

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	KMAP is unable to return some 271 Eligibility Response transactions when a 270 Eligibility Request transaction is submitted to KMAP. 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 Sale (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 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 Point of Sale (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 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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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 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 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 beneficiary 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	Interactive Voice Response (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
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

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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.	Resolved	N/A	N/A	4/29/2022
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
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 and Medicaid Services (CMS) guidelines the form can still be used up to a year after the expiration date. 05/06/2022: Per Bulletin 22080 providers can continue using the expired form until the new form is published.	Resolved	N/A	N/A	5/6/2022

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4/27/2022	INC0042344	General Provider	<p>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.</p> <p>05/06/2022: If providers still experience this situation perform a Ctrl + F5 on the 'Review Page' prior to submitting. Front end billing (FEB) claims that reject now display the error. Fee for service (FFS) claims provide the ICN and status. Click 'View' to see the claim and EOB information.</p>	Resolved	N/A	N/A	5/6/2022
4/11/2022	INC0041226 INC0042005 INC0042392 INC0042897	General Provider	<p>835 (Remittance Advice) 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. Remittance Advice information can be obtained by downloading the PDF version on the Provider Portal.</p> <p>5/6/2022 - Resolved on 5/4/2022. Impact from 4/11/2022-5/4/2022.</p>	Resolved	N/A	N/A	5/6/2022
4/4/2022	INC0042741	General Provider	<p>Eligibility verification responses are not returning TPL (Third Party Liability) information. Providers can call Customer Service Center to verify TPL.</p> <p>05/11/2022: This issues existed from 04/04/2022 - 05/03/2022.</p>	Resolved	N/A	N/A	5/11/2022
5/5/2022	INC0042904	General Provider	<p>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.</p> <p>This affected the search capability from 05/02/2022 - 05/12/2022</p>	Resolved	N/A	N/A	5/12/2022
5/4/2022	INC0043011	General Provider	<p>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.</p> <p>This affected password changes from 05/03/2022 - 05/13/2022.</p>	Resolved	N/A	N/A	5/16/2022
5/17/2022	INC0043646	General Provider	<p>Some HCBS claims submitted to Fiserv for United HealthCare 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.</p> <p>This affected claims from 04/04/2022 - 05/12/2022.</p>	Resolved	N/A	N/A	5/18/2022
5/18/2022	INC0043918	General Provider	<p>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.</p> <p>This affected searches performed 04/04/2022 - 06/15/2022.</p>	Resolved	N/A	N/A	5/18/2022
5/10/2022	INC0043430	General Provider	<p>When performing an eligibility verification, including using the Interactive Voice Response (IVR), it is possible that an inactive Third-Party Liability (TPL) segment will appear as currently active.</p> <p>Providers can call KMAP Customer Service for verification.</p> <p>Impact from 04/04/2022-05/25/2022.</p>	Resolved	N/A	N/A	5/26/2022

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5/9/2022	INC0043206	General Provider	<p>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.</p> <p>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.</p> <p>Impact from 04/04/2022 - 05/26/2022</p>	Resolved	N/A	N/A	5/27/2022
4/28/2022	INC0042375	General Provider	<p>The KMAP Provider Secure Portal is not able to adjust or void claims that were submitted prior to 04/04/2022.</p> <p>This affected claims from 04/04/2022 - 05/17/2022.</p>	Resolved	N/A	N/A	5/31/2022
4/19/2022	INC0041917	General Provider	<p>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.</p> <p>This affected information from 04/04/2022 - 06/08/2022.</p>	Resolved	N/A	N/A	6/8/2022
6/8/2022	INC0044885	General Provider	<p>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.</p> <p>This affected access from 06/06/2022 - 06/08/2022.</p>	Resolved	N/A	N/A	6/9/2022
5/20/2022	INC0043358 INC0043826	General Provider	<p>Claims submitted on or after 04/04/2022 with a member ID of all 9's 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.</p> <p>This affected claims from 04/04/2022 - 06/08/2022.</p>	Resolved	N/A	N/A	6/9/2022
4/26/2022	INC0042074	Pharmacy Providers	<p>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.</p> <p>This affected claims submitted between 04/04/2022-04/26/2022.</p>	Resolved	Complete	6/7/2022	6/15/2022
6/10/2022	INC0044980	General Provider	<p>Fee-For-Service (FFS) payments on the 06/09/2022 remittance advice were delayed. Paper checks were mailed on 06/10/2022 and electronic fund transfers (EFTs) will be posted on 06/13/2022.</p> <p>Affected payments were on the 06/09/2022 RA.</p>	Resolved	N/A	N/A	6/15/2022
5/31/2022	INC0044449	ECI Provider	<p>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 Fee-For-Service.</p> <p>This affected claims from 04/04/2022 - 06/07/2022.</p>	Resolved	Providers will need to resubmit these claims.	N/A	6/16/2022

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5/6/2022	INC0042751	General Provider	835 (Remittance Advice) 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 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	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
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

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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 (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 Imp 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 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 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	Front End Billing (FEB) claims may be routed to KMAP in error and denied with edit 2025 with EOB 2534 (Denied. These Services Are Covered Through The Beneficiary's KanCare Managed Care Organization (MCO) For The Date(s) Of Service Billed. Paper Claims Submitted To KMAP For Beneficiaries 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 Prior Authorization 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 Point of Sale system. This affected claims submitted 04/07/2022 - 04/08/2022.	Resolved	N/A	N/A	4/8/2022
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	LEA Providers' fee-for-service 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 date of service 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

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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/specialties for those procedures.	Post Implementation	Ongoing	Ongoing	2/28/2022