

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
4/7/2022	INC0040404 INC0043165	Pharmacy Providers	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 5/6/22 - A pharmacy provider bulletin will be distributed regarding the need to adhere to National Council for Prescription Drug Programs (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.	In Progress	N/A	N/A	5/6/2022
4/7/2022	INC0040237	Professional/Institutional Crossover	Medicare claims for Qualified Medicare Beneficiary (QMB) are denying in error for Edit 2509 (QMB plan and Medicare allowed zero dollars) when the Medicare information is submitted at the header.	In Progress	Pending	Pending	4/20/2022
4/19/2022	INC0041917	General Provider	Eligibility verification on the Provider Portal may be missing the Medicare Part C information. The primary insurance should be verified with the member.	In Progress	N/A	N/A	5/18/2022
4/27/2022	INC0042536	General Provider	Provider Portal users are unable to print procedure (HCPCS), National Drug Code (NDC), and diagnosis code search results from the Reference Code Lookup page. The workaround posted in 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
4/28/2022	INC0042375	General Provider	The Provider Portal is not able to adjust or void claims that were submitted prior to 4/4/22.	In Progress	N/A	N/A	4/28/2022
4/29/2022	INC0041860	General Provider	Providers can not see a listing of which Front End Billing (FEB) claims routed to MCOs. Providers can contact the EDI Helpdesk to verify claim destination.	In Progress	N/A	N/A	4/29/2022

KMMS Issues Pending continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/29/2022	INC0042587	General Provider	Remittance Advices (RA) 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.	In Progress	N/A	N/A	4/29/2022
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.	In Progress	N/A	N/A	5/6/2022
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.	In Progress	N/A	N/A	5/6/2022
5/6/2022	INC0041091	General Provider	When a member is assigned to a KanCare MCO and part of the Lockin program the eligibility verification is either not displaying any lock-in assignment information or displaying the historical FFS/KMAP lockin provider information. MCO Lockin information is sent to KMAP on a monthly basis therefore it is recommended that providers contact the MCO for the most current information.	In Progress	N/A	N/A	5/18/2022
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.	In Progress	N/A	N/A	5/10/2022
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.	In Progress	N/A	N/A	5/6/2022
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.	Pending	N/A	N/A	5/24/2022

KMMS Issues Pending continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/9/2022	INC0043279	Pharmacy Providers	Pharmacy providers have reported instances of a non-response to a claim request. The claim has adjudicated and paid in KMMS, but the provider is not aware of the adjudication. Upon resubmission due to the non-response, the provider may experience denials, such as Duplicate, Suspect Duplicate, or Early Refill. If you experience this issue and need the non-response adjudicated, paid claim reversed, please contact Customer Service.	In Progress	N/A	N/A	5/9/2022
5/10/2022	INC0041917	General Provider	The Medicare Part C type and effective dates are not reflected when performing eligibility verification, including using the Interactive Voice Response (IVR). 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.	In Progress	N/A	N/A	5/10/2022
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 Provider Portal or by contacting KMAP Customer Service.	In Progress	N/A	N/A	5/13/2022
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).	In Progress	Pending	Pending	5/17/2022
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.	In Progress	N/A	N/A	5/18/2022
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.	In Progress	N/A	N/A	5/18/2022
5/20/2022	INC0043358 INC0043826	General Provider	Claims submitted on or after 4/4/22 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 "Beneficiary name or number is missing or disagree". This will not cause an issue with timely filing.	In Progress	N/A	N/A	5/20/2022
5/23/2022	INC0044031	General Provider	Providers using the HCPCS search on the Provider Portal 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.	In Progress	N/A	N/A	5/24/2022

KMMS Issues Pending continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/23/2022	INC0044108	Hospice Providers	The Provider Portal does not allow Hospice providers to enter a nursing facility NPI in the referring provider ID field for procedure code T2046. Providers can submit Fee-For-Service (FFS) claims via paper, batch, or Provider Electronic Solutions (PES) and MCO claims directly to the MCO.	In Progress	Pending	Pending	5/24/2022
5/25/2022	INC0044181	General Provider	When billing an institutional claim (direct entry) with other insurance information, the Provider 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.	In Progress	N/A	N/A	5/25/2022
5/27/2002	INC0043139	Hospice Providers	When entering hospice elections in the Provider 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.	In Progress	N/A	N/A	5/27/2002
Underpayment Pending							
Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
9/30/2011	13683	HCBS	Some claims were paid in error when the beneficiary had an active other insurance and the policy information was not included on the claim. This affected claims processed from 7/1/10-7/31/11.	Deferred to New MMIS	Pending	Pending	9/30/2011
4/30/2014	15604	Professional/ Outpatient	Some claims may have denied inappropriately for audit 6904 when a respiratory service was billed with an E&M service without modifier 25 on the same day by the same performing provider. This affected claims processed on and after 8/7/09.	Diverted to KMMS	Pending	Pending	4/30/2014
11/30/2017	CMS Change Request 9911	Professional Crossover	The Medicare RA for 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 10/2/17-12/7/17.	OTR Completed	Ongoing	Pending	11/30/2017

