KanCare 3.0 Closed Claims Resolution Log



KANCARE 3.0 CLAIMS RESOLUTION LOG

Below are the payment issues (both underpayments and overpayments) from the KanCare Claims Resolution Log that have been completed. For these issues, all systematic cleanup has been completed. 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 KMAP Provider Portal.

Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
262	1/8/2021		All Providers	Some codes were identified as no longer being covered. This resulted in various recoupments. C1713, C1760, C1769, C1773, C1788, C1887, C1894, C9113	NA	SF- 01/05/2021	SF- 04/02/2021	O
263	1/8/2021		Hospitals	Preventative medicine E&M codes were being paid in error. 99381-99385, 99391-99395	NA	SF- 01/05/2021	SF- 05/07/2021 Overpayment Project Completed	O
264	1/8/2021		One Care Kansas	Some One Care Kansas Claims were incorrectly denied EXf7 (DENY: CLAIM CONTAINS PROCEDURES OTHER THAN ONECARE PROCEDURES)	NA	SF- NA	SF- 02/23/2021	U
265	1/11/2021	E2020-177	Policy	Ratelist and Manual Adjustments – December 2020 Adjustments to the rates for each Nursing Facility (NF) and Nursing Facility for Mental Health (NFMH) in Kansas. Effective with the implementation date for each Managed Care Organization (MCO), retroactive to various dates of service.	NA	ABH - 02/17/2021 SF - 12/28/2020 UHC - 12/23/2020	ABH - Underpayment - 03/06/2021 Recovery Letter - 03/12/2021 Overpayment - 05/19/2021 SF - Overpayment 04/16/2021 Underpayment - 02/05/2021 UHC - 01/20/2021	O/U
266	1/14/2021	E2020-172	Policy	PRTF Rates – January 2021 Rate updates for each Psychiatric Residential Treatment Facility (PRTF) listed on the attachment to this policy. Effective with the implementation date for each MCO, retroactive to 01/01/2021 service dates.	NA	ABH - 01/19/2021 SF - 12/28/2020 UHC - 01/06/2021	ABH - Underpayment - 02/12/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
267	1/14/2021	E2019-135-A9	Policy	Coverage of Multiplex COVID-19 Testing The following Multiplex COVID-19 testing codes are covered: 87635 87636 87637 Effective with the implementation date for each MCO, retroactive to 10/06/2020 service dates.	NA	ABH - 01/26/2021 SF - 01/01/2021 UHC - 01/22/2021	ABH - No claims impacted. SF - 04/21/2021 UHC - 04/15/2021	O/U
268	1/14/2021	E2020-135	Policy	Coverage of D1354 Silver Diamine Fluoride Medicaid members for ages 0 to 20 and Children's Health Insurance Program (CHIP) members ages 0 to 19 will have coverage of D1354. Effective with the implementation date for each MCO, retroactive to 01/01/2021 service dates.	NA	ABH - 01/01/2021 SF - 01/11/2021 UHC - 01/01/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
269	1/14/2021	M2020-162	Policy	CAF for CAH – January 2021 – Inpatient Only With the implementation of KanCare, Critical Access Hospitals (CAHs) no longer receive a cost settlement. A CAH and Coverage Assistance Fund (CAF) is applied to CAH reimbursement for the Inpatient Discharges and Outpatient dates of service on or after 01/01/2021. The hospital-specific CAF is a prospective factor rather than a settlement, but it is calculated using experience in previous cost reporting years. Effective with the implementation date for each MCO, retroactive to 01/01/2021 discharge dates.	NA	ABH - 01/12/2021 SF - 01/05/2021 UHC - 12/30/2020	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
270	1/14/2021	E2020-088	Policy	Increase to Cardiac Catheterization Rates Rate increases for specific Cardiac Catheterization codes. Effective with the implementation date for each MCO, retroactive to 01/01/2021 service dates.	NA	ABH - 01/06/2021 SF - 01/01/2021 UHC - 01/01/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
271	1/21/2021	E2020-146-A1	Policy	Rate Adjustments to Support Faster High Throughput Technology COVID-19 Diagnostic Testing Centers for Medicare and Medicaid Services (CMS) established these requirements to support faster high throughput COVID-19 testing and to ensure all patients benefit from faster testing. Timelier testing will allow patients and physicians to act quickly and decisively with respect to treatment decisions, physical isolation, and contact tracing. This rate adjustment and add-on code will incentivize providers to process COVID-19 testing in a timelier manner. Effective with the implementation date for each MCO, retroactive to 01/01/2021 service dates.	NA	ABH - 01/13/2021 SF - 01/01/2021 UHC - 01/19/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
272	1/21/2021	E2020-175	Policy	New COVID-19 ICD-10 Diagnosis Codes Effective January 1, 2021 As a result of the ongoing COVID-19 public health emergency (PHE), the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) is implementing additional codes into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting to include both ICD-10 diagnosis codes and ICD-10 Procedure Coding System (PCS) codes as listed on policy attachment. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	NA	ABH - 01/13/2021 SF - 01/15/2021 (Manual Review - 01/01/2021) UHC - 01/01/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U

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273	1/27/2021	E2006-105-A61	Policy	Revision to January 2021 NCCI MUE-DME, MUE-PRA and MUE-OPH Files The revised National Correct Coding Initiative (NCCI) Medically Unlikely Edit/Durable Medical Equipment (MUE/DME), MUE-PRA and MUE-OPH files related to 1st quarter 2021 NCCI will be used. CMS corrected errors in the January 2021 MUE files. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	NA	ABH - 01/26/2021 SF - 01/01/2021 UHC - 01/23/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
274	1/27/2021	E2020-146	Policy	HCPCS Changes - Annual 2021 Additions, revisions and deletions related to HCPCS 2021 will be made according to Program Manager determinations utilizing the process established with Policy E2009-076 (HCPCS Changes – 2010). The anesthesia conversion factor for calendar year 2021 will be $20.54. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	NA	ABH - 03/05/2021 SF - 01/20/2021 UHC - 02/22/2021	ABH - Underpayment - 03/22/2021 Recovery Letter - 03/26/2021 Overpayment - 06/14/2021 2nd Project Recovery Letter: 05/18/2021 Overpayment+A1 - 08/13/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
275	1/27/2021	E2009-008-A26	Policy	HCPCS Changes for Part B Drugs – January 2021 Additions, revision and deletions related to first quarter 2021 HCPCS pricing for Part B Drugs will be made according to the process outlined in Policy E2009-008. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	NA	ABH - 02/11/2021 SF - 01/19/2021 UHC - 02/22/2021	ABH - Underpayment - 03/06/2021 Recovery Letter - 03/15/2021 Overpayment - 05/17/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
276	1/27/2021	E2020-152-A1	Policy	Update to DRG Grouper for January 2021 – Version 38.1 CMS has released version 38.1 due to errors in the previous version. Medical Severity Diagnosis Related Group (MS-DRG) Grouper version 38.1 will be used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to January 01, 2021 discharge dates.	NA	ABH - 01/25/2021 SF - 01/15/2021 UHC - 01/23/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
277	1/27/2021	E2020-153	Policy	DRG Weights and Rates for January 2021 Annual update to the DRG weights and rates . Effective with the implementation date for each MCO, retroactive to January 01, 2021 discharge dates.	NA	ABH - 01/04/2021 SF - 01/14/2021 UHC - 01/01/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
278	1/27/2021	PC635	Policy	DRG Weights and Rates for January 2021 - Updates Added rate for University of Kansas Hospital and Freeman Hospital Pittsburg. Effective with the implementation date for each MCO, retroactive to January 01, 2021 discharge dates.	NA	ABH - 01/25/2021 SF - 01/14/2021 UHC - 01/23/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
279	1/27/2021	E2020-152	Policy	New DRG Grouper for January 2021 New and deleted DRGs. The full DRG update of rates and weights will be effective 01/01/2021. CMS updates the groupers in October, however the State is updating the groupers effective 01/01/2021. Effective with the implementation date for each MCO, retroactive to January 01, 2021 discharge dates.	NA	ABH - 01/25/2021 SF - 01/15/2021 UHC - 01/01/2021	ABH - Underpayment - 02/26/2021 Recovery Letter - 03/08/2021 Overpayment - 05/19/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
280	1/27/2021	E2020-170	Policy	COVID-19 Vaccine Coverage During the Public Health Emergency Upon the Food and Drug Administration (FDA) approval, Medicaid will cover the cost of the administration for the COVID-19 vaccines to members as mandated during the PHE. The vaccine will be provided to the state of Kansas at no charge during the PHE. Vaccine codes that will be covered include: Pfizer Vaccine Effective December 11, 2020 - 91300, 0001A, 0002A Approved for ages 16 and older. Moderna Vaccine Effective 12/18/2020 - 91301, 0011A, 0012A Approved for ages 18 and older. Effective with the implementation date for each MCO, retroactive to 12/11/2020 service dates (Pfizer vaccine) and 12/18/2020 service dates (Moderna vaccine).	NA	ABH - 01/20/2021 SF - 01/14/2021 UHC - 01/05/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
281	1/27/2021	E2020-171	Policy	NF and NFMH Mid-Year Rate Adjustment – January 2021 Updating rates to reflect mid-period case mix adjustment for each NF and NFMH, as required by state regulation. Effective with the implementation date for each MCO, retroactive to 01/01/2021 service dates.	NA	ABH - 01/25/2021 SF - 01/01/2021 UHC - 01/01/2021	ABH - Recovery Letter - 02/17/21 Overpayment - 05/19/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
282	2/4/2021	E2021-004	Policy	NF Rate Adjustments for January 2021 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	NA	ABH - 02/24/2021 SF - 02/02/2021 UHC - 02/01/2021	ABH - Underpayment - 03/29/2021 Recovery Letter - 03/30/2021 Overpayment - 06/21/2021 SF -Underpayment - 03/24/2021 Project completed. Overpayment - 05/21/2021 Project completed UHC - 03/09/2021	O/U

