - 09/14/2023.	Resolved	N/A	N/A	9/15/2023
7/27/2023	INC0056483	General Provider	When using the KMAP Provider Secure Portal to view the member's spenddown information, the correct base period end date is not being displayed. Providers can contact KMAP Customer Service to verify spenddown information. Impact from 04/04/2022 - 11/14/2023.	Resolved	N/A	N/A	11/21/2023
12/12/2023	INC0059658	General Provider	Providers that use Provider Electronic Solutions (PES) will need to manually upload their claim files to the KMAP Provider Secure Portal. Providers can contact the EDI Help Desk or can send an email to ksxix-edikmap@gainwelltechnologies.com for help with this manual submission process. Impact from 12/11/2023 - 12/13/2023	Resolved	N/A	N/A	12/14/2023
1/17/2024	INC0060330	Crossovers	There was a delay in receiving the 01/11/2024, 01/12/2024, and 01/13/2024 Medicare Crossover Claim files from the Benefits Coordination and Recovery Center (BCRC). These Claim files were received and processed on 01/17/2024. Impact from 01/11/2024 - 01/17/2024.	Resolved	N/A	N/A	1/22/2024
11/20/2023	INC0059234	General Provider	When using the KMAP Provider Secure Portal to submit a claim, a blank Alert Confirmation will display while removing a service line. Click 'NO' to remain in the Edit Service Line window. Click YES to remove the service line. Impact from 11/17/2023 to 01/24/2024.	Resolved	N/A	N/A	1/31/2024

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
7/31/2023	INC0056514	General Provider	Some Providers may receive a Personal Identification Number (PIN) for the Kansas Medicaid Automated Voice Response System (AVRS). This PIN is 4 digits, however, if a 0 is at the beginning of the assigned PIN, only up to 3 digits will print on the letter. While we work to correct this, entering a 0, and then the numbers indicated on the letter (up to 4 digits total) will allow the user to access the AVRS. Example: If the PIN shows as 2 on the letter, the PIN is 0002. If the PIN shows as 123 on the letter, the PIN is 0123. Impact from 04/04/2022 - 01/17/2024.	Resolved	N/A	N/A	2/16/2024
11/14/2022	INC0050492	LTC/Hospice	When using the KMAP Provider Secure Portal to enter Long Term Care (LTC) Facility and hospice election changes, the user will receive a message that the change is saved. When the user returns to the portal to search for the hospice election, no changes are displayed. This may cause claims to deny in error with Explanation of Benefits (EOB) 1062 (Denied - Either the member does not have a Hospice/LTC Assignment on file or the billing provider is not the member's hospice provider for the DOS. Please refer to Section 8400 of the Nursing/Intermediate Care Facility Fee-for-Service Provider Manual for more details). As a workaround, providers can fax change requests to the KMAP prior authorization (PA) line at 800-913-2229. Impact from 11/10/22 - 03/26/2024.	Resolved	Providers can contact KMAP PA regarding any impacted claims 1-800-285-4978	N/A	4/8/2024
1/6/2023	INC0050175 INC0054692	General Provider	When using the KMAP Provider Secure Portal to verify TPL eligibility, there may be discrepancies between what KMAP is displaying and what the member has provided. Providers can contact KMAP Customer Service to verify TPL coverage. Impact from 01/01/2023 - 01/11/2024.	Resolved	Complete	3/14/2024	4/19/2024
1/25/2023	INC0052408	LTC Crossover	KMAP EOB Codes are not reporting for Long Term Care (LTC) Crossover claims at the claim detail level on the provider RA. Impact from 04/04/2022 to 06/04/2024.	Resolved	N/A	N/A	6/11/2024
1/20/2023	INC0052219	General Provider	When working an application or a revalidation in the Provider Enrollment Wizard, the following error message may occur "We had an issue processing your last request. We apologize for this inconvenience. The issue has been logged for investigation." Users that receive this error should wait 15 - 60 minutes then resume the enrollment process. Impact from 01/18/2024 to 05/27/2024.	Resolved	N/A	N/A	6/11/2024
4/11/2023	INC0053348	General Provider	When using the KMAP Secure Portal, providers may encounter a system generated error when performing a provider ID look up within the claims submission process. Users will need to retry the look up when this error is received. Impact from 03/01/2024 to 05/27/2024.	Resolved	N/A	N/A	6/11/2024

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
8/1/2024	CHG0069145	General Provider	Front End Billing (FEB) claims are being routed appropriately. However, the 277CA (claim acknowledgement) received from each MCO is not currently being returned to the submitter. If the claim acknowledgement is needed, providers can contact KMAP EDI to obtain this information. Impact from 07/26/2024 - 09/04/2024.	Resolved	N/A	N/A	9/6/2024
1/13/2025	INC0067703	Pharmacy	Pharmacy claims submitted to Healthy Blue for dispense dates on and after 01/01/2025 were processed by KMAP in error. These claims will appear on provider's remittance advices dated January 16, 2025 as 20 region claims (i.e., 2025001000xxx). Providers can disregard these KMAP denied claims. No action is needed by the pharmacy. Providers can contact KMAP Customer Service with any questions.	Resolved	Complete	N/A	1/13/2025
1/27/2025	INC0068157	General Provider	Claims submitted to KMAP via direct entry in the Provider Secure Portal for members assigned to Healthy Blue were not being forwarded to Healthy Blue. These claims have been submitted to Healthy Blue on 01/24/2025 for processing. Impact from 01/01/2025 through 01/24/2025.	Resolved	Complete	N/A	3/10/2025
7/5/2024	INC0064005	HCBS Provider	When submitting a claim for codes T2021 & T2016, the portal returns Invalid Procedure Code after updating another area such as Date of Service. The workaround for this issue: Delete code, click on another box, click back to Procedure code box search and re-enter same code, then the changes can be saved. Impacted from 4/4/2022 through 11/06/2024.	Resolved	N/A	N/A	7/5/2024
12/13/2024	INC0067003 CHG0070729	Long Term Care	Long Term Care (LTC) crossover provider paper Remittance Advices (RA) are not reflecting a correct net amount paid to the provider. Any claims adjusted are not reflecting the adjusted amount on the RA, however the claims are paid correctly in Kansas Modular Medicaid System (KMMS) and the provider is being paid correctly. Providers can contact KMAP Customer Service if they have questions on their payments.	Resolved	N/A	N/A	5/15/2025
4/3/2025	INC0069498	NEMT	Non Emergency Medical Transportation (NEMT) providers may notice claims billed to a Managed Care Organization (MCO) appearing on their KMAP RAs. These claims will be denied with EOB 2534 (Denied. These services are covered through the beneficiarys KanCare Managed Care Organization (MCO) for the dates of service billed. Paper claims submitted to KMAP for beneficiarys assigned to one of the MCOs must be sent directly to the appropriate MCO). These claims do not need to be resubmitted to the MCO's NEMT Vendor. Providers can disregard the KMAP RA. Providers can contact KMAP Customer Service if they have any questions.	Resolved	N/A	N/A	5/15/2025
6/18/2025	INC0071046	General Provider	Claims submitted through KMAP with procedure code S5125 and modifier UA will receive an error or claim will be rejected indicating "Electronic Visit Verification criteria do not match" in error. Claims can be submitted directly to the MCO as a workaround until resolved. If the member is not assigned to an MCO, providers will need to resubmit the claim(s) once the issue is resolved. This affected claims submitted between 06/12/2025 - 06/24/2025.	Resolved	N/A	N/A	6/25/2025

