

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 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 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
4/27/2022	INC0042536	General Provider	KMAP Provider Secure 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
4/29/2022	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
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
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.	In Progress	N/A	N/A	6/21/2022

KMMS Issues Pending continued

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 Remittance Advice (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.	In Progress	N/A	N/A	7/28/2022
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.	In Progress	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.	In Progress	N/A	N/A	8/12/2022
Underpayment Pending							
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 beneficiary had an active other insurance and the policy information was not included on the claim. This affected claims processed from 07/01/2010 - 07/31/2011.	Deferred to New MMIS	Pending	N/A	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 08/07/2009.	Diverted to KMMS	Pending	N/A	4/30/2014

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 03/22/2017 to Present.	Sign Off Requested	Paper claims are being reprocessed as issues are found.	N/A	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	N/A	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
5/9/2022	INC0043278 INC0042891	Pharmacy Provider	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	N/A	N/A	5/9/2022
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.	In Progress	In Progress	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.	In Progress	In Progress	N/A	6/23/2022
4/7/2022	INC0040237	Professional/Institutional Crossover	Medicare claims for Qualified Medicare Beneficiary (QMB) are denying in error when the Medicare information is submitted at the header. Denial Explanation of Benefits (EOB) codes are 0072 (THIS PROCEDURE/REVENUE/NDC CODE HAS BEEN REVIEWED AND DETERMINED TO BE A NONCOVERED KANSAS MEDICAL ASSISTANCE PROGRAM 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.)	In Progress	Pending	N/A	7/1/2022
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).	In Progress	Pending	N/A	7/28/2022

Underpayment Pending continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
8/3/2022	INC0047047	RHC/FQHC/IHS/CCBHC Provider	Some 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.	In Progress	Pending	NA	8/3/2022

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 01/01/2022 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	N/A	1/31/2022

KMMS Issues Corrected

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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 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. This affected eligibility searches from 04/04/2022 - 06/08/2022.	Resolved	N/A	N/A	7/15/2022

KMMS Issues Corrected continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
5/13/2022	INC0043643	General Provider	<p>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.</p> <p>This affected transactions from 05/12/2022 - 06/28/2022.</p>	Resolved	N/A	N/A	7/15/2022
4/29/2022	INC0042587	General Provider	<p>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:</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> - Download in Text Format - Open the File - Select Print - Save as PDF - Change the page layout to 'Landscape' - 'Print as PDF' <p>If this process does not produce a readable RA, providers can contact Customer Service to request a PDF file.</p> <p>This affected RAs from 04/04/2022 - 07/13/2022.</p>	Resolved	N/A	N/A	7/15/2022
6/3/2022	INC0044562	General Provider	<p>Providers that have their Medicare claims automatically crossed over to Medicaid may see some delays.</p> <p>This affected claims from 04/04/2022 - 06/01/2022.</p>	Resolved	N/A	N/A	7/15/2022
7/5/2022	INC0045944	General Provider	<p>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.</p> <p>This affected NDC searches from 04/04/2022 - 07/20/2022.</p>	Resolved	N/A	N/A	7/21/2022
5/9/2022	INC0043279 INC0044678 INC0043755 INC0045598	Pharmacy Provider	<p>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 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.</p> <p>This affected claims from 04/28/2022 - 07/20/2022.</p>	Resolved	N/A	N/A	7/21/2022

KMMS Issues Corrected continued

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 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 Third Party Liability (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 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

KMMS Issues Corrected continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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 Bulletin 22181. This affected eligibility requests from 04/04/2022 - 07/27/2022.	Resolved	N/A	N/A	8/9/2022
5/23/2022	INC0044108	Hospice Provider	The KMAP Provider Secure 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. This affected claims from 04/04/2022 - 07/27/2022.	Resolved	N/A	N/A	7/28/2022
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
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
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
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	Some claims for lab services may not pay or deny correctly due to CLIA information not being updated since March 2022. This affected claims between 03/28/2022-05/01/2022.	Resolved	Pending	N/A	5/3/2022

Underpayment System Corrected/Updated continued

Date Added	Item Reference Number	Affected Area	Comments	System Status	Reprocessing Plans	Post Implementation Date	Revised Date
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	In Progress	N/A	5/13/2022
4/9/2022	INC0041192	Pharmacy Provider	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. This affected claims submitted 04/08/2022-04/11/2022.	Resolved	N/A	N/A	7/28/2022
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 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
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
4/21/2022	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. This affected claims from 04/04/2022 - 05/11/2022.	Resolved	In Progress	N/A	7/26/2022
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 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	In Progress	N/A	7/28/2022

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	Some claims for lab services may not pay or deny correctly due to CLIA information not being updated since March 2022. This impacted claims between 03/28/2022-05/01/2022.	Resolved	Pending	N/A	5/3/2022
4/27/2022	INC0042524	Institutional Claims	UB04 claims may have been over paid in error due to applying the pricing methodology incorrectly. This affected claims processed between 04/04/2022-04/28/2022.	Resolved	In Progress	N/A	5/4/2022
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
4/21/2022	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. This affected claims from 04/04/2022 - 05/11/2022.	Resolved	In Progress	N/A	7/26/2022