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283	2/4/2021	E2006-105-A60	Policy	NCCI/MUE Editing - January 2021 This is the quarterly policy to implement the additions, revisions and deletions related to 1st quarter 2021 NCCI/MUE updates. Effective with the implementation date for each MCO, retroactive to 01/01/2021 service dates.	NA	ABH - 01/26/2021 SF - 01/01/2021 UHC - 01/23/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
284	2/12/2021	E2020-176	Policy	Swing Bed Rates for Calendar Year 2021 This is an annual rate adjustment mandated by CMS. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	NA	ABH - 02/02/2021 SF - 01/04/2021 UHC - 02/02/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
285	2/12/2021	E2020-147	Policy	MCR-AA Rate Updates - January 2021 Annual and quarterly updates are required per policy E2005-066. All Medicare Part B cost avoidance procedure codes will be reviewed against the Durable Medical Equipment Regional Carrier (DMERC) fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC is allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	NA	ABH - 02/11/2021 SF - 01/19/2021 UHC - 02/22/2021	ABH - Underpayment - 03/06/2021 Recovery Letter - 03/15/2021 Overpayment - 05/17/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
286	2/12/2021	E2020-173	Policy	NovoSeven RT - Medical Benefit Coverage Coverage of HCPCS code J7189 added. Effective with implementation date for each MCO, retroactive to November 05, 2020 service dates.	NA	ABH - 02/03/2021 SF - 01/19/2021 UHC - 12/23/2020	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted	O/U
287	2/16/2021		All Providers	Beginning August 27, 2020, Aetna rejected vaccine claims that billed zero dollars, when these claims should have been denied as content of service. A claims project will be created once the system updates have been completed.	NA	ABH - 02/11/2021	ABH - Underpayment - 02/26/2021	U
288	2/18/2021	E2021-009	Policy	Indian Health Services (IHS) Reimbursement – CY 2021 IHS is going from $479.00 to $519.00. Retroactive adjustments will be necessary for these claims. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	NA	ABH - 03/02/2021 SF - 02/11/2021 UHC - 02/10/2021	ABH - Underpayment - 03/24/2021 SF - No claims impacted. UHC - 03/05/2021	U
289	2/18/2021	E2021-006	Policy	State Mental Health State Institution Cost Settlement Report State mental health (MH) institution reimbursement is based on provider specific rates, regardless of the billed amount. This allows Medicaid cost report settlements for state MH institutions to be processed with retroactive rate adjustments. KanCare MCOs will process retroactive rate adjustments for Larned State Hospital and Adair Acute Care to process the Medicaid cost report settlement for the facilities. Allowable ancillary services and associated revenue codes billed in addition to the room and board revenue codes will continue to be reimbursed at 100% of billed charges per policy E2016-133. Effective with the implementation date for each MCO, retroactive to July 01, 2019 through June 30, 2020 service dates.	NA	ABH - 02/22/2021 SF - 02/02/2021 UHC - 03/09/2021	ABH - Underpayment - 03/24/2021 SF - 03/08/2021 UHC - No claims impacted.	U
290	2/19/2021		CAH Providers	CAH for CAF was not paid on claims with diagnosis code U07.1	NA	UHC - 02/16/2021	UHC - 03/01/2021	U
291	3/9/2021	SF- 1403	Spenddown	Spenddown adjustment payment finalization issue. Mismatched status on the original service line to the back-out line on adjustments.	NA	SF - 03/12/2021	SF- 03/16/2021	NA
292	3/3/2021		All Providers	Aetna was not entering Spenddown correctly into the Kansas Medical Assistance Program (KMAP) when the member was Qualified Medical Beneficiary (QMB) and the service was Medicare non-covered and there was no GY Modifier. A project was created to update KMAP appropriately.	N/A	ABH - 02/26/2021	ABH - No recoveries	O
293	3/12/2021	PC638	Policy	DRG Weights and Rates for January 2021 - Updates Updated Medicaid ID and National Provider Identifier (NPI) for Hillsboro Hospital. Also, Menorah Hospital Graduate Medical Education (GME) Factor was recalculated. Effective with the implementation date for each MCO, retroactive to January 01, 2021 discharge dates.	N/A	ABH - 03/01/2021 SF - 03/05/2021 UHC - 03/06/2021	ABH Underpayment - 03/26/2021 SF - No claims impacted. UHC - No claims impacted.	
294	3/12/2021	E2020-146-A2	Policy	HCPCS Changes for January 2021 – Rate Updates CMS released updates to fee schedules. They have also included some rates that were not initially available. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	N/A	ABH - 03/23/2021 SF - 03/11/2021 UHC - 03/29/2021	ABH - No claims impacted. SF - No claims impacted. UHC - 05/13/2021	O/U
295	3/23/2021		All Providers	An incorrect table was being used to validate a National Drug Code (NDC) with procedure codes causing certain claims to deny in error. A claims project will be created to reprocess any claims that were denied in error.	N/A	ABH - 04/07/2021	ABH - Underpayment - 05/21/2021	U

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296	3/24/2021	E2020-170-A1	Policy	COVID-19 Vaccine Coverage During the PHE – Janssen Upon a FDA approval, Medicaid will cover the cost of the administration for the COVID-19 vaccines to members as mandated during the PHE. The vaccine will be provided to the state of Kansas at no charge during the PHE. Approved for ages 18 and older: 91303 vaccine 0031A Immunization Administration Effective with the implementation date for each MCO, retroactive to February 27, 2021 service dates.	N/A	ABH - 04/21/2021 SF - 03/17/2021 UHC - 03/14/2021	ABH - Underpayment - 06/30/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
297	3/24/2021	E2021-021	Policy	Ratelist and Manual Adjustments – March 2021 Adjustments to the rates for each NF and NFMH in Kansas Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 03/28/2021 SF - 03/10/2021 UHC - 03/12/2021	ABH - Underpayment - 05/28/2021 SF - Overpayment 07/07/2021 Underpayment - 04/16/2021 UHC - 03/30/2021	O/U
299	3/24/2021		Spenddown	An incorrect claims Standard Operating Procedure update caused spenddown claims to not be processed correctly when a member had primary insurance with no remaining member responsibility.	N/A	UHC - 04/09/2021	UHC - No claims impacted.	NA
300	2/22/2021	SF- 1404	All Providers	As outlined in policy E2020-117, maternal depression screening codes 96160, 96161, G8431, and G8510 are approved for coverage with effective dates starting January 1, 2021. It was discovered that claims for these codes are denying with superior health plan (SHP), and configuration needed to be corrected/updated.	N/A	SF- 03/05/2021	SF- 03/26/2021	U
301	2/22/2021	SF- 1404	All Providers	Related to E2020-117-A1-Any claims that include Modifier 59 would require that records be submitted with all claims that include Modifier 59. Configuration and projects are in process. Impacted claims will be reprocessed retroactive to January 01, 2021 service dates.	N/A	SF- 06/10/2021	SF- 05/03/2021	U
302	4/15/2021	E2021-028	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – April 2021. Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 04/28/2021 SF - 04/23/2021 UHC - 04/07/2021	ABH - Underpayment - 06/22/2021 SF - 05/25/2021 UHC - 04/23/2021	O/U
303	4/15/2021	E2021-017	Policy	MCR-AA Rate Updates - April 2021 All Medicare Part B cost avoidance procedure codes will be reviewed against the Durable Medical Equipment Regional Carrier (DMERC) fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's alloweud amount for each procedure. Effective with the implementation date for each MCO, retroactive to April 01, 2021 service dates.	N/A	ABH - 04/28/2021 SF - 04/05/2021 UHC - 05/24/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
304	4/15/2021	E2009-008-A27	Policy	HCPCS Pricing for Part B Drugs – April 2021 This is the quarterly policy documented to track and implement the additions, revisions, and deletions related to the 2nd quarter 2021 HCPCS pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to April 01, 2021 service dates.	N/A	ABH - 04/01/2021 SF - 04/05/2021 UHC - 05/24/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
305	4/21/2021		All Providers	Beginning January 21, 2021, Aetna was denying codes 96160 and 96161 for maternal depression screening in error for having no prior authorization (PA).	N/A	ABH - 04/06/2021	ABH - Underpayment - 06/02/2021	U
306	4/20/2021	SF-1405	One Care Kansas Providers	Some T1017 Targeted Case Management (TCM) claims were paid in error. Members simultaneously enrolled in One Care Kansas with TCM Claims are being recouped.	N/A	SF- 04/02/2021	SF- 02/04/2022	O
307	4/22/2021	SF-1406	10 Providers	Policy E2020-164 was interpreted to pay Indian Health Service (IHS) providers per the standard Medicaid rate when services were rendered in a location outside of the four walls of the facility. This interpretation was incorrect and caused Fee-for-Service (FFS) payments on IHS claims billed with a location other than an encounter location. Impacted claims have been identified and a project is in process to correct the FFS payments to pay the encounter rate. Configuration update is in process with an ETA of May 7, 2021. All current and future claims will be corrected manually prior to a payable until the system update is implemented.	N/A	SF- 04/26/2021	SF- 05/24/2021	O
308	5/5/2021	E2020-170-A2	Policy	COVID-19 Vaccine Administration and the American Rescue Plan Act/Managed Care Carveout. COVID-19 vaccine administration will be carved out of KanCare. The MCOs will act as the claim payment intermediary and will continue to pay the KMAP providers for these services. The MCOs will submit data to Kansas Department of Health and Environment (KDHE). Using this data, KDHE will reimburse the MCOs for all paid vaccine administration through manual expenditures. Effective with the implementation date for each MCO, retroactive to April 01, 2021 service dates.	N/A	ABH - 04/20/2021 SF - 04/13/2021 UHC - 04/18/2021	ABH - Underpayment - 06/02/2021 SF - No claims impacted. UHC - No claims impacted.	O/U