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/9/2025	INC0069252	Institutional	When using the Copy function in the KMAP Provider Secure Portal for Institutional claims, all elements from the original claim are not captured. As a workaround, providers can create a template or will need to submit a new claim. Impacted from 4/4/2022 through 07/15/2025.	Resolved	N/A	N/A	7/28/2025
6/27/2025	INC0071261	General Provider	Unexpected system change interrupted flow of paper claims into KMMS for processing. Root cause analysis is ongoing, but files in need of processing were identified back to receipt date 5/16/2025. Teams have moved all pending paper claims into processing and are working oldest claims first. This affected paper claims received between 05/16/2025 - 06/26/2025.	Resolved	N/A	N/A	8/4/2025
10/16/2025	INC0075096	General Provider	Healthcare Pack 10.2.3 was implemented into production. As part of the installation there were configurable SNIP level 4 edits that were included that caused file failures in error. Work has begun to back out these changes. Impact from 10/13/2025 - 10/15/2025. All file failures will be reprocessed.	Complete	N/A	N/A	10/21/2025
4/27/2022	INC0042536	General Provider	Kansas Medical Assistance Program Provider (KMAP) Provider Secure Portal users are unable to print Healthcare Common Procedure Coding System (HCPCS) codes, National Drug Code (NDC), and diagnosis code search results from the Reference Code Lookup page. The workaround posted in General Bulletin 22066 can also be used to print these search results until the print feature can be added to this page. Impact: 04/27/2022 - 08/29/2025	Resolved	N/A	N/A	11/24/2025
12/1/2022	INC0051045	General Provider	When using the KMAP Provider Secure Portal to verify eligibility, the response for a member who is not eligible does not reflect the dates entered in the search. If the provider needs documentation to support a member is not eligible for a month, this information can be accessed through the fax back option of the KMAP Interactive Voice Response (IVR). Impact: 12/01/2022 - 08/29/2025	Resolved	N/A	N/A	11/24/2025
1/27/2025	CHG0072719	General Provider	The Provider Electronic Solutions (PES) application on the KMAP Provider Secure Portal will no longer be accessible effective 10/14/2025. Microsoft is ending support of Microsoft Windows 10 and PES application is not compatible with Microsoft Windows 11. Additional information is forthcoming. PES end of life: 10/14/2025	Complete	N/A	N/A	11/24/2025

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
11/21/2025	INC0076112	General Provider	Transactions submitted through KMMS Secure Portal on Wednesday 11/19/25 were directed to a testing environment, rather than production. This includes 277 and 999 responses to portal claims, portal claim submissions, and batch claim file submissions. Eligibility verifications submitted on 11/19/2025 may also contain inaccurate information and should be resubmitted. **Impacted claims have been identified and reprocessed. Impacted Wednesday 11/19/2025.	Resolved	Complete	N/A	11/24/2025
7/10/2025	INC0071545	Hospice Provider	The KMAP Provider Secure Portal does not allow Hospice providers to enter a Hospital Swing Bed National Provider Identifier (NPI) as a Long Term Care Facility assignment when the member resides in a hospital swing bed. As a workaround, providers must send the request via fax to the Hospice Coordinator at 800-913-2229. Impact: 4/4/2022 - 12/9/2025	Resolved	N/A	N/A	12/12/2025
12/24/2025	INC0076981	Professional	There was an issue processing physicians claims submitted with POS 12 beginning 12/15/2025 through 12/23/2025. This issue has been resolved and claims are now processing. Providers should begin receiving response files. Impact: 12/15/2025 - 12/23/2025	Resolved	N/A	N/A	12/24/2025
1/7/2026	INC0077255	General Provider	There was an issue forwarding claims to Healthy Blue that were entered in the portal. These claims were not routed to Healthy Blue initially. The issue has been resolved and the claims are now being routed to Healthy Blue. There was no impact to claims routed to any other Managed Care Organization (MCO). Impact: 12/12/2025 - 01/06/2026	Resolved	N/A	N/A	3/2/2026
12/26/2025	INC0076923	General Provider	KanCare claims submitted through the KMAP Provider Secure Portal are being delayed in routing to the MCOs for processing beginning 12/12/2025. Impact: 12/19/2025 - 12/26/2026	Resolved	N/A	N/A	7/20/2026

