KMAP Open Claims Resolution Log

Open Claims Resolution Log

Changes in system status are identified by ‘system updated’ or ‘system corrected’ in the System Status column of the Claims Resolution Log. Completed items will be available on a separate log.

Overpayments: Claim adjustments will begin within 90 days of the system being corrected/updated. If the system has not yet been corrected/updated, a date for reprocessing/adjusting claims will be determined once the system correction/update has been made. For system corrections or updates where the Claims Resolution Log indicates reprocessing is pending and the date of service is less than 24 months, providers have the option to submit corrected claims to expedite reprocessing or to wait for claims to be reprocessed systematically.

Underpayments: Resubmissions/adjustments will be completed on claims processed within eight quarters of the date in the Post Implementation Date column. For claims beyond eight quarters, providers will be responsible to resubmit/adjust the claims within 90 days of the date in the Post Implementation Date column. If claims are not received within 90 days of this date, timely filing will not be bypassed and the claims will not be processed. For Item Reference Numbers with claims beyond eight quarters additional bulletins will be published as needed.

KMMS Issues Pending

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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.	In Progress	N/A	N/A	5/16/2022
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).	In Progress	N/A	N/A	12/1/2022
11/30/2023	INC0059401	General Provider	When viewing search results within the KMAP Public Portal Search by Procedure tool, users will see most coverage criteria but will not see coverage specific to modifiers. Providers can contact KMAP Customer Service to verify coverage.	In Progress	N/A	N/A	11/30/2023
1/27/2025	PRB0041702	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.	In Progress	N/A	N/A	1/27/2025
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.	In Progress	N/A	N/A	7/11/2025

KMAP Open Claims Resolution Log

Underpayment Pending

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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.	In Progress	Pending	Pending	7/9/2025

Overpayment Pending

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date

KMAP Open Claims Resolution Log

Underpayment System Corrected/Updated							
Date Added	**Item Reference Number**	**Affected Area**	**Comments**	**System Status**	**Reprocessing Plans**	**Post Implementation Date**	**Revised Date**
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
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
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.	In Progress	Pending	Pending	9/29/2025
Overpayments System Corrected/Updated							