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309	5/5/2021	E2020-170-A3	Policy	Pause Administration of Johnson & Johnson COVID-19 Vaccine The FDA and CDC released a statement on April 13, 2021 to pause the administration of the Johnson & Johnson COVID-19 vaccine, Janssen. The KDHE also released a statement calling for the pause of this vaccine being administered. The vaccine has not been recalled at this time. No administration claims occurring on April 13, 2021 or after that will be reimbursed. Reimbursement of the administration of this vaccine will begin again upon approval of the FDA and CDC and KDHE to administer the vaccine. Effective with the implementation date for each MCO, retroactive to April 13, 2021 service dates.	N/A	ABH - 04/21/2021 SF - 04/19/2021 UHC - 04/24/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
310	5/5/2021	E2020-117-A1	Policy	Modifier 59 Allowed When Billed with Maternal Depression Screening Claims were denying for payment when the Maternal Depression Screening code CPT code 96161 was billed, due to a NCCI edit effective January 1, 2021. This edit has a Modifier Indicator of 1 (allowed): The modifier associated with NCCI is allowed with the PTP code pair when appropriate. Modifier 59, which indicates a distinct procedural service, is one of the modifiers allowed to be billed with this NCCI edit. Once the Modifier 59 Requirements policy is implemented, any claims that include Modifier 59 would require that records be submitted with all claims that include Modifier 59 for review post-payment, since Modifier 59 can be abused. It is the expectation that the MCOs do not request any records and/or review claims post-payment when CPT code 96161 is billed with Modifier 59. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	N/A	ABH - 04/14/2021 SF - 05/28/2021 UHC - 04/30/2021	ABH - Underpayment 05/18/2021 SF - 03/25/2021: Began monitoring manually on payable. Claims prior were on project completed 05/03/2021. UHC - 05/21/2021	O/U
311	5/27/2021	E2020-170-A5	Policy	Resumption of Administration of Johnson & Johnson Janssen COVID-19 Vaccine Kansas providers may begin using the Johnson & Johnson COVID-19 vaccine again per KDHE press release. The vaccine pause in administration was lifted by the CDC and FDA on April 23, 2021.	N/A	ABH - 05/26/2021 SF - 04/27/2021 UHC - 05/10/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
312	5/27/2021	E2020-146-A3	Policy	HCPCS Changes – April 2021 Additions, revisions and deletions related to 2nd Quarter HCPCS 2021 will be made according to Program Managers determinations utilizing the process established with Policy E2009-076 (HCPCS Changes – 2010).	N/A	ABH - 05/10/2021 SF - 04/21/2021 UHC - 05/24/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
313	5/27/2021	E2021-038	Policy	Ratelist and Manual Adjustments – May 2021 Adjustments to the rates for each NF and NFMH in Kansas.	N/A	ABH - 06/02/2021 SF - 05/14/2021 UHC - 05/03/2021	ABH - Underpayment - 06/22/2021 Recovery Letter - 06/30/2021 Overpayment - 08/01/2021 2nd Project: Recovery Letter - 08/12/2021 Overpayment - 09/27/2021 SF - Overpayment 08/31/2021 Project Completed Underpayment- 06/25/2021 UHC - 05/21/2021	O/U
314	5/27/2021	E2020-041	Policy	FY2021 Home and Community Based Services (HCBS) Rate Changes: Intellectual Developmental Disability (IDD) and Technology Assisted (TA) Waivers The Federal Financial Participation (FFP) rates will change as outlined in the policy. Medicaid Regular Match = 65.36%. Enhanced Match = 75.750% Enhanced Match for CHIP = 87.250% Required change due to Families First Coronavirus Response Act.	N/A	ABH - 06/15/2021 SF - 05/17/2021 UHC - 06/11/2021	ABH - Underpayment - 07/31/2021 SF - No claims impacted. UHC - 06/21/2021	O/U
315	5/27/2021	E2021-044	Policy	State Mental Health Institution Amended Cost Settlement Reports State MH institution reimbursement is based on provider specific rates, regardless of the billed amount. This allows Medicaid cost report settlements for state mental health institutions to be processed with retroactive rate adjustments. State institution retroactive rate adjustments are no longer made as off system payment reconciliations. Effective with the implementation date for each MCO, retroactive to July 01, 2018 through June 30, 2019 service dates.	N/A	ABH - 06/20/2021 SF - 05/19/2021 UHC - 06/15/2021	ABH - Underpayment - 07/14/2021 SF - No claims impacted. UHC - 06/22/2021	O/U
316	6/17/2021	E2020-146-A6	Policy	EUA Coverage Change for Bamlanivimab When Administered Alone Procedure codes M0239 and Q0239 will be discontinued due to the FDA revocation of the Emergency Use Authorization (EUA) of Bamlanivimab when administered alone. Effective with the implementation date for each MCO, retroactive to April 16, 2021 service dates.	N/A	ABH - 05/26/2021 SF - 05/26/2021 UHC - 05/30/2021	ABH - Recovery Letter - 06/11/2021 Overpayment - 08/12/2021 SF - No claims impacted. UHC - No claims impacted.	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
317	6/17/2021	E2020-170-A7	Policy	COVID-19 Vaccine Coverage During the Public Health Emergency – Pfizer-BioNTech As of May 10, 2021, the FDA has approved Emergency Use Authorization (EUA) for the Pfizer-BioNTech vaccine to be administered to 12-15-year-old individuals. The CDC also approved this on May 12, 2021. Pfizer-BioNTech Approved for ages 12 and older Effective May 12, 2021 91300, 0001A, 0002A Effective with the implementation date for each MCO, retroactive to May 12, 2021 service dates.	N/A	ABH - 06/11/2021 SF - 05/25/2021 UHC - 05/28/2021	ABH - Underpayment - 07/14/2021 SF - No claims impacted. UHC - 06/16/2021	O/U
318	6/17/2021	E2021-041	Policy	FY2021 HCBS Rate Changes: I/DD and TA Waivers Pursuant to the Kansas legislative appropriations, the HCBS FFS and Managed Care Floor rates will increase in some duration of SFY2021 (dates of service April 1, 2021 - June 30, 2021) and effective from SFY2022. The changes are based on legislative appropriation. Effective with the implementation date for each MCO, retroactive to May 01, 2021 service dates.	N/A	ABH - 06/15/2021 SF - 05/17/2021 UHC - 06/11/2021	ABH - Underpayment - 07/31/2021 SF - No claims impacted. UHC - 06/21/2021	O/U
319	7/1/2021	E2020-146-A5	Policy	COVID-19 Monoclonal Antibody Infusions Two new codes for COVID-19 Monoclonal Antibody Infusions related to 3rd Quarter HCPCS 2021 updates is being added according to Program Managers determinations utilizing the process established with Policy E2009-076 (HCPCS Changes – 2010). Effective with the implementation date for each MCO, retroactive to May 06, 2021 service dates.	N/A	ABH - 06/17/2021 SF - 07/09/2021 UHC - 06/26/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
320	7/9/2021	E2021-057	Policy	Ratelist and Manual Adjustments – June 2021 Adjustments to the rates for each NF and NFMH in Kansas Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 07/21/2021 SF - 06/30/2021 UHC - 06/30/2021	ABH - Underpayment - 08/07/2021 Recovery Letter - 08/09/2021 Overpayment - 11/15/2021 SF -Overpayment -12/14/2021 Project completed Underpayment - 08/06/2021 UHC - 07/12/2021	O/U