KMAP Closed Claims Resolution Log

KMMS Issues Corrected							
Date Added	**Item Reference Number**	**Affected Area**	**Comments**	**System Status**	**Reprocessing Plans**	**Post Implementation Date**	**Revised Date**
Underpayment System Corrected/Updated							
Date Added	**Item Reference Number**	**Affected Area**	**Comments**	**System Status**	**Reprocessing Plans**	**Post Implementation Date**	**Revised Date**
1/31/2020	20264	General Provider	Claims may have denied for Edits 582 (National Provider Identifier {NPI} BILLING PROVIDER ID INVALID/INELIGIBLE ON DOS) and 583 (NPI BILLING PROVIDER ID INVALID/INELIGIBLE ON DOS) due to incorrect NPI effective dates being applied to the provider's NPI enrollment.	Prod Implementation but Post Implementation indicator is N	Pending	Pending	1/31/2020
1/31/2021	21244	Professional/ Professional Crossover	Copays may have applied incorrectly to claims with a Place of Service (POS) when all other copay criteria was submitted on the claim. Claims within the prior 8 quarters will be adjusted. Claims beyond 8 quarters will need to be adjusted by providers.	Post Implementation	Ongoing	2/17/2022	1/31/2022
2/28/2022	22128	Outpatient/ Outpatient Crossover	Claims may be reprocessed due to Food and Drug Administration (FDA) coverage guidance for HCPCS J0248 being expanded to cover ages 0-999.	Sign-Off - KDHE-DHCF Approved	Complete	3/2/2022	2/28/2022
2/28/2022	22129	Outpatient/ Outpatient Crossover	Claims with DOS 01/01/2020 or after that denied for Edits 4270 (PROVIDER TYPE AND SPECIALTY IS NOT VALID FOR PRICE) may be reprocessed due to an update to HCPCS code 22856.	Resolved	Complete	3/2/2022	2/28/2022
4/4/2022	INC0039826	General Provider	FEB claims may be routed to KMAP in error and denied with edit 2025 with EOB 2534 (Denied - These services are covered through the member's KanCare MCO for the date(s) of service billed. Paper claims submitted to KMAP for members assigned to one of the MCOs must be sent directly to the appropriate MCO). This affected claims submitted 04/04/2022 - 04/07/2022.	Resolved	Providers will need to resubmit these claims.	N/A	4/4/2022
4/7/2022	INC0040466 INC0040964	Pharmacy Provider	Pharmacy claims are denying in error when an active PA is on file. This affected claims submitted 04/05/2022 - 04/09/2022.	Resolved	N/A	N/A	4/7/2022
4/8/2022	INC0040985 INC0041079	Pharmacy Provider	Pharmacy providers are unable to process AIDS Drug Assistance Program (ADAP) claims in the POS system. This affected claims submitted 04/07/2022 - 04/08/2022.	Resolved	N/A	N/A	4/8/2022
7/8/2022	INC0046127	Pharmacy Provider	Some point of sale pharmacy claims denied incorrectly with an NCPDP response code of 70 (Product/Service Not Covered). Providers can contact KMAP Customer Service for assistance identifying these claims. This affected claims from 07/01/2022 - 07/07/2022.	Resolved	Providers will need to resubmit these claims.	N/A	7/21/2022
11/30/2017	CMS Change Request 9911	Professional Crossover	The Medicare RA for Qualified Medicare Beneficiary (QMB) claims has been modified to indicate the QMB status of patients and reflect zero cost-sharing liability. Providers will need to identify the impacted claims which contain Group Code OA and CARC 209 with either Remark Code N781 (Deductible), N782 (Coinsurance), or N783 (co-payment). Providers will need to adjust these claims to reflect the proper Group Code of PR and CARC of 1 (deductible), 2 (coinsurance), or 3 (co-payment) as appropriate. This affected claims processed between 10/02/2017 - 12/07/2017.	Resolved	This was notification only from CMS. Providers were to identify the claims from Medicare and adjust.	N/A	7/21/2022

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
7/1/2022	INC0045900	Pharmacy Provider	Pharmacy claims were denying with NCPDP reject code 70 (Product/Service Not Covered) for an NDC that was covered prior to April 4, 2022. The coverage file has been updated and providers no longer need to contact KMAP Customer Service to request an NDC rebate indicator review. After further research it was determined there was no claims impact for this incident.	Resolved	N/A	N/A	7/21/2022
4/9/2022	INC0041192	Pharmacy Provider	TPL information submitted on Point of Sale Pharmacy claims is not being updated in KMMS. Other Payer Amount may also not be captured, causing claims to be under or over paid. This affected claims submitted 04/08/2022 - 04/11/2022.	Resolved	N/A	N/A	7/28/2022
4/29/2022	INC0042712	General Provider	Some claims for lab services may not pay or deny correctly due to Clinical Laboratory Improvement Amendments (CLIA) information not being updated since March 2022. This affected claims between 03/28/2022 - 05/01/2022. No impacted claims identified for post implementation.	Resolved	N/A	N/A	5/3/2022
1/31/2020	20264	General Provider	Claims may have denied for Edits 582 (NPI BILLING PROVIDER ID INVALID/INELIGIBLE ON DOS) and 583 (NPI BILLING PROVIDER ID INVALID/INELIGIBLE ON DOS) due to incorrect NPI effective dates being applied to the provider's NPI enrollment.	Resolved	N/A	N/A	1/31/2020
1/31/2021	21244	Professional/ Professional Crossover	Copays may have applied incorrectly to claims with a POS when all other copay criteria was submitted on the claim. Claims within the prior 8 quarters will be adjusted. Claims beyond 8 quarters will need to be adjusted by providers.	Post Implementation	General Bulletin 22039 published on 03/07/2022. Providers have 90 days to adjust their claims. 90 days expired on 06/05/2022.	2/17/2022	1/31/2022
8/2/2022	INC0046931	General Provider	When submitting claims on the KMAP Provider Secure Portal, a limited amount of providers were receiving a generic denial without an Internal Control Number (ICN) and no ability to view the claim. Some pharmacies using point of sale were not receiving any response. KMAP Customer Service contacted the impacted providers on 07/29/2022 advising them to resubmit their claims. This affected claims submitted on 07/28/2022.	Resolved	N/A	N/A	8/2/2022
4/7/2022	INC0039843	Pharmacy Provider	Medicare Part D copay/patient responsibility claims are not paying the correct amount. There is an issue that is causing the provider to be paid $0. This affected claims 04/04/2022 - 04/06/2022.	Resolved	Complete	N/A	5/13/2022
6/15/2022	INC0045180 INC0046691	General Provider	Claims may deny in error with EOB 1015 (Denied/Reduced. Only one new patient visit within three years of other professional or surgical service) when a new patient visit is billed within three years of a professional or surgery service, or vice versa. This affected claims from 04/04/2022 - 08/24/2022.	Resolved	Complete	9/15/2022	44819