Underpayment Pending continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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 MMIS. Claims are being reviewed weekly to identify any additional claims that need reprocessing cycles. This affected claims processed from 3/22/17 to Present.	Sign Off Requested	Paper claims are being reprocessed as issues are found.	Ongoing	6/30/2019
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
4/21/2022	INC0033925 INC0042340	General Provider	Paper claims with a negative Other Insurance dollar amount may not have processed correctly due to the decimal point in the amount not being read.	In Progress	Pending	Pending	4/26/2022
5/9/2022	INC0043278 INC0042891	Pharmacy Providers	When retail pharmacies are submitting claims with other insurance (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.	In Progress	Pending	Pending	5/9/2022
5/20/2022	INC0043934	RHC/FQHC/IHS	RHC/FQHC/IHS claims submitted since 4/4/22 with third-party payments are only paying the patient responsibility amount (see 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.	In Progress	Pending	Pending	5/20/2022

Overpayment Pending

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
1/31/2022	21947	Professional/ Professional Crossover	Claims with DOS 1/1/22 to current that paid on or before that date for RHC/FQHC may be reprocessed to evaluate procedure group and hospice assignment for new Edit 577 (HOSPICE CARE LIMITED).	Initiation - KDHE-DHCF Approved	Pending	Pending	1/31/2022
4/21/2022	INC0033925 INC0042340	General Provider	Paper claims with a negative Other Insurance dollar amount may not have processed correctly due to the decimal point in the amount not being read.	In Progress	Pending	Pending	4/26/2022

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/13/2022	INC0040970 INC0041553	Atypical Providers	Atypical Providers are unable to verify beneficiary eligibility on the Provider Portal. This affected eligibility requests between 4/4/22-4/25/22.	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 4/4/22-4/27/22.	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 4/4/22-4/24/22.	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 4/4/22-4/26/22.	Resolved	N/A	N/A	4/27/2022
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.	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 4/4/22-4/25/22.	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 4/4/22-4/26/22.	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 4/4/22-5/3/22.	Resolved	N/A	N/A	5/4/2022
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 4/4/22-4/26/22.	Resolved	Pending	Pending	4/27/2022

KMMS Issues Corrected continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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 4/4/22-4/28/22.	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. 5/6/2022: 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. 5/6/2022: This issue existed from 4/4/22-5/4/22.	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. 5/6/22: This issue existed from 4/4/22-5/1/22.	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 4/30/22. According to Centers for Medicare and Medicaid Services (CMS) guidelines the form can still be used up to a year after the expiration date. 5/6/22: Per Bulletin 22080 providers can continue using the expired form until the new form is published.	Resolved	N/A	N/A	5/6/2022
4/4/2022	INC0042741	General Provider	Eligibility verification responses are not returning TPL (Third Party Liability) information. Providers can call Customer Service Center to verify TPL. 5/11/22: This issues existed from 4/4/22- 5/3/22.	Resolved	N/A	N/A	5/11/2022

KMMS Issues Corrected continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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>5/6/2022: 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
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 5/2/22 - 5/12/22.</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 5/3/22-5/13/22.</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 4/4/22 – 5/12/22. This issue was resolved on 5/12/22 and claims are now routing appropriately. The claims will be identified and routed to UHC for reprocessing.</p> <p>This affected claims from 4/4/22-5/12/22.</p>	Resolved	N/A	N/A	5/18/2022
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>5/6/22 - Resolved on 5/4/22. Impact from 4/11/22-5/4/22.</p>	Resolved	N/A	N/A	5/6/2022
5/17/2022	INC0043751	General Provider	<p>Claims billed with procedure code T1019 with HE modifier may deny in error with EOB 0006 (Claim Denied. Prior Authorization Required).</p> <p>This affected claims from 4/4/22-5/20/22.</p>	Resolved	Pending	Pending	5/23/2022
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>5/26/22 - Impact from 4/4/22-5/25/22.</p>	Resolved	N/A	N/A	5/26/2022

KMMS Issues Corrected continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/9/2022	INC0043206	General Provider	<p>Providers attempting to use the claim copy feature on the Provider Portal will not consistently be able to edit the other insurance information when copying claims submitted prior to 4/4/22. 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 4/4/22-5/26/22</p>	Resolved	N/A	N/A	5/27/2022

Underpayment System Corrected/Updated

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/29/2022	INC0042712	General Provider	<p>Some claims for lab services may not pay or deny correctly due to CLIA information not being updated since March 2022.</p> <p>This impacted claims between 3/28/22-5/1/22.</p>	Resolved	Pending	Pending	5/3/2022
4/7/2022	INC0039843	Pharmacy Providers	<p>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.</p> <p>This affected claims 4/4/22-4/6/22.</p>	Resolved	Pending	Pending	5/13/2022
4/9/2022	INC0041192	Pharmacy Providers	<p>TPL information submitted on Point of Sale (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.</p> <p>This affected claims submitted 4/8/22-4/11/22.</p>	Resolved	Pending	Pending	5/12/2022

Overpayments System Corrected/Updated

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/29/2022	INC0042712	General Provider	<p>Some claims for lab services may not pay or deny correctly due to CLIA information not being updated since March 2022.</p> <p>This impacted claims between 3/28/22-5/1/22.</p>	Resolved	Pending	Pending	5/3/2022
4/27/2022	INC0042524	Institutional Claims	<p>UB04 claims may have been over paid in error due to applying the pricing methodology incorrectly.</p> <p>This affected claims processed between 4/4/22-4/28/22.</p>	Resolved	Pending	Pending	5/4/2022

Overpayments System Corrected/Updated continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
4/9/2022	INC0041192	Pharmacy Providers	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 4/8/22-4/11/22.	Resolved	Pending	Pending	5/12/2022