321	7/15/2021	E2020-170-A8	Policy	Rate Increase for COVID-19 Vaccine Administration in the Home Effective June 8, 2021, an additional payment amount of $35.00 will be reimbursed for administering the COVID-19 vaccine in the home for certain members. This is in addition to the standard administration amount of $40.00, for a total payment of approximately $75.00 for a single-dose vaccine or $150.00 for both doses of a 2-dose vaccine. Effective with the implementation date for each MCO, retroactive to June 08, 2021 service dates.	N/A	ABH - 08/05/2021 SF - 07/16/2021 UHC - 07/11/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
322	7/15/2021	E2020-114-A4	Policy	MAT Medicaid Rate - Updates for Drug Related Codes Effective June 18, 2021, and retroactive to 01/01/2021, the rates for Medication Assisted Treatment (MAT) drugs/biologics approved for Opioid Use Disorder (OUD) treatments are to be updated on a regular basis. MAT drugs/biologicals that are part of a bundled rate are classified as G-codes under Medicare. These codes will be updated annually, or as often as CMS posts updated MAT G-code rates. Effective with the implementation date for each MCO, retroactive to June 18, 2021 service dates.	N/A	ABH - 07/16/2021 SF - 07/09/2021 UHC - 08/20/2021	ABH - No claims impacted. SF - 08/31/2021 UHC - 10/22/2021	O/U
323	7/21/2021	E2006-105-A62	Policy	NCCI/MUE Editing – July 2021 Additions, revisions and deletions related to 3rd quarter 2021 NCCI/Medically Unlikely Edits (MUEs). Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 07/25/2021 SF - 07/01/2021 UHC - 07/09/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
324	7/21/2021	E2021-029	Policy	State Institution Alternative (SIA) Billing and Reimbursement Per diem rate updates for Prairie View. Effective with the implementation date for each MCO, retroactive to Prairie View's enrollment effective date.	N/A	ABH - 05/04/2021 SF - 04/16/2021 UHC - 07/16/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
325	7/21/2021	E2020-174-A1	Policy	Physicians, Midlevel Practitioners and Outpatient Hospitals Supplying Off-the-Shelf Orthotics Off-the-shelf orthotics may be supplied by physicians 31/000, outpatient hospitals 01/010 (such as emergency departments), and midlevel providers: Advanced Practice Registered Nurses (APRNs) 09/000 (excluding 095) and physician assistants 10/100. ***Note:*** There is no reduction in rates for midlevel providers as these are not professional services, they are orthotic supplies. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	N/A	ABH - 08/11/2021 SF - 07/16/2021 UHC - 06/16/2021	ABH - Underpayment - 09/08/2021 SF - 12/07/2021 UHC - No claims impacted.	O/U

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326	7/28/2021	E2021-055	Policy	Coverage of 90697 Dtap-IPV-Hib-HepB Vaxelis Vaccine CPT code 90697 vaccine for Diptheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTap-IPV-Hib-HepB) such as Vaxelis will be covered for ages six weeks through 4 years of age. Effective with the implementation date for each MCO, retroactive to June 01, 2021 service dates.	N/A	ABH - 07/21/2021 SF - 07/22/2021 UHC - 08/26/2021	ABH - No claims impacted. SF - No claims impacted. UHC - 10/22/2021	U
327	7/28/2021	E2021-056	Policy	Coverage of 90619 MenACWY-TT (Menquadfi) Vaccine CPT code 90619 - Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), such as MenQuadfi has been approved for use in ages 2 through 18. Effective with the implementation date for each MCO, retroactive to May 01, 2021 service dates.	N/A	ABH - 07/21/2021 SF - 07/22/2021 UHC - 07/26/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	U
328	8/10/2021	SF-1406 E2019-019-A2	All Providers	The codes and rates from policy E2019-019-A2 were configured for dates of service (DOS) March 1, 2019 - March 31, 2021 in error. This caused claims for the procedure codes on this policy to be paid at the incorrect rate. The issue started on April 14, 2021, and was corrected on June 8, 2021. The system has been updated as of June 08, 2021, and the claims clean-up is in process.	N/A	SF - 06/08/2021	SF- Overpayment - 10/12/2021 Underpayment - 10/15/2021	O/U
329	8/12/2021		CMHC	T1017 was being denied in error for not having the correct modifier attached. A claims project has been created to adjust affected claims.	N/A	ABH - 08/08/2021	ABH - Underpayment - 08/20/2021	U
330	8/18/2021	E2021-072	Policy	Ratelist and Manual Adjustments – July 2021 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 08/27/2021 SF - 08/04/2021 UHC - 08/04/2021	ABH - Underpayment - 09/22/2021 Recovery Letter - 10/01/2021 Overpayment- 12/10/2021 SF - 08/23/2021 UHC - 09/17/2021	O/U
331	8/18/2021	E2017-109-A6	Policy	Increasing WORK Independent Living Counseling Rate A change to the Work Opportunities Reward Kansans (WORK) Independent Living Counseling (ILC) rate. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	N/A	ABH - 09/20/21 SF - 08/06/2021 UHC - 08/13/2021	ABH - No claims impacted. SF - 08/23/2021 UHC - 09/17/2021	O/U
332	8/18/2021	E2019-019-A3	Policy	Rate Changes for Physician Administered Drugs – July 2021 Physician Administered Drugs (PADs) with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy. Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 08/10/2021 SF - 07/20/2021 UHC - 08/20/2021	ABH - No claims impacted. SF - No claims impacted. UHC - 10/22/2021	O/U
333	8/18/2021	E2020-146-A4	Policy	HCPCS Changes – July 2021 Additions, revisions and deletions related to the 3rd quarter 2021 HCPCS. Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 08/05/2021 SF - 07/13/2021 UHC - 08/20/2021	ABH - Underpayment - 09/10/2021 Recovery Letter - 09/24/2021 Overpayment - 01/04/2022 SF - No claims impacted. UHC - 10/22/2021	O/U
334	8/18/2021	E2020-146-A7	Policy	COVID-19 EUA Monoclonal Antibody Product Coverage Additions/Changes Monoclonal Antibody Products approved for COVID-19 EUA will be covered. (HCPCS codes: Q0243, Q0244, M0243, M0244, Q0245, M0245, M0246, Q0247, M0247, M0248) Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 09/02/2021 SF - 07/20/2021 UHC - 08/20/2021	ABH - 09/17/2021 SF - No claims impacted. UHC - 10/22/2021	O/U
335	8/18/2021	E2021-040	Policy	MCR-AA Rate Updates – July 2021 All Medicare Part B cost avoidance procedure codes will be reviewed against the Durable Medical Equipment Regional Carrier (DMERC) fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 08/05/2021 SF - 07/02/2021 UHC - 08/20/2021	ABH - No claims impacted. SF - No claims impacted. UHC - 10/22/2021	O/U
336	8/18/2021	E2009-008-A28	Policy	HCPCS Pricing for Part B Drugs – July 2021 Additions, revisions, and deletions related to 3rd quarter 2021 HCPCS Pricing for Part B Drugs Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 08/05/2021 SF - 07/12/2021 UHC - 08/20/2021	ABH - No claims impacted. SF - No claims impacted. UHC - 10/22/2021	O/U
337	8/25/2021	SF-1407	All Providers	Claims paid in error when billed with GZ/32 modifier. Per KMAP Coding Modifier document these modifiers are not payable. **DUPLICATE TO ISSUE #338.**	N/A	SF- 09/24/2021 ETA	SF-10/25/2021 ETA	O
338	8/25/2021	SF-1407	All Providers	Claims paid in error when billed with GZ/32 modifier. Per KMAP Coding Modifier document, these modifiers are not payable. Facility Providers: May 2014 - Current Non-Facility Providers: May 2019 – Current. Roughly 15% of non-facility arrangements were impacted, the remaining 85% denied claims appropriately.	N/A	SF- 09/07/2021	SF- 01/31/2022	O