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/7/2022	INC0040237	Professional/Institutional Crossover	Medicare claims for QMB are denying in error when the Medicare information is submitted at the header. Denial EOB codes are 0072 (THIS PROCEDURE/REVENUE/NDC CODE HAS BEEN REVIEWED AND DETERMINED TO BE A NONCOVERED KMAP SERVICE) or EOB 9943 (CLAIM DENIED. OTHER INSURANCE PAID AMOUNT IS NOT EQUAL TO THE HEADER/DETAIL LEVEL BILLED AMOUNT MINUS THE SUM OF ALL HEADER/DETAIL OI ADJUSTMENT AMOUNTS.) This affected claims from 04/04/2022 - 08/24/2022.	Resolved	Complete	9/14/2022	8/29/2022
8/26/2022	INC0047807	General Provider	Claims may deny in error for EOB 0004 (Provider ineligible for all or a portion of the services on this claim. Please resubmit only those services for which the provider is eligible) when the provider record has been updated from a contract type of non Fee for Service (FFS) to Medicaid. This affected claims from 07/21/2022 - 08/25/2022.	Resolved	N/A	N/A	9/9/2022
6/23/2022	INC0042838	Outpatient Hospital Provider	Claims submitted with procedure code 90460 or 90474 may have denied with EOB 0342 (DETAIL DENIED. PROCEDURE CODE IS NONCOVERED FOR THIS PROVIDER TYPE AND SPECIALTY) when billed by outpatient hospital providers. This affected claims from 07/01/2018 - 04/29/2022.	Resolved	Complete Genral Bulletin 22147 published	N/A	6/23/2022
6/23/2022	INC0045081	Renal Dialysis Center or Physician Provider	Claims submitted with procedure code 95810 may have denied with EOB 0342 (DETAIL DENIED. PROCEDURE CODE IS NONCOVERED FOR THIS PROVIDER TYPE AND SPECIALTY) when billed by a Renal Dialysis Center or physician. This affected claims from 08/01/2014 - 06/11/2022.	Resolved	Complete General Bulletin 22147 published	N/A	6/23/2022
8/3/2022	INC0047047	RHC/FQHC/IHS/CCBHC Provider	Some Rural Health Clinic/Federally Qualified Health Center/Indian Health Center/Certified Community Behavioral Health Center (RHC/FQHC/IHS/CCBHC) claims are only paying up to the billed amount. These claims should pay in accordance with the pricing logic outlined in the RHC/FQHC/IHS manual. This affected claims from 04/04/2022 - 08/24/2022.	Resolved	Complete	9/16/2022	44831
10/4/2022	INC0049059	Mental Health Provider	Claims submitted with procedure code H2011 may not allow up to the units billed. The units are being reduced during processing in error. This affected claims processed from 04/04/2022 – 10/12/2022.	Resolved	Complete	N/A	10/28/2022
9/21/2022	INC0048655	Institutional Claims	Claims submitted by Institutional providers with the Health Care Access Improvement Program (HCAIP) designation did not have the HCAIP reduction applied on claims received on and after 08/16/2022 and with a last date of service prior to 06/30/2022. This affected claims processed from 08/16/2022 – 09/16/2022.	Resolved	Complete	N/A	10/28/2022
8/29/2022	INC0047952	General Provider	Paper claims may deny in error for EOB 9943 (Claim denied - OI paid amount is not equal to the header/detail level billed amount minus the sum of all header/detail OI adjustment amounts) when submitted with Other Insurance Information. As a workaround providers can submit FFS claims via batch or direct entry through the KMAP Provider Secure Portal. This affected claims from 04/04/2022 - 10/19/2022.	Resolved	Complete	N/A	10/28/2022

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
9/6/2022	INC0048179	Pharmacy Provider	Medicare Part D Copay Pharmacy claims may pay incorrectly at $0 in error when the claim posts any drug benefit limitations. This affected claims processed from 08/24/2022 – 10/19/2022.	Resolved	Complete	N/A	10/28/2022
8/26/2022	INC0047866	General Provider	Claims may deny in error for EOB 1185 (Denied, our records indicate that the billing provider is a group and the performing provider is not a member of that group) when not all provider affiliations are being read by the claims system when processing. This affected claims from 01/01/2018 - 10/04/2022.	Resolved	Providers will need to resubmit claims or contact KMAP Customer Service	N/A	11/17/2022
10/25/2022	CHG0033774	LEA Providers	Some claims were denied for National Correct Coding Initiative (NCCI) correct coding with EOB 1129 (Detail denied - Procedure billed was performed with a primary procedure.The modifier submitted does not support the payment of a procedure being billed along with the primary procedure). This affected claims processed from 08/24/2022 – 10/21/2022.	Resolved	Complete	NA	11/22/2022
3/31/2019	19462	General Provider	Some paper claims may have denied incorrectly with edit 4379 (NDC Must Be Present When Injection Billed) because the NDC did not transfer from paper to KMMS. Claims are being reviewed weekly to identify any additional claims that need reprocessing cycles. This affected claims processed from 03/22/2017 - 05/23/2019.	Resolved	Paper claims are being reprocessed as issues are found.	N/A	11/30/2022
4/30/2014	15604	Professional/ Outpatient	Some claims may have denied inappropriately for audit 6904 when a respiratory service was billed with an Evaluation and Management (E&M) service without modifier 25 on the same day by the same performing provider. This affected claims processed 08/07/2009 - 04/03/2022.	Resolved	Providers will need to resubmit these claims or call KMAP Customer Service if impacted by timely filing.	N/A	11/30/2022
5/20/2022	INC0043934	RHC/FQHC/IHS Provider	RHC/FQHC/IHS claims submitted since 04/04/2022 with third-party payments are only paying the patient responsibility amount (see General Bulletin 22048). These claims should be excluded from this pricing logic and pay in accordance with the pricing logic outlined in the RHC/FQHC/IHS manual. This affected claims from 04/04/2022 - 07/27/2022.	Resolved	Complete	12/16/2022	12/16/2022
10/20/2022	INC0049683	General Provider	Claims that were suspended and received an informational message while suspended may have been denied in error with EOB 1455 (The member birth date is missing, invalid, or disagree). This occurred on claims when the allowed amount was higher than the billed amount. Providers that may have received this denial can call KMAP Customer Service. Impact from 04/04/2022 - 11/21/2022.	Resolved	Complete	1/3/2023	1/3/2023

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
8/23/2022	INC0047743	General Provider	Claims keyed as direct entry through the KMAP Provider Secure Portal for timely filing with a valid previous internal control number (ICN) may deny in error. The previous ICN is not being read during claims processing causing the denial. Claims may be denied with EOB 0183 (Denied - This claim is beyond 12 months from the DOS and cannot be paid. Refer to Section 5100 of your KMAP Provider Manual for More Information) or EOB 1075 (Denied - This claim/detail is beyond 24 months from the date of service and cannot be processed. you may appeal this denial within 30 days from this notification. Refer to Sections 5100 and 5300 of your KMAP Manual for additional information). This affected claims from 08/23/2022 - 09/28/2022.	Resolved	Complete	1/3/2023	1/3/2023
12/15/2022	INC0050974	General Provider	Claims submitted with procedure code 87483 may have incorrectly denied with EOB 1548 (Denied - The procedure code billed is either not a valid Current Procedural Terminology (CPT)/HCPCS code, not valid for the date of service billed or not valid for the Medicaid Program). Impact from 01/01/2017 - 11/28/2022.	Resolved	Complete	1/4/2023	1/4/2023
8/18/2022	INC0047556	Dental Provider	Dental claims keyed as direct entry through the KMAP Provider Secure Portal with a performing provider that is different from the billing provider may deny in error with EOB 0856 (Denied - Your claim cannot be processed because the Billing, Performing, and/or Referring Provider ID is either missing, invalid, or not on the provider database. Please correct and resubmit your claim using either a national provider identifier (NPI), KMAP Provider ID, or both). Impact from 04/04/2022 - 01/08/2023.	Resolved	N/A	N/A	2/10/2023
4/21/2022	INC0033925 INC0042340	General Provider	Paper claims with a negative OI dollar amount may not have processed correctly due to the decimal point in the amount not being read. This affected claims from 04/04/2022 - 05/11/2022.	Resolved	Complete	2/15/2023	2/15/2023
2/10/2023	CHG0034642	Institutional Claims	Institutional claims submitted with procedure code 87806 may deny in error with EOB 0342 (Detail denied. Procedure code is noncovered for this provider types and specialty). Impact from 03/01/2021 - 01/19/2023.	Resolved	Complete	2/24/2023	2/24/2023
11/1/2022	INC0050051	General Provider	Physician claims submitted with diagnosis codes beginning with V, W, X, or Y as the 10th or subsequent diagnosis code may deny in error with EOB 0184 (The primary diagnosis indicated is not an acceptable diagnosis for the KMAP, please resubmit with valid code). Impact from 04/04/2022 - 01/08/2023.	Resolved	Complete	3/6/2023	3/6/2023
11/1/2022	INC0050052	Professional Crossover	Physician crossover claims submitted with a negative Medicare Paid Amount may be overpaid or paid $0 in error. Impact from 04/04/2022 - 01/24/2023.	Resolved	Complete	3/7/2023	3/7/2023

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
2/1/2023	INC0052499	Professional and Professional Crossover	Claims may deny in error with EOB 0184 (The primary diagnosis indicated is not an acceptable diagnosis for the KMAP, please resubmit with valid code) when the claim is received with an acceptable diagnosis. Impact from 04/04/2022 - 01/30/2023.	Resolved	Complete	3/6/2023	3/6/2023
4/29/2022	INC0041860	General Provider	Providers cannot see a listing of which Front End Billing (FEB) claims routed to MCOs. Providers can contact the EDI Helpdesk to verify claim destination. Impact from 04/04/2022 - 03/07/2023.	Resolved	N/A	N/A	3/13/2023
11/2/2022	INC0050083	General Provider	When using the KMAP Provider Secure Portal to search for a date of service (DOS) that is within a claim with multiple dates of service, the claim will not return in the results if the DOS is not on the first service line. Impact from 04/04/2022 - 03/07/2023.	Resolved	N/A	N/A	3/13/2023
11/30/2022	INC0050992	Pharmacy Provider	Pharmacy claims submitted with Other Coverage Code (OCC) of 03 may be paid $0 in error. Impact from 04/04/2022 - 01/24/2023.	Resolved	General Bulletin 23026 published on 02/03/2023. Providers have 90 days to adjust impacted claims or to request KMAP to adjust the impacted claims.	5/5/2023	5/15/2023
12/19/2022	INC0051415	Institutional Claims / LTC	Users are receiving an error when entering Inpatient or Long Term Care (LTC) claims with Medicare or TPL payment equal to $0 at the header. This is only occurring on claims keyed as direct entry through the KMAP Provider Secure Portal. As a workaround, providers can submit Fee-for-Service (FFS) claims via batch or paper. Error text: Alert Confirmation - 'Paid Amount has been set to zero. All Adjustments will be removed. Service Lines associated to this OI amount may need to be adjusted. Do you want to continue?' Impact from 04/04/2022 - 03/28/2023.	Resolved	N/A	N/A	5/30/2023
2/21/2023	INC0053008	LEA Provider	Claims submitted for preventive medicine counseling services are denying with EOB 1296 (Claim denied/reduced. Coverage/program guidelines were not met or were exceeded) in error when the service units billed are within the limit. Impact from 04/04/2022 - 04/11/2023.	Resolved	Complete	5/5/2023	5/5/2023
3/3/2023	INC0053421	LEA Provider	Claims submitted for psychological and developmental testing are denying with EOB 1296 (Claim denied/reduced. Coverage/program guidelines were not met or were exceeded) in error when the service units billed are within the limit. Impact from 04/04/2022 - 05/09/2023.	Resolved	Complete	Complete	7/6/2023
10/26/2022	INC0049636	General Provider	When using the KMAP Provider Portal to void a claim, occasionally, the performing provider is not sent in the void transaction. When this occurs, the claim is not voided but processed with the billing provider as the performing provider and paid as a new claim. Impact from 10/13/2022 - 06/06/2023.	Resolved	N/A	N/A	7/6/2023