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339	9/2/2021	E2021-073	Policy	State MH Institution Room Rates for SFY 2022 This change is due to a recalculation of room rates based on the new Fiscal Year 2022 budget for the MH State Hospitals. Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 09/01/2021 SF - 07/29/2021 UHC - 08/13/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
340	9/2/2021	E2021-084	Policy	Ratelist and Manual Adjustments – August 2021 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 09/15/2021 SF - 08/30/2021 UHC - 08/31/2021	ABH - Underpayment - 10/10/2021 Recovery Letter - 10/11/2021 Overpayment - 12/28/2021 SF - Overpayment 03/31/2022 Project completed Underpayment- 09/29/2021 Project complete UHC - 09/27/2021	O/U
341	9/10/2021		RHC/FQHC	Claims paid in error when Rural Health Clinics/Federally Qualified Health Centers (RHCs/FQHCs) Providers billing COVID-19 vaccine administration codes.	N/A	UHC - 09/27/2021	UHC - 12/31/2021	O
342	9/16/2021	E2021-094	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – September 2021 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 10/08/2021 SF - 09/21/2021 UHC - 09/02/2021	ABH - Underpayment - 11/07/2021 Recovery Letter - 11/09/2021 Overpayment - 01/11/2022 SF - Overpayment - 02/03/2022 Project completed Underpayment - 11/12/2021 UHC - 10/08/2021	O/U
343	09/16/21	E2014-066-A23	Policy	Managed Care Organizations - Guidance for CLIA Monitoring on Laboratory Claims Medicaid KanCare MCOs will require providers to submit the Clinical Laboratory Improvement Amendments (CLIA) number on lab claims in accordance with current CLIA regulations. Effective with the implementation date for each MCO, retroactive to March 20, 2020 service dates.	N/A	ABH - 09/17/2021 SF - 07/01/2021 UHC - 07/01/2021	ABH - Recovery Letters - 11/09/2021 Overpayment - 01/15/2022 SF - 09/15/2022 UHC - 08/05/2022	O/U
344	9/27/2021	E2021-082	Policy	Managed Care Floor Rates for SIA Rate update for South Central Kansas Regional Medical Center. The rate is established for reimbursement covering all KanCare/Medicaid eligible members only. If the member is a KanCare member, the claim will be reimbursed by the MCO. In the event, the claim is for a Medicaid member opted out of KanCare, the claim should be reimbursed by Medicaid at the current standard Federal Medical Assistance Percentage (FMAP). If a claim is billed for a non-KanCare/Medicaid eligible member, the claim should be denied. Retroactive to provider enrollment effective date.	N/A	ABH - 09/17/2021 SF - 08/27/2021 UHC - 11/12/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
345	10/6/2021	E2020-170-A9	Policy	COVID-19 Vaccine Pfizer and Moderna Third Dose A third dose or booster dose of the Pfizer BioNTech and Moderna COVID-19 Vaccines has received EUA approval from the FDA and CDC for use. The unique administration code for the third dose is: Pfizer BioNTech 0003A Moderna 0013A Effective with the implementation date for each MCO, retroactive to August 13, 2021 service dates.	N/A	ABH - 10/07/2021 SF - 09/27/2021 UHC - 09/27/2021	ABH - Underpayment - 11/03/2021 SF - No claims impacted. UHC - 11/29/2021	O/U
346	10/6/2021	E2021-050-A1	Policy	07/01/2021 PRTF Mid-Year Rate Adjustment – Correction This policy enacts the mid-year per diem rate adjustment for the Psychiatric Residential Treatment Facility (PRTF). For the dates of service on and after July 1, 2021, the rates for each PRTF in Kansas are listed on the policy attachment. This is a correction to the previous rate for St. Francis – Salina West. Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 10/13/2021 SF - 09/16/2021 UHC - 10/07/2021	ABH - Underpayment - 11/12/2021 SF - 12/30/2021 UHC - 12/03/2021	O/U
347	10/6/2021	E2021-050-A2	Policy	07/01/2021 PRTF Mid-Year Rate Adjustment – New Facility This policy enacts the mid-year per diem rate adjustment for PRTF. For the dates of service on and after July 21, 2021, the rates for each PRTF in Kansas are listed on the attachment to this policy. This policy is to add a new facility, EmberHope, effective July 19, 2021. Effective with the implementation date for each MCO, retroactive to July 01, 2021 service dates.	N/A	ABH - 12/12/2021 SF - 10/04/2021 UHC - 10/07/2021	ABH - Underpayment - 12/21/2021 Recovery Letters - 12/27/2021 Overpayment - 02/24/2022 SF - No claims impacted. UHC - No claims impacted.	O/U
348	10/6/2021	E2008-061-A11	Policy	2021 Updates to the Medicare Guidelines for Unacceptable Diagnosis Codes Effective with dates of service October 1, 2021, updates as documented in Attachment 1 were made to the Medicare Guidelines for unacceptable principal diagnosis codes. Kansas Medicaid has adopted code list changes as noted in the Definitions of Medicare Code Edits v39. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 10/04/2021 SF - 10/19/2021 UHC - 09/18/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U

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349	10/13/2021	E2021-080	Policy	Monthly Reference File Maintenance – Various Surgical Codes Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the MCOs. Impacted procedure codes are as follows: 29105, 29515, 20605, 20610, 26725, 27788, 23625, 27560, 26605, 27265, 25565, 24640, 23650, 28515, 27250, 27818, 30903, 30901, 30905, 40800, 10080, 10061, 10060, 41800, 56420, 56405, 46050, 20552, 64450, 64400, 36620, 31500, 36556, 12051, 12052, 12053, 12042, 12032, 12034, 43762, 10160, 40804, 69209, 11730, 42809, 69200, 65220, 65222, 40650, 12002, 12001, 12005, 12004, 12011, 12013, 12014, 32551, 64420 and C1717. Effective with the implementation date for each MCO, retroactive to January 01, 2020 service dates.	N/A	ABH - 10/07/2021 SF - 11/01/2021 UHC - 10/06/2021	ABH - Underpayment - 11/05/2021 SF - No claims impacted. UHC - 11/10/2021	O/U
350	10/13/2021	E2021-085	Policy	MCR-AA Rate Updates for October 2021 All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Annual and quarterly updates are required per policy E2005-066. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 11/16/2021 SF - 10/07/2021 UHC - 11/29/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
351	10/13/2021	E2019-019-A4	Policy	Rate Changes for Physician Administered Drugs – October 2021 PADs with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy attachment. Pricing guidelines outlined in policy E2019-019 for unlisted procedure code drugs will remain the same. This is the 4th quarter update for 2021 per Policy E2019-019. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 11/17/2021 SF - 10/11/2021 UHC - 11/29/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
352	10/20/2021	E2006-105-A66	Policy	Revision to October 2021 NCCI PTP-PRA and PTP-OPH Files Revisions to the NCCI Person to Person (PTP) PRA and NCCI PTP OPH files related to 4th quarter 2021 NCCI CMS revised some PTP edits for the vaccine administration codes. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 10/25/2021 SF - 10/28/2021 UHC - 10/11/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
353	10/20/2021	E2021-087	Policy	Synagis - Policy Update Nationally, there is a pre-season increase in Respirtory Syncytial Virus (RSV) disease in toddlers and infants due to the immunity debt incurred by large numbers of infants not exposed to RSV during the 2020 COVID-19 pandemic. The RSV season will be recognized by Kansas Medicaid, as expanded, due to the inconsistent activity pattern of this virus. For Kansas Medicaid, additional doses during the off-season will be considered, based upon the state of Kansas' percent positivity of the polymerase chain reaction (PCR) tests, as reported on the CDC website: https://www.cdc.gov/surveillance/nrevss/rsv/state.html Effective with the implementation date for each MCO, retroactive to August 01, 2021 service dates.	N/A	ABH - 08/27/2021 SF - 10/08/2021 UHC - 08/27/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
354	10/20/2021	E2021-065	Policy	ICD-10 Changes – Annual 2021 Additions, revisions and deletions related to ICD-10 2019 surgical procedure and diagnosis codes will be made according to Program Manager determinations. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 10/18/2021 SF - 10/19/2021 UHC - 11/29/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
355	10/20/2021	E2020-146-A10	Policy	Addendum for Dental Codes D7961 & D7962 HCPCS D7960 was end dated and replaced with 2 separate Current Dental Terminology (CDT) codes which are D7961 and D7962. These procedures are covered under the CPT codes 40819 Labial or Buccal Frenectomy (Frenulectomy) & 41115 Lingual Frenectomy (Frenulectomy). Covering the 2 CDT codes (D7961 & D7968) will allow for dental providers to submit claims for these procedures with CDT codes. The following dental codes will be covered: • D7961 • D7962 Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	N/A	ABH - 10/07/2021 SF - 11/18/2021 UHC - 11/12/2021	ABH SkyGen - 10/22/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
356	11/3/2021	E2021-122	Policy	Ratelist and Manual Adjustments – October 2021 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 11/16/2021 SF - 10/28/2021 UHC - 10/22/2021	ABH - Underpayment - 12/04/2021 Recovery Letter - 12/27/2021 Overpayment - 02/25/2022 SF - Overpayment 03/03/2022 Project Completed Underpayment- 12/22/2021 UHC - 11/26/2021	O/U

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357	11/3/2021		All Providers	Claims that were submitted with a code from the Third Party Liability (TPL) Non-Covered Code List that is only listed for BCBS or Tricare tabs were being denied for explanation of benefits (EOBs) not being present on the claim. A claims project will be created to adjust affected claims.	N/A	ABH - 11/12/2021	ABH - Underpayment - 01/04/2022	U
358	11/05/21		Lab Providers	CLIA editing not applied to professional claims as expected.	N/A	UHC - 11/15/2021	UHC - 08/05/2022	O
359	11/10/2021	E2014-114-A5	Policy	Coverage of Revenue Code 0220 (Special Charges) Revenue code 0220 will be covered Effective with the implementation date for each MCO, retroactive to January 01, 2018 discharge dates.	N./A	ABH - 09/15/2021 SF - Already compliant UHC - 10/18/2021	ABH - No claims impacted. SF - No claims impacted. UHC - 11/26/2021	O/U
360	11/10/2021	E2021-083	Policy	RHC/FQHC's PPS Rate Change The Prospective Payment System (PPS) rates will be increased by the Medicare Economic Index (MEI) rate of 1.4% for 2020/2021 for all Rural Health Clinics and Federally Qualified Health Centers (RHCs and FQHCs). Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N./A	ABH - 11/02/2021 SF - 10/01/2021 UHC - 10/01/2021	ABH - Underpayment - 11/21/21 Recovery Letter - 11/23/21 Overpayment - 01/25/22 SF - No claims impacted. UHC - No claims impacted.	O/U
361	11/10/2021		RHC/FQHC	The updated The updated rates starting in January 2021 were not updated correctly with Skygen, causing RHCs and FQHCs to be paid the wrong rates.	N/A	ABH SkyGen - 09/27/2021	ABH SkyGen - 10/07/2021	U
362	11/17/2021	E2021-124	Policy	Hospice Payment Rates for FFY 2022 CMS issued a final rule that updates Medicaid hospice payments and the aggregate cap amount for State Fiscal Year (SFY) 2022 in accordance with existing statutory and regulatory requirements. This rule rebases the hospice labor shares and clarifies certain aspects of the hospice election statement addendum requirements. In addition, this rule finalizes changes to the Hospice Conditions of participation and Hospice Quality Reporting Program (HQRP). Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 11/29/2021 SF - 12/01/2021 UHC - 11/05/2021	ABH - Underpayment - 12/22/2021 Recovery Letters - 12/27/2021 Overpayment - 02/28/2022 SF - No claims impacted. UHC - 01/12/2022	O/U
363	11/17/2021	E2006-105-A64	Policy	NCCI/MUE Editing – October 2021 Additions, revisions, and deletions related to 4th quarter 2021 NCCI and MUEs. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 10/22/2021 SF - 11/01/2021 UHC - 10/01/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
364	11/17/2021	E2009-008-A29	Policy	HCPCS Pricing for Part B Drugs - October 2021 Additions, revisions, and deletions related to 4th quarter 2021 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 12/01/2021 SF - 10/11/2021 UHC - 11/29/2021	ABH - Underpayment - 12/17/2021 SF - No claims impacted. UHC - No claims impacted.	O/U
365	11/29/21	PC642	Policy	Rates for COVID-19 EUA Monoclonal Antibody Products Update of rates for COVID-19 EUA Monoclonal Antibody Products and their administration codes, as listed in policy E2020-146-A7. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 12/28/2021 SF - 12/08/2021 UHC - 11/15/2021	ABH - Underpayment - 01/25/2022 SF - 06/22/2022 UHC - 12/31/2021	O/U
366	11/29/2021	E2020-170-A13	Policy	COVID-19 Vaccine Booster Doses/Second and Third Doses. Per FDA EUA approval on 10/21/2021 and CDC approval on 10/22/2021, Medicaid will cover the cost of the administration for the booster dose of COVID-19 vaccines to members as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 12/03/2021 SF - 12/01/2021 UHC - 11/21/2021	ABH - Underpayment - 12/16/2021 SF - No claims impacted. UHC - 11/29/2021	O/U
367	11/29/2021	E2020-170-A12	Policy	Pfizer COVID-19 Vaccine Coverage for Pediatric Ages 5-11 Administration Per FDA EUA approval on October 27, 2021, and CDC approval November 2, 2021 Pfizer COVID-19 vaccine has been approved for ages 5-11 years. Effective with the implementation date for each MCO, retroactive to October 27, 2021 service dates.	N/A	ABH -12/12/2021 SF - 12/07/2021 UHC - 11/15/2021	ABH - Underpayment - 01/11/2022 SF - No claims impacted. UHC - 11/24/2021	O/U
368	11/29/2021	E2021-093	Policy	Monthly Reference File Maintenance - September 2021 Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the MCOs. Impacted procedure codes are J1569, 88344, B4152, 90792, 27339, 92522, 92523 and 92524. Effective with the implementation date for each MCO, retroactive to January 01, 2020 service dates.	N/A	ABH - 11/14/2021 SF - 12/03/2021 UHC - 11/30/2021	ABH - Underpayment - 12/22/2021 Recovery Letters -12/27/2021 Overpayment - 03/04/2022 SF - No claims impacted. UHC - 01/14/2022	O/U
369	11/29/2021	SF-1408	All Providers	Welcome letters were sent to providers pertaining to newly enrolled practitioners. Update to welcome letter logic implemented in November caused for termed practitioners to appear on the welcome letters.	N/A	SF- 11/24/2021	SF- No claims impacted.	N/A

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370	12/9/2021	E2020-146-A9	Policy	HCPCS Changes – October 2021 This is the quarterly policy documented to track and implement the additions, revisions, and deletions related to 4th quarter 2021 HCPCS. Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 12/14/2021 SF - 12/07/2021 UHC - 12/02/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	N/A
371	12/09/21	E2021-128	Policy	Ratelist and Manual Adjustments – November 2021 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 12/16/2021 SF - 11/30/2021 UHC - 12/03/2021	ABH - Underpayment - 01/14/2022 Recovery Letters - 01/13/2022 Overpayment - 03/21/2022 SF - Overpayment 05/18/2022 Project completed Underpayment- 02/01/2022 Project completed UHC - 12/23/2021	N/A
372	12/9/2021	E2020-170-A14	Policy	COVID-19 Vaccine Booster Doses for 18 and Older Per FDA EUA approval and CDC Emergency Use Authorization (EUA) approval on 11/19/2021 Medicaid will cover the cost of the administration for the booster doses of COVID-19 vaccines to members as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to November 19, 2021 service dates.	N/A	ABH - 12/13/2021 SF - 12/10/2021 UHC - 11/22/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	N/A
373	12/13/2021		RHC/FQHC	COVID-19 vaccine and administration fees paid encounter rate to RHC and FQHC in error.	N/A	ABH - 06/11/2021	ABH - Overpayment - 09/30/2021	O
374	12/16/21	E2021-129	Policy	Ratelist and Manual Adjustments- December 2021 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 02/01/2022 SF - 12/14/2021 UHC - 12/29/2021	ABH - Underpayment - 03/04/2022 Recovery Letters - 03/04/2022 Overpayment - 05/13/2022 SF - Overpayment 05/18/2022 Project completed Underpayment- 02/01/2022 Project Completed UHC - 01/18/2022	O/U
375	12/23/2021		Lab Providers	KMAP Policy E2014-066-A20 was not implemented appropriately causing incorrect denials to billing providers submitting claims for reference laboratory services.	N/A	UHC - 11/10/2021	UHC - 12/20/2021	U
376	12/23/2021		RHC/FQHC	Five provider rates were not correctly updated on KMAP policy E2020-122 which caused the incorrect encounter rates to be reimbursed when billed by those providers.	N/A	UHC - 12/16/2021	UHC - 01/28/2022	O/U
377	1/5/2022	E2020-170-A15	Policy	COVID-19 Vaccine Booster Doses for 16 and Older Medicaid will cover the cost of the administration for the booster doses of COVID-19 vaccines to members as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to December 9, 2021 service dates.	N/A	ABH - 12/28/2021 SF - 12/17/2021 UHC - 12/22/2021	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
378	1/10/2022		Pharmacy	Due to an invalid prescriber Drug Enforcement Administration (DEA) load, pharmacy claims for select controlled substances were rejected when they should have paid. The issue was resolved by end of day on December 23, 2021, and fax blasts were sent to advise that any impacted claims should be resubmitted.	N/A	UHC - 12/23/2021	UHC - 12/24/2021	U
379	1/10/2022		Dental	COB termination dates not appropriately reported to SkyGen resulting in invalid Dental COB denials.	N/A	UHC - 01/03/2022	UHC - 01/20/2022	U
380	1/12/2022	E2020-133	Policy	New POS Code 10 This policy is being written to document the updates and newly added FQHC/RHC provider's (routine maintenance) that were made to the FQHC/RHC Program during the specified month. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 12/27/2021 Sunflower - 01/07/2022 UHC - 01/27/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 03/04/2022	O/U
381	1/12/2022	E2021-120	Policy	DRG Weights and Rates for January 2021 This is an annual update to the DRG weights and rates used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 12/30/2021 Sunflower - 01/01/2022 UHC - 01/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
382	1/12/2022	E2021-119	Policy	New DRG Grouper for January 2022 MS-DRG Grouper version 39 will be used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/27/2022 Sunflower - 12/17/2021 UHC - 01/01/2022	ABH - Underpayment - 03/18/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
383	1/12/2022	E2020-114-A5	Policy	MAT Medicaid Rate - Updates for January 2022 Update of rates for MAT drugs/biologics approved for Opioid Use Disorder (OUD) treatments. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/07/2022 Sunflower - 01/01/2022 UHC - 01/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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384	1/12/2022	PC641	Policy	Performing Provider Specialties for Mobile Crisis Intervention (MCI) Performing provider specialties allowed for H2011 U1: Provider Type 11 - Specialties 108, 109, 111, 112, 115, 116, 123 Provider Type 31 - Specialties 339, 349 Provider Type 10 - Specialty 100 Provider Type 09 - Specialties 093, 096 Effective with the implementation date for each MCO, retroactive to October 01, 2021 service dates.	N/A	ABH - 01/07/2022 Sunflower - No impact. UHC - No impact.	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
385	1/18/2022	E2020-170-A16	Policy	COVID-19 Vaccine Booster for Ages 12 and Older Medicaid will cover the cost of the administration for the booster dose of COVID-19 vaccines to members as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to January 5, 2022 service dates.	N/A	ABH - 01/29/2022 Sunflower - 01/19/2022 UHC - 01/14/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
386	01/31/22	E2009-008-A30	Policy	HCPCS Pricing for Part B Drugs – January 2022 Additions, revisions, and deletions related to 1st quarter 2022 HCPCS Pricing for Part B Drugs Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 02/17/2022 Sunflower - 01/19/2022 UHC - 02/18/2022	ABH - Underpayment - 03/18/2022 Recovery Letter - 03/18/2022 Overpayment - 05/31/2022 Sunflower - 06/27/2022 UHC - 04/15/2022	O/U
387	1/31/2022	E2021-103	Policy	MCR-AA Rate Updates for January 2022 Annual and quarterly updates are required per policy E2005-066. All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 02/17/2022 Sunflower - 01/19/2022 UHC - 02/18/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
388	1/31/2022	E2019-019-A5	Policy	Rate Changes for PADs – January 2022 PADs with pure codes that are submitted for reimbursement under the medical benefit that does not have a Medicare Part-B rate will be priced as indicated on the policy. This is the 1st quarter update for 2022 per Policy E2019-019. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/13/2022 Sunflower - 01/19/2022 UHC - 01/10/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 02/18/2022	O/U
389	01/31/22	E2021-104	Policy	Anesthesia Conversion Factor for CY 2022 Additions, revisions, and deletions related to HCPCS 2021 will be made according to Program Manager determinations utilizing the process established with Policy E2009-076 (HCPCS Changes – 2010). Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 03/03/2022 Sunflower - 02/17/2022 UHC - 02/07/2022	ABH - Underpayment - 03/18/2022 Recovery Letter - 03/18/2022 Overpayment - 05/25/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
390	1/31/2022	E2021-127	Policy	NF and NFMH Mid-Year Rate Adjustment – January 2022 Updating rates to reflect mid-period case mix adjustment for each NF and NFMH, as required by state regulation. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/23/2022 Sunflower - 01/01/2022 UHC - 01/01/2022	ABH - Underpayment - 02/15/2022 Sunflower - No claims impacted. UHC - No impacted claims.	O/U
391	2/2/2022	PC644	Policy	COVID-19 Moderna Low Dose Booster Medicaid will cover the cost of the administration for the Moderna low dose booster of COVID-19 vaccine to members as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to November 19, 2021 service dates.	N/A	ABH - 01/26/2022 Sunflower - 01/21/2022 UHC - 12/31/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No impacted claims.	O/U
392	2/2/2022	E2006-105-A65	Policy	NCCI/MUE Editing for January 2022 Additions, revisions, and deletions related to 1st quarter 2022 NCCI and MUEs. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/16/2022 Sunflower - 01/27/2022 UHC - 01/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No impacted claims.	O/U
393	2/2/2022	E2019-164-A1	Policy	Coverage for Low Dose Lung CT The age limit will be lowered to 50 and the smoking pack years will be lowered to 20 for CPT codes G0296 and 71271. Code G0297 was terminated by CMS in 2020 and 71271 replaced it. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/01/2022 Sunflower - 01/01/2022 UHC - 01/25/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No impacted claims.	O/U
394	2/2/2022	E2021-133	Policy	New POS 10 POS code 10: Telehealth Provided in Patient's Home, will be a valid POS for claims processing. POS 10 will be used for Telehealth claims in addition to existing POS code 02. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/01/2022 Sunflower - 01/07/2022 UHC - 01/27/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 03/04/2022	O/U