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
2/7/2023	CHG0034042 CHG0035647	LTC / LTC Crossover	Claims submitted for LTC leave days are not calculating consecutive days correctly resulting in incorrect limitation denials with EOB 8600 (Denied. More than 10 consecutive days of NF Hospital Leave days are exceeded per stay. Please refile claim with no more than 10 consectutive NF Hospital leave days beginning with the date of admission). Impact from 04/04/2022 - 05/09/2023	Resolved	Complete	Complete	7/18/2023
1/12/2023	INC0052044	Institutional Claims	Inpatient and Inpatient Crossover claims submitted with a discharge date on or after 01/01/2023 may process using the 2022 Diagnostic Related Group (DRG) rates rather than the 2023 DRG rates. Impact from 12/28/2022 - 06/13/2023	Resolved	N/A	N/A	7/18/2023
3/28/2023	INC0054109	Outpatient Crossover	Some Outpatient Crossover Claims are being reimbursed at zero rather than the Medicaid allowed amount or remaining patient responsibility. Impact from 04/04/2022 - 03/22/2023.	Resolved	Complete	Complete	8/23/2023
5/9/2022	INC0043278 INC0042891	Pharmacy Provider	When retail pharmacies are submitting claims with OI (excluding Medicare Part D co-pay assistance) some providers may receive a zero paid claim when expecting reimbursement. If a provider is experiencing this issue, they should contact customer service to report an incident. Impact from 04/01/2022 - 08/01/2023.	Resolved	N/A	N/A	8/23/2023
9/12/2023	CHG0037082	Mental Health Provider	Claims submitted with a date of service after 01/31/2023 for Mental Health Providers may have denied in error with EOB 0342 (Detail denied. Procedure code is noncovered for this provider type and specialty) when billed as listed below. Procedure codes 97151, 97152, 97155, and 97156 for Consultative Clinical and Therapeutic Services. Procedure code 97153 for Intensive Individual Support. Impact from 07/07/2023 - 09/09/2023.	Resolved	Complete	10/13/2023	11/13/2023
1/17/2024	CHG0038299	Mental Health Provider	Claims submitted with procedure code H0004 with a date of service after 05/01/2022 for mental health providers may have denied in error with either EOB 0342 (Detail denied. Procedure code is noncovered for this provider type and specialty) or EOB 0091 (This service not covered by KMAP). This impacted claims processed 12/01/2022 through 01/10/2024.	Resolved	Complete	2/7/2024	4/29/2024
3/28/2024	CHG0039109	Hospital	Claims submitted with revenue code 0110, that were received between 01/18/2024 and 02/08/2024, may have denied in error with EOB 0779 (Detail Denied. The Revenue Code Given is Either Invalid, Unacceptable, or Noncovered). Impacted from 01/08/2024 - 02/08/2024.	Resolved	Complete	5/7/2024	5/8/2024

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/19/2024	CHG0038903	Hospital Provider	Claims submitted with various revenue, condition, occurrence, or value codes were denied for various reasons indicating these were either missing or invalid in error. Claims may be denied with EOB 0779 (Detail denied. The revenue code given is either invalid, unacceptable, or noncovered.), EOB 0437 (Denied. Both a value code and amount must be present to process. Please correct and resubmit.), EOB 0774 (Denied. The occurrence code(s) billed is invalid/unacceptable for KMAP), or EOB 0773 (Denied. Condition code(s) given is invalid/unacceptable for Medicaid billing.). This impacted claims processed 04/01/2022 through 04/01/2024.	Resolved	Bulletin 24088	4/30/2024	5/21/2024
4/30/2024	CHG0036079	General Provider	Claims submitted with a different NDC for the same date of service and, same pure or NOC procedure code were denied as duplicate in error. Claims may be denied with EOB 0015 (Duplicate of claim paid) or EOB 0016 (Duplicate of another claim in process). This impacted claims processed 04/04/2022 through 12/19/2023.	Resolved	Bulletin 24088	5/8/2024	5/21/2024
1/26/2023	INC0051564	General Provider	Some Third Party Liability (TPL) policies available to the KanCare MCOs may not be end dated accurately. If there are discrepancies between what KMAP reflects or the member has provided and what the MCO has on file, Providers can contact KMAP Customer Service for assistance. Impact from 12/20/2022 through 05/24/2024.	Resolved	N/A	N/A	5/29/2024
4/19/2024	INC0062408	General Provider	When using the KMAP Provider Secure Portal to verify TPL eligibility, there may be discrepancies between what KMAP is displaying and what the member has provided. Providers can contact KMAP Customer Service to verify TPL coverage. With the discrepancy in coverage, some claims may deny incorrectly with EOB 0185 (Denied. Bill member's other Insurance first.) or EOB 1046 (Denied. KDHE-DHCF files indicate the member has more than one insurance policy. Please resubmit with proof of payment or denial from all insurance policies. Carrier/group/policy numbers are printed after each denied claim. For company name and billing address, match the 4-digit carrier number with the other insurance carrier's list on the last page of this RA). Impact from 04/22/2024 - 07/16/2024	Resolved	Complete	8/21/2024	8/21/2024
8/2/2024	CHG0068596	Early Childhood Intervention (ECI)	Place of Service (POS) 10 (Telehealth Provided in Patients Home) was introduced for use beginning in January of 2022 to designate that the telemedicine service was provided in the patient's home. POS 10 was not added for procedure code T1017 when billed by PT/PS 21/186 (Targeted Case Management / Family Service Coordination for ECI). This caused claims to deny edit 4036 (Procedure Code vs. Place of Service Restriction) in error. Impact from 01/01/2022 through 07/12/2024.	Resolved	Complete	9/6/2024	9/20/2024

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
2/14/2024	CHG0038674	General Provider	Front End Billing (FEB) claims are being routed appropriately. However, in situations where the provider has both a carve-out specialty and a non-carve-out specialty, the claim may deny incorrectly with explanation of benefits (EOB) 2534 (Denied. The services are covered through the member's KanCare Managed Care Organization (MCO) for the date(s) of service billed. Paper claims submitted to KMAP for members assigned to one of the MCOs must be sent directly to the appropriate MCO). Impact from 02/13/2024 - 08/20/2024	Resolved	Complete	10/1/2024	10/29/2024
8/25/2024	CHG0069128	Crossovers	Crossover claims submitted for providers reimbursed a per diem rate or an encounter rate may potentially be under paid when the billed amount is less than the KMAP Allowed Amount. In this situation, the billed amount is considered the allowed amount rather than the providers per diem or encounter rate.	Resolved	Complete	12/10/2024	12/13/2024
2/12/2025	INC0068574	Inpatient	Inpatient and Inpatient Crossover claims, with discharge date on or after 1/1/2025, are denying in error with EOB 0375 (Denied. DRG code 999 is a non-assigned DRG code which indicates incorrect or incomplete information. Please check your claim and coding information and resubmit the claim). This can cause claims to be underpaid. Impact from 01/01/2025 - 02/12/2025	Resolved	Complete	3/24/2025	5/23/2025
4/3/2025	CHG0071424	Outpatient	Outpatient and Outpatient Crossover claims billed for radiology codes (70000 - 79999) without a Technical Component (TC) modifier are denying in error with EOB 0072 (This Procddure/Revenue/NDC Code has been reviewed and determined to be a noncovered Kansas Medical Assistance Program service). This can cause claims to be underpaid. Impact from 08/01/2024 - 04/15/2025. Providers can resubmit impacted claims or wait for the post implementation date of 5/6/2025.	Resolved	Complete	6/2/2025	6/25/2025
4/3/2025	CHG0071456	Professional	Professional and Professional Crossover claims with a combination of services required and not required to be billed through Electronic Visit Verification (EVV) on the same claim are denying in error with EOB 1693 (Denied. SED Waiver and Non-Waiver mental health attendant care services must be billed by EVV submitter). This can cause claims to be underpaid. Impact from 03/01/2025 - 03/28/2025. Providers can resubmit impacted claims or wait for the post implementation date of 4/30/2025.	Resolved	Complete	5/1/2025	6/25/2025
6/12/2025	CHG0071084	Long Term Care	Long Term Care and Long Term Care Crossover claims billed with ancillary services were denied at the claim level with edit 631 (Overlapping Detail Dates of Service) in error. This caused the entire claims to be denied in error rather than just those details billed for ancillary services. Impact from 04/04/2022 through 04/30/2025.	Resolved	Complete	6/18/2025	6/25/2025