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395	2/2/2022	PC645	Policy	DRG Weights and Rates for January 2022 - Updates Updated to add Kansas University rate. Effective with the implementation date for each MCO, retroactive to January 01, 2022 discharge dates.	N/A	ABH - 01/01/2022 Sunflower - Already compliant. UHC - 01/22/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No impacted claims.	O/U
396	2/8/2022	E2021-126	Policy	PRTF Rates – January 2022 Update of rates for PRTF. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 01/01/2022 Sunflower - 01/01/2022 UHC - 02/04/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 02/09/2022	O/U
397	02/08/22	E2022-009	Policy	Ratelist and Manual Adjustments – January 2022 Adjustments to the rates for each Nursing Facility (NF) and Nursing Facility for Mental Health (NFMH) in Kansas Effective with the implementation date for each MCO, and retroactive to various service dates.	N/A	ABH - 05/24/2022 Sunflower - 02/10/2022 UHC - 02/04/2022	ABH - Underpayment - 07/29/2022 Overpayment - 10/06/2022 SF - Overpayment 08/08/2022 Underpayment- 03/21/2022 UHC - 03/04/22	O/U
398	03/02/22	M2022-013	Policy	Cost Adjustment Factor for Critical Access Hospitals – January 2022 The CAF for CAHs are being updated as indicated on the policy. NPI rates are the same as primary NPI rates. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 03/10/2022 Sunflower - 04/01/2022 UHC - 02/24/2022	ABH - No claims impacted. Sunflower - 05/04/2022 UHC - 03/14/2022	O/U
399	03/02/22	E2006-105-A67	Policy	Revision to January 2022 NCCI PTP-PRA and PTP-OPH Files Revised NCCI PTP Practitioner PRA and NCCI PTP Outpatient Hospital (OPH) files related to 1st quarter 2021 NCCI. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 02/20/2022 Sunflower - 04/01/2022 UHC - 03/11/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
400	03/08/22		All Providers	Claims billed with a Type of Bill 141 were being denied.	N/A	ABH - 03/04/2022	ABH - Underpayment - 05/06/2022	U
401	3/9/2022	PC647	Policy	DRG Weights and Rates for January 2022 - Updates for KU Updated to add AdventHealth Overland Park rate. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 03/09/2022 Sunflower - 03/04/2022 UHC - 03/05/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
402	3/9/2022	E2022-012	Policy	COVID-19 Coverage of Remdesivir, J0248 HCPCS code J0248 for VEKLURY (remdesivir) antiviral medication will be covered when administered in an outpatient setting according to and only for specific approved setting use according to the approved labeling. Effective with the implementation date for each MCO, retroactive to December 23, 2021 service dates.	N/A	ABH - 03/15/2022 Sunflower - 03/02/2022 UHC - 03/25/2022	ABH - Underpayment - 03/28/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
403	3/9/2022	E2020-170-A18	Policy	Pfizer COVID-19 Pre-Diluted (gray cap) Vaccine Coverage Medicaid will cover the cost of the administration for the first, second, third, and booster doses of Pfizer COVID-19 pre-diluted (gray cap) vaccine to members as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to January 3, 2022 service dates.	N/A	ABH - 03/03/2022 Sunflower - 03/02/2022 UHC - 04/08/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
404	3/9/2022	E2020-170-A17	Policy	COVID-19 Vaccine Third Dose for Immunocompromised Ages 5-11 Medicaid will cover the cost of the administration for a third primary dose of COVID-19 pediatric vaccine to members as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to January 3, 2022 service dates.	N/A	ABH - 03/03/2022 Sunflower - 03/02/2022 UHC - 04/08/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
405	3/9/2022	E2022-012-A1	Policy	Remdesivir, J0248, Coverage Update Coverage for Remdesivir, J0248, will include the pediatric population (patients less than 12 years of age). Effective with the implementation date for each MCO, retroactive to January 3, 2022 service dates.	N/A	ABH - 03/15/2022 Sunflower - 03/02/2022 UHC - 03/25/2022	ABH - Underpayment - 03/28/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
406	03/10/22		All Providers	COVID-19 vaccine administration codes 0003A and 0004A denying incorrectly for members 17 and under.	N/A	UHC - 03/11/2022	UHC - 05/09/2022	U
407	3/24/2022	E2022-022	Policy	Coverage of COVID-19 EUA Oral Antivirals Paxlovid and Molnupiravir will be covered during COVID-19 EUA time. Effective with the implementation date for each MCO, retroactive to March 1, 2022 service dates.	N/A	ABH - 03/22/2022 Sunflower - 03/01/2022 UHC - 03/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
408	3/24/2022	E2022-021	Policy	COVID-19 Test Kit Coverage - MCOs Effective March 1, 2022, and until further notice, pharmacies can list their NPI as the “Prescribing Provider” for pharmacy claim billing for COVID-19 over the counter (OTC) and prescription-only COVID-19 test kits. Effective with the implementation date for each MCO, retroactive to March 1, 2022 service dates.	N/A	ABH - 03/22/2022 Sunflower - 03/01/2022 UHC - 03/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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409	3/24/2022	E2022-002	Policy	Monthly Reference File Maintenance for Codes 22630, 23472, and 27702 – January 2022 Additions, changes, and/or deletions outlined on the policy attachment were made to KMMS. Impacted procedure codes are 87400 QW, 87420 QW, 87430 QW, G0270, D5899, D6199, D6100, D8210, 22630, 23472, 27702, 92507, 92508, 92521, 92523 and 92524. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 03/02/2022 Sunflower - 03/07/2022 UHC - 04/08/2022	ABH - No claims impacted. Sunflower - 02/21/2022 UHC - 04/18/2022	O/U
410	3/24/2022	E2021-104-A4	Policy	COVID-19 Convalescent Plasma in Outpatient Setting Medicaid will cover the cost of the COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies. It's authorized for treatment of COVID-19 in patients with immunosuppressive disease or getting immunosuppressive treatment, in the outpatient or inpatient setting. Effective with the implementation date for each MCO, retroactive to December 28, 2021 service dates.	N/A	ABH - 04/20/2022 Sunflower - 03/25/2022 UHC - 04/17/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
411	03/31/22	E2022-023	Policy	Ratelist and Manual Adjustments – February 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation dates for each MCO, retroactive to various service dates.	N/A	ABH - 04/05/2022 Sunflower - 03/09/2022 UHC - 03/10/2022	ABH Underpayment - 05/06/2022 Sunflower - 05/10/2022 UHC - 03/10/2022	O/U
412	3/31/2022	E2022-033	Policy	Ratelist and Manual Adjustments – March 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 04/19/2022 Sunflower - 03/22/2022 UHC - 03/29/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
413	03/31/22	E2022-034	Policy	Coverage of Pneumococcal Vaccines: PCV15 and PCV20 Medicaid will cover the two new pneumococcal valent vaccines, Pneumococcal 15-valent conjugate (PCV15) aka Vaxneuvance, and Pneumococcal 20-valent conjugate (PCV20) aka Prevnar 20 for routine vaccination in ages 65 and older and special situations in ages 19-64. Effective with the implementation date for each MCO, retroactive to January 28, 2022 service dates.	N/A	ABH - 04/25/2022 Sunflower - 03/28/2022 UHC - 05/16/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 05/20/2022	
414	04/07/22		Dental/Vision	Coordination of Benefits (COB) termination dates not appropriately reported to SkyGen resulting in invalid Dental and Vision COB denials.	N/A	ABH - 07/21/2023	ABH - No claims reprocessed.	U
415	4/11/2022	E2022-005	Policy	New DRG Grouper for April 2022 CMS has released version 39.1 to implement new ICD-10-Clinical Modification codes and to add 7 new ICD-10-PCS codes to the Medicare Severity-Diagnosis Related Groups Grouper (MS-DRG) and Medicare Code Editor (MCE). Effective with the implementation date for each MCO, retroactive to April 1, 2022 discharge dates.	N/A	ABH - 04/05/2022 Sunflower - 04/01/2022 UHC - 04/03/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
416	4/12/2022	SF-1409	All Providers	Front End Billing (FEB) claim files not being brought in for processing.	N/A	SF- 04/12/2022	SF- No Project Needed	O/U
417	04/15/22	E2021-153	Policy	RHC/FQHC Optometry Codes – Currently Enrolled Providers RHCs (08/080) and FQHCs (08/081) will be allowed providers for codes 92002, 92004, 92012, and 92014 and will be paid with POS 50 (FQHC), 72 (RHC) or 11 (office). Frames and lenses will be paid separately at the FFS rate under an Optometrist Medicaid provider number. Effective with the implementation date for each MCO, retroactive to January 01, 2019 - December 31, 2021 service dates.	N/A	ABH - No Impact. Sunflower - No Impact. UHC - 03/30/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 05/10/2022	O/U
418	4/15/2022	E2022-004	Policy	ICD-10 Changes – April 2022 Additions, revisions and deletions related to ICD-10 2022 surgical procedure and diagnosis codes will be made according to Program Manager determinations. In response to the ongoing national emergency for COVID-19, new ICD-10 diagnosis codes and ICD-10-PCS procedure codes are being created. Effective with the implementation date for each MCO, retroactive to April 1, 2022 service dates.	N/A	ABH - 04/01/2022 Sunflower - 04/01/2022 UHC - 04/05/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
419	04/15/22	E2021-104-A3-P2	Policy	EUA Coverage for Evusheld Code Q0221 will be covered and will have the same coverage as code Q0220. Effective with the implementation date for each MCO, retroactive to February 24, 2022 service dates.	N/A	ABH - 04/05/2022 Sunflower - 03/30/2022 UHC - 05/20/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
420	04/28/22	E2021-104-A2	Policy	Coverage of Monoclonal Antibody Bebtelovimab Monoclonal antibody Bebtelovimab will be covered during the COVID-19 EUA time period, for adults and patients 12 years of age and older. Effective with the implementation date for each MCO, retroactive to February 11, 2022 service dates.	N/A	ABH - 04/07/2022 Sunflower - 03/28/2022 UHC - 04/22/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 05/13/2022	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
421	04/28/22	E2019-019-A6	Policy	Rate Changes for Physician Administered Drugs – April 2022 PADs with pure codes that are submitted for reimbursement under the medical benefit that does not have a Medicare Part-B rate will be priced as indicated on the policy. Effective with the implementation date for each MCO, retroactive to April 1, 2022 service dates.	N/A	ABH - 04/20/2022 Sunflower - 04/01/2022 UHC - 04/15/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
422	04/28/22	E2021-104-A1	Policy	HCPCS Changes for April 2022 Additions, revisions, and deletions related to 2nd quarter HCPCS 2022. Effective with the implementation date for each MCO, retroactive to April 1, 2022 service dates.	N/A	ABH - 04/15/2022 Sunflower - 05/20/2022 UHC - 06/11/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 08/10/2022	O/U
423	4/28/2022	PC650	Policy	Additional Allowances for POS 10 Inadvertently the OneCare Kansas codes were not included in the codes allowed to utilize POS 10 (indicating service provision in the member's home). These codes are: S0280 U1; S0281 U1; S0311 U1; G9148 U1; G9149 U1; G9150 U1; S0221 U1; along with the use of the HF modifier and should be allowed with POS 10. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 04/19/2022 Sunflower - Compliant UHC - 04/14/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
424	4/28/2022	E2006-105-A68	Policy	NCCI/MUE Editing for April 2022 Additions, revisions and deletions related to 2nd quarter 2022 National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUEs). Effective with the implementation date for each MCO, retroactive to April 20, 2022 service dates.	N/A	ABH - 04/20/2022 Sunflower - 04/28/2022 UHC - 04/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
425	04/28/22	M2022-013-A1	Policy	Cost Adjustment Factor for Critical Access Hospital January 2022- Updates Update of the CAF for CAHs. Effective with the implementation date for each MCO, retroactive to January 01, 2022 discharge dates.	N/A	ABH - 04/15/2022 Sunflower - 04/05/2022 UHC - 05/16/2022	ABH - Underpayment - 05/16/2022 Sunflower - Overpayment - 07/07/2022 Project Complete Underpayment - 05/04/2022 UHC - No claims impacted.	O/U
426	05/05/22	E2022-050	Policy	Ratelist and Manual Adjustments – April 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 06/16/2022 Sunflower - 05/03/2022 UHC - 05/03/2022	ABH - Underpayment - 07/29/2022 Overpayment - 10/10/2022 Sunflower - Overpayment - 09/21/2022 Underpayment - 05/26/2022 UHC - 05/16/2022	O/U
427	05/05/22	E2021-104-A3	Policy	Emergency Use Authorization Coverage for Evusheld EVUSHELD will be covered on the medical benefit, for adults and adolescents (aged 12 and older). Effective with the implementation date for each MCO, retroactive to December 8, 2021 discharge dates.	N/A	ABH - 04/05/2022 Sunflower - 03/30/22 UHC - 04/22/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 05/05/2022	O/U
428	05/05/22	PC651	Policy	DRG Weights and Rates for January 2021- Updates Updates to DRG Weights and Rates. Effective with the implementation date for each MCO, retroactive to January 01, 2022 discharge dates.	N/A	ABH - 04/20/2022 Sunflower - 05/06/2022 UHC - 06/17/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 07/18/2022	O/U
429	05/16/22	E2020-170-A19	Policy	COVID-19 Vaccine Pfizer and Moderna Second Booster Dose A second booster dose of the Pfizer-BioNTech and Moderna COVID-19 vaccines has received approval from the FDA and CDC for use. The unique administration codes are: 0054A (CPT 91305) 0094A (CPT 91309) Effective with the implementation date for each MCO, retroactive to March 29, 2022 service dates.	N/A	ABH - 05/04/2022 Sunflower - 04/29/2022 UHC - 05/27/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 07/29/2022	O/U
430	05/16/22	E2022-049	Policy	IHS Reimbursement CY 2022 IHS is going from $519.00 to $640.00. Retroactive adjustments will be necessary for these claims. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 05/25/2022 Sunflower - 05/05/2022 UHC - 05/06/2022	ABH - 06/10/2022 Sunflower - No claims impacted. UHC - 05/22/2022	O/U
431	05/16/22	E2022-017	Policy	MCR-AA Rate Updates for April 2022 All Medicare Part B cost avoidance procedure codes will be reviewed against the Durable Medical Equipment Regional Carrier (DMERC) fee schedule for rate discrepancies and updated accordingly. Effective with the implementation date for each MCO, retroactive to April 1, 2022 service dates.	N/A	ABH - 07/21/2022 Sunflower - 05/05/2022 UHC - 06/20/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
432	05/20/22	E2022-064	Policy	Ratelist and Manual Adjustments – May 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 06/29/2022 Sunflower - 05/12/2022 UHC - 05/17/2022	ABH - Underpayment - 07/22/2022 Sunflower - 06/15/2022 UHC - 05/22/2022	O/U