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/23/2025	CHG0071892	Outpatient / Professional	Outpatient, Outpatient Crossover, Professional, and Professional Crossover claims billed for a variety of procedure codes are being denied in error with EOB 0072 (This Procedure/Revenue Code/NDC Code Has Been Reviewed and Determined to be a Noncovered Kansas Medical Assistance Program Service). This can cause claims to be underpaid. Impact from 02/25/2025 - 05/23/2025. Providers can resubmit impacted claims or wait for post implementation to be completed.	Resolved	Complete	7/29/2025	9/8/2025
9/6/2024	INC0065134	Crossovers	Paper Crossover claims are not capturing the patient responsibility amounts correctly. This can cause claims to pay $0.00 or deny with EOB 0072 (This procedure/revenue/ndc code has been reviewed and determined to be a noncovered Kansas Medical Assistance Program service.) rather than considering the remaining patient responsibility. This can cause claims to potentially be under paid. As a workaround, providers can contact KMAP Customer Service to have the claim reprocessed. Impact from 06/11/2024 - 04/30/2025. Providers can adjust impacted claims or wait for post implementation to be completed.	Resolved	Complete	8/12/2025	9/8/2025
2/13/2025	INC0068580	Outpatient	Outpatient and Outpatient Crossover claims are denying in error with EOB 0275 (Detail denied - At least one of the submitted modifiers is inappropriately billed for the provider type and specialty or the modifier billed is required to be billed on the claim for providers that have a defined specialty. Correct coding and resubmit if appropriate). This can cause claims to be underpaid. Impact from 04/04/2022 through 04/30/2025.	Resolved	Complete Bulletin 25141	6/23/2025	9/8/2025
3/15/2023	INC0053769	General Provider	Claims submitted with OI payment adjustment information may deny with EOB 9943 in error (Claim denied. Other Insurance paid amount is not equal to the header/detail level billed amount minus the sum of all header/detail OI adjustment amounts). Impact from 04/04/2022 - 03/14/2023.	Resolved	Complete Bulletin 25218	N/A	9/29/2025
7/9/2025	INC0071496	Professional	Professional and Professional Crossover claims billed with place of service 13 (Assisted Living Facility), 14 (Group Home), 33 (Custodial Care Facility), or 55 (Residential Substance Abuse Treatment Facility) with numerous procedure codes may have been denied in error with EOB 0008 (Detail Denied. This Service Is Not Allowed By The Kansas Medical Assistance Program When Performed In The Place of Service Indicated.) This caused claims to be underpaid.	Complete	N/A	N/A	3/2/2026
1/13/2026	CHG0073907	Anesthesia	Claims for procedure codes 00100–01999 billed with anesthesia modifiers QK, QX, or QY were incorrectly denied duplicate with EOB 0015 (Duplicate of claim paid). This is causing claims to potentially be under paid. Impact: 12/01/2023 - 01/08/2026	Resolved	Complete	1/28/2026	4/20/2026

KMAP Closed Claims Resolution Log

KMMS Issues Corrected							
Date Added	**Item Reference Number**	**Affected Area**	**Comments**	**System Status**	**Reprocessing Plans**	**Post Implementation Date**	**Revised Date**
1/28/2026	CHG0071112	Professional and Outpatient Crossovers	Crossover Claims for QMB members are denying in error with EOB 0072 (This Procedure/Revenue/NDC Code Has Been Reviewed and Determined to be a Noncovered Kansas Medical Assistance Program Service.) when Medicare Claim Adjustment Remark Codes (CARC), payment/denial information, is submitted at the claim level rather than at the detail level. As a workaround, providers need to submit claims with the Medicare CARC information at the detail level. Impact: 1/13/2026 - 1/29/2026	Resolved	Complete	2/12/2026	4/20/2026
9/29/2025	CHG0072848	General Provider	Claims containing a detail(s) that has been manually priced and is then systematically adjusted by KMAP, the manual pricing inidicator is retained but the allowed amount is set to $0.00. This is causing claims to potentially be under paid. Impact: 04/04/2022 - 03/10/2026	Resolved	Complete	4/8/2026	7/20/2026
3/5/2026	INC0078644	Local Education Agency (LEA) Providers	LEA Claims may be denied in error with EOB 0342 (Detail denied. Procedure code or revenue code is noncovered for this provider type and specialty.) or EOB 0072 (This procedure/revenue/NDC code has been reviewed and determined to be a noncovered Kansas Medical Assistance Program Service. This is causing claims to potentially be under paid. Impact: 03/03/2026 - 04/22/2026	Resolved	Completed on a Weekly Basis	Weekly	7/20/2026

KMAP Closed Claims Resolution Log

KMMS Issues Corrected							
Date Added	**Item Reference Number**	**Affected Area**	**Comments**	**System Status**	**Reprocessing Plans**	**Post Implementation Date**	**Revised Date**
Overpayments System Corrected/Updated							
Date Added	**Item Reference Number**	**Affected Area**	**Comments**	**System Status**	**Reprocessing Plans**	**Post Implementation Date**	**Revised Date**
1/31/2020	20252	LEA	Local Education Agency (LEA) Provider's FFS claims may have routed to the MCOs due to FEB NPI Crosswalk being determined at the batch level instead of the claim level. In August of 2019 LEA Providers were asked to re-enroll due to a policy change. This resulted in LEA providers submitting claims with dates of services contained within the dates of two providers records during the month their re-enrollment was effective. FEB was routing based on the DOS of the first claim in the batch whether or not subsequent claims in that batch had dates of service that were after the re-enrollment date. Due to incorrect routing, MCOs generated payments to LEA providers for services that should only be covered by KMAP.	System corrected on 12/19/2019	For LEA claims paid in error by an MCO, recoupment of the payment by the plans will be required. The plans will be reaching out directly to impacted providers to request return of the funds paid in error. If the claim was previously successfully submitted to KMAP and an MCO and payment was received from both organizations no additional action is required. However, if the claim was only paid by the MCO, the LEA would need to resubmit the claim to KMAP so that appropriate payment can be made.	Post Imp Indicator is N	1/31/2020
1/31/2022	22048	Professional/ Professional Crossover	Claims with DOS 01/01/2018 to current with speech therapy service procedure codes 92507, 92508, 92521, 92522, 92523 and 92524 may have paid incorrectly to providers outside of the allowed provider type/provider specialties (PT/PS) for those procedures.	Post Implementation	Ongoing	Ongoing	2/28/2022
4/9/2022	INC0041192	Pharmacy Provider	TPL information submitted on POS Pharmacy claims is not being updated in KMMS. Other Payer Amount may also not be captured, causing claims to be under or over paid. This affected claims submitted 04/08/2022 - 04/11/2022.	Resolved	N/A	N/A	7/28/2022
4/29/2022	INC0042712	General Provider	Some claims for lab services may not pay or deny correctly due to Clinical Laboratory Improvent Ammendments (CLIA) information not being updated since March 2022. This impacted claims between 03/28/2022 - 05/01/2022. No impacted claims identified for post implementation.	Resolved	N/A	N/A	5/3/2022
4/27/2022	INC0042524	Institutional Claims	UB04 claims may have been overpaid in error due to applying the pricing methodology incorrectly. This affected claims processed between 04/04/2022 - 04/28/2022.	Resolved	Complete	N/A	9/15/2022
1/31/2022	CHG0031910	Professional/ Professional Crossover	Claims processed with Date of Service (DOS) on and after 01/01/2022 billed by a RHC/FQHC for hospice attending physician services may be reprocessed to evaluate procedure group and hospice assignment for new EOB 0657 (Denied -The procedure code billed cannot be billed without a modifier. Please review and resubmit with appropriate modifier, if necessary). This affected claims processed from 01/01/2022 – 10/19/2022.	Resolved	Complete	N/A	10/28/2022

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
9/30/2011	13683	HCBS Provider	Some claims were paid in error when the member had an active OI and the policy information was not included on the claim. This affected claims processed from 02/08/2011 - 09/08/2011.	Resolved	N/A	N/A	11/30/2022
12/20/2022	INC0051544	LTC Crossover	LTC crossover claims may have paid in error that should have denied exact duplicate or reviewed for suspect duplicate of claims previously paid. Impact from 04/04/2022 - 12/19/2022.	Resolved	Complete	2/13/2023	2/13/2023
8/29/2022	INC0047872 INC0049449	HCBS Provider	Claims submitted with procedure code S5170 may have overpaid in error when the 'from' and 'to' date on the claim detail is submitted with a date range. Impact from 04/04/2022 - 12/06/2022.	Resolved	Complete	2/13/2023	2/13/2023
4/21/2022	INC0033925 INC0042340	General Provider	Paper claims with a negative OI dollar amount may not have processed correctly due to the decimal point in the amount not being read. This affected claims from 04/04/2022 - 05/11/2022.	Resolved	Complete	2/15/2023	2/15/2023
11/1/2022	INC0050052	Institutional Crossover	Institutional crossover claims submitted with a negative Medicare paid amount may be overpaid or paid $0 in error. Impact from 04/04/2022 - 01/24/2023.	Resolved	Complete	3/7/2023	3/7/2023
12/21/2022	INC0051560	Crossovers	Incorrect Claim Adjustment Reason Codes (CARCs) may be used in the Medicare allowed amount calculation; therefore, Medicare claims submitted with a Patient Responsibility (PR) amount may be paid incorrectly. Impact from 04/04/2022 - 01/24/2023	Resolved	Complete	4/7/2023	4/7/2023
10/26/2023	INC0058655	General Provider	Some dental claims billed by a Rural Health Clinic/Federally Qualified Health Clinic (RHC/FQHC), or Indian Health Service (IHS) Clinic providers may have paid more than one encounter rate per date of service in error. Impact from 10/02/2023 - 10/25/2023	Resolved	Complete	1/11/2024	1/16/2024
7/21/2023	INC0056366	Crossover	Some Crossover Claims with multiple details may not edit for TPL beyond the first detail when Medicaid is tertiary. The first detail will be correctly denied with EOB 0185 (Denied. Bill member's OI first) while the remaining details are incorrectly paid. Providers can adjust their claim to add the TPL information or contact KMAP Customer Service for assistance. Impact from 04/04/2022 - 10/31/2023.	Resolved	Complete	5/1/2024	5/8/2024
11/9/2023	INC0059009	Crossover	Some Crossover Claims requiring manual pricing may not process using the Medicare Algorithm Lesser of Logic. Claims are using the manual priced allowed amount and subtracting the Medicare Payment to derive at the KMAP Paid Amount rather than only considering the patient responsibility indicated from Medicare. Impact from 03/21/2023 - 03/12/2024.	Resolved	Complete	5/30/2024	6/10/2024

KMAP Closed Claims Resolution Log

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
11/25/2024	CHG0070194	Crossovers	Crossover claims containing both header and detail Other Insurance (OI) paid amounts are not pricing correctly. In certain situations, crossover claims are paying more than the remaining patient responsibility amount. Impact from 09/04/2024 - 02/11/2025. Providers can adjust impacted claims or wait for the post implementation date of 4/30/2025.	Resolved	Complete	6/2/2025	6/25/2025
10/30/2025	CHG0073374	Inpatient Crossover	Inpatient and Inpatient Crossover claims are potentially being reimbursed by KMMS in excess of the Medicare patient responsibility amount. This can cause claims to be overpaid. Impact: 04/04/2022 - 04/07/2026	Resolved	Complete	6/15/2026	7/20/2026