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433	06/02/22	E2022-055	Policy	Same Date of Service Combined COVID-19 Testing CPT code 87811 and U0001 may be performed and billed on the same date of service for all Medicaid members. This will allow an initial result and treatment as warranted awhile awaiting the PCR results. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 05/20/2022 Sunflower - 05/09/2022 UHC - 06/10/2022	ABH - No claims impacted. Sunflower - No claims impacted UHC - No claims impacted.	O/U
434	06/02/22	E2021-154	Policy	CCBHC Other Insurance Pricing Logic Change Certified Community Behavioral Health Clinics (CCBHCs) Provider Type/Provider Specialty (PT/PS) 11/121 and group members will be allowed to bill for services. Effective with the implementation date for each MCO, retroactive to May 1, 2022 service dates.	N/A	ABH - 06/03/2022 Sunflower - 06/09/2022 UHC - 05/27/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
435	06/10/22	E2021-120-A1	Policy	DRG Weights and Rates for January 2022 - Updates Updated to add new Medicaid ID and National Provider Identifier (NPI) for Herington Hospital. Effective with the implementation date for each MCO, retroactive to January 01, 2022 discharge dates.	N/A	ABH - 07/15/2022 Sunflower - 05/20/2022 UHC - 06/10/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
436	06/10/22	M2020-162-A1	Policy	CAF for CAH January 2021- Updates Updated to add Herington Hospital's new Medicaid ID and NPI effective July 1, 2021. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 06/01/2022 Sunflower - 05/20/2022 UHC - 06/10/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
437	06/10/22	E2020-153-A1	Policy	DRG Weights and Rates for January 2021 - Update Updated to add Herington Hospital's new Medicaid ID and NPI effective July 1, 2021. Effective with the implementation date for each MCO, retroactive to July 01, 2021 discharge dates.	N/A	ABH - 06/01/2022 Sunflower - 05/20/2022 UHC - 06/10/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
438	06/10/22	M2022-013-A2	Policy	CAH for CAH January 2022 - Updates Updated to show current Medicaid ID and National Provider Identifier (NPI) for Herington Hospital. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 06/01/2022 Sunflower - 05/20/2022 UHC - 06/10/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
439	06/24/22	E2009-008-A31	Policy	HCPCS Pricing for Part B Drugs – April 2022 Additions, revisions, and deletions related to 2nd quarter 2022 HCPCS pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to April 1, 2022 service dates.	N/A	ABH - 07/21/2022 Sunflower - 05/19/2022 UHC - 06/11/2022	ABH - Underpayment - 10/28/2022 Overpayment - 02/28/2023 Sunflower - No claims impacted. UHC - 08/10/2022	O/U
440	06/24/22	E2022-063	Policy	State Mental Health Institution Cost Settlement Reports State Mental Health (MH) institution reimbursement is based on provider specific rates, regardless of the billed amount. This allows Medicaid cost report settlements for state MH institutions to be processed with retroactive rate adjustments. State institution retroactive rate adjustments are no longer made as off system payment reconciliations. Effective with the implementation date for each MCO, retroactive to July 01, 2020 - June 30, 2021 service dates.	N/A	ABH - 06/14/2022 Sunflower - 07/04/2022 UHC - 07/31/2022	ABH - Underpayment - 07/18/2022 Sunflower - No claims impacted. UHC - 09/30/2022	O/U
441	06/24/22		Eligibility	Beginning April 4, 2022, some members had incorrect eligibility reflected when daily change files were received due to a mapping issue. The eligibility was accurately reflected upon receipt of the audit file on April 19, 2022. Impacted claims will be adjusted.	N/A	UHC - 04/19/2022	UHC - 06/22/2022	O/U
442	07/15/22	SF-1410	Dental	Some active member records on Sunflower's eligibility file from May – June 2022 included non-dental TPL data. Some claims were denied due to the invalid TPL data loaded. Envolve is working to reprocess claims.	N/A	SF - 06/16/2022	SF-07/15/2022	U
443	07/21/22	E2022-089	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – June 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 08/09/2022 Sunflower - 07/28/2022 UHC - 07/20/2022	ABH - Underpayment - 09/15/2022 Sunflower - 11/09/2022 UHC - 08/03/2022	O/U
444	07/21/22	E2022-073	Policy	Increased Rates for Pediatrician Select Codes The following codes will have their rates increased for the Pediatrician PT/PS (31/345) only. 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99395 Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 07/20/2022 Sunflower - 07/01/2022 UHC - 11/22/2022	ABH - Underpayment - 08/10/2022 Sunflower - No claims impacted. UHC - 06/02/2023	O/U
445	07/21/22	E2006-105-A69	Policy	NCCI/MUE Editing - July 2022 Additions, revisions, and deletions related to NCCI and MUEs. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 07/01/2022 Sunflower - 07/28/2022 UHC - 07/15/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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446	07/14/22		All Providers	Beginning in May 2022, due to a configuration error, not all of the PS that are allowed to bill certain procedure codes were loaded correctly causing claims to deny in error with Claim Adjusted Reason Code (CARC) CO147 Provider Contracted/Negotiated Rate Expired or Not on File. Once the configuration has been updated a claims project will be created to reprocess any claims that were denied in error. Update September 30, 2022: Additional reconfiguration is required due to some missing rates and PS identified as not loaded to the ABH Claim System. This impacts original claims and reprocessed claims with continued denial of CO147. A second claims project will be created to reprocess these claims.	N/A	ABH - Project 1: 08/09/2022 Project 2: 11/09/2022	ABH - Project 1: 11/02/2022 Project 2: 03/02/2023	U
447	07/27/22	E2018-156-A1	Policy	Annual DME Rate Adjustment to 65% of the Medicare Fee Schedule Annual DME Rate Adjustment to 65% of the Medicare Fee Schedule. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 07/01/2022 Sunflower - 06/20/2022 UHC - 07/22/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
448	07/27/22	E2022-067	Policy	July 1, 2022, PRTF Rates – Mid-Year Adjustment – Treatment Cost Center Adjustment Only This policy enacts the mid-year per diem rate adjustment for PRTF. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 07/01/2022 Sunflower - 05/19/2022 UHC - 07/22/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
449	07/27/22	E2022-082	Policy	Rate Increase for Severe Emotional Disturbance (SED) Waiver Services A rate increase for SED waiver services was provided by the Kansas Legislature. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 07/20/2022 Sunflower - 06/24/2022 UHC - 07/31/2022	ABH - Underpaid - 08/05/2022 Sunflower - No claims impacted. UHC - 09/30/2022	O/U
450	07/31/22		Dental	Dental Providers were updated with a custom fee schedule with no pricing available due to an inaccurate load of the Frail Elderly (FE) fee schedule updates. This resulted in claims denying for no active fee schedule for dates of service July 01, 2022 - July 15, 2022. EXACT DUPLICATE TO ISSUE #457.	N/A	UHC - 07/15/2022	UHC - 07/29/2022	U
451	08/03/22	E2022-081	Policy	Rate Increase for Behavioral Health Services (BHS) 2022 Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/22/2022 Sunflower - 06/22/2022 UHC - 07/31/2022	ABH - 11/11/2022 Sunflower - No claims impacted. UHC - No claims impacted.	U
452	08/03/22	E2020-170-A20	Policy	COVID-19 Vaccine Pfizer Pediatric Vaccine Booster Dose The unique administration code 0074A Effective with the implementation date for each MCO, retroactive to May 17, 2022 service dates.	N/A	ABH - 08/03/2022 Sunflower - 07/22/2022 UHC - 09/02/2022	ABH - Underpayment - 08/11/2022 Sunflower - No claims impacted. UHC - 11/03/2022	U
453	08/03/22	E2020-170-A21	Policy	COVID-19 Vaccines for Children Ages 6 Months to 5 Years The unique administration codes are: 0011A, 0112A, 0081A, 0082A, 0083A, 91308, and 91311. Effective with the implementation date for each MCO, retroactive to June 17, 2022 service dates.	N/A	ABH - 08/30/2022 Sunflower - 08/02/2022 UHC - 09/02/2022	ABH - Underpayment - 10/07/2022 Sunflower - No claims impacted. UHC - 10/28/2022	U
454	08/03/22	E2009-008-A32	Policy	HCPCS Pricing for Part B Drugs – July 2022 Additions, revisions, and deletions related to 3rd quarter 2022 HCPCS Pricing for Part B Drugs Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 09/07/2022 Sunflower - 07/21/2022 UHC - 08/09/2022	ABH - Underpayment - 10/28/2022 Overpayment - 03/02/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
455	08/03/22	E2022-060	Policy	MCR-AA Rate Updates for July 2022 Annual and quarterly updates are required per policy E2005-066. All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/16/2022 Sunflower - 07/15/2022 UHC - 08/09/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
456	08/03/22	E2022-097	Policy	State MH Institution Room Rates for SFY 2023 This change is due to a recalculation of room rates based on the new SFY 2022 budget for the MH State Hospitals. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/09/2022 SF - 08/01/2022 UHC - 08/29/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
457	07/27/22		Dental Providers	Dental Providers were updated with a custom fee schedule with no pricing available due to an inaccurate load of the HCBS Frail Elderly (FE) fee schedule updates. This resulted in claims denying for no active fee schedule for dates of service July 01, 2022 - July 15, 2022.	N/A	UHC - 07/15/2022	UHC - 07/29/2022	U
458	08/16/22	E2021-120-A2	Policy	DRG Weights and Rates for January 2022 - Updates Update to Diagnosis Related Group (DRG) weights and rates. Effective with the implementation date for each MCO, retroactive to January 01, 2022 discharge dates.	N/A	ABH - 07/15/2022 Sunflower - Compliant UHC - 08/05/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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459	08/16/22	E2021-104-A5	Policy	HCPCS Updates – July 2022 This is the quarterly policy documented to track and implement the additions, revisions, and deletions related to 3rd quarter 2022 HCPCS. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/02/2022 Sunflower - 08/18/2022 UHC - 08/06/2022	ABH - Underpayment - 11/15/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
460	08/16/22	E2019-019-A7	Policy	Rate Changes for Physician Administered Drugs (PADs) – July 2022 PADs with pure codes that are submitted for reimbursement under the medical benefit that does not have a Medicare Part-B rate will be priced as indicated on the KMAP Policy. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/30/2022 Sunflower - 07/01/2022 UHC - 08/09/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
461	08/16/22	E2006-038-A9	Policy	Addendum for Title XIX 21 and Older Dental Coverage Added coverage for select restoration and periodontal dental codes for Title XIX members ages 21 and older. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/12/2022 Sunflower - 07/13/2022 UHC - 07/29/2022	ABH - 09/13/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
462	08/16/22	E2022-099	Policy	HCAIP OPS Adjustment Factor July 2022 The OPS adjustment factor will no longer be in existence effective with dates of service on or after July 01, 2022. Beginning July 01, 2022, hospitals will receive a quarterly payment from the Health Care Access Improvement Program (HCAIP) fund. This payment will be based on outpatient Medicaid claims paid the prior quarter. This payment replaces the adjustment factor added to individual services. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/16/2022 Sunflower - 08/09/2022 UHC - 09/16/2022	ABH - 11/15/2022 Sunflower - 10/14/2022 UHC - 10/25/2022	O/U
463	08/16/22	E2020-170-A6	Policy	COVID-19 Vaccine Coverage During the Public Health Emergency – Novavax Novavax COVID-19 Vaccine, adjuvanted for individuals aged 18 and over has been approved for coverage. Effective with the implementation date for each MCO, retroactive to July 19, 2022 service dates	N/A	ABH - 08/22/2022 Sunflower - 08/05/2022 UHC - 09/23/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
464	08/16/22	E2022-096	Policy	Ratelist and Manual Adjustments – July 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 08/19/2022 Sunflower - 07/28/2022 UHC - 08/26/2022	ABH - 12/02/2022 Sunflower - Overpayment -11/07/2022 Underpayment - 08/29/2022 UHC - 09/22/2022	O/U
465	08/16/22	E2006-040-A10	Policy	Coverage for D4910 Periodontal Maintenance D4910 Periodontal Maintenance will be covered for Children's Health Insurance Program (CHIP) members (ages 0 – 18) and Title XIX members (ages 0 - 20) after the utilization of D4341 Periodontal Scaling and root planning – four or more teeth per quadrant or D4342 Periodontal Scaling and root planning - one to three teeth per quadrant by the same or different providers. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/08/2022 Sunflower - 07/01/2022 UHC - 07/01/2022	ABH - 09/13/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
466	08/16/22	E2006-040-A11	Policy	Coverage for D2920 and D2929 for Pediatric Population The following dental codes will be covered. D2920 and D2929 Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/08/2022 Sunflower - 07/01/2022 UHC - 07/01/2022	ABH - 09/13/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
467	08/16/22	E2021-154-A3	Policy	CCBHC Specialty Designation -PPS Rate Setting by Center The PPS rates were established for each Certified Community Behavioral Health Clinics (CCBHCs) through cost reporting analysis by the Kansas Department of Aging and Disability Services (KDADS) accounting teams. CCBHCs will receive the rate listed on the policy beginning July 01, 2022, and will be rebased at full Certification. PPS rates will be reviewed by KDADS for each CCBHC at a minimum of 2 years and not to exceed 3 years Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/09/2022 Sunflower - 07/19/2022 UHC - 08/12/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
468	08/24/22	E2022-071	Policy	HCBS 2023 Rate Changes – Code T1000 Only The Kansas Legislature approved rate increases for HCBS for SFY 2023 Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/18/2022 Sunflower - 07/19/2022 UHC - 08/26/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
469	08/24/22	M2022-100	Policy	Cost Adjustment Factor (CAF) for Critical Access Hospitals (CAH) – July 2022 The CAF and CAHs will be as indicated on the policy attachment for claims processed. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 08/11/2022 Sunflower - OP- 07/28/2022 IP- 09/02/2022 UHC - 08/30/2022	ABH - Underpayment - 11/18/2022 Overpayment - 01/25/2023 Sunflower - Payment- 11/29/2022 Overpayment- 11/29/2022 UHC - 10/25/2022	O/U

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470	08/24/22	E2022-101	Policy	DRG Weights and Rates for July 2022 Updates to the MS-DRG weights and rates as indicated in the KMAP Policy. Effective with the implementation date for each MCO, retroactive to July 01, 2022 discharge dates.	N/A	ABH - 08/16/2022 Sunflower - 09/02/2022 UHC - 09/03/2022	ABH - 09/06/2022 Sunflower - Payment- 11/29/2022 Overpayment- 11/29/2022 UHC - 10/07/2022	O/U
471	08/24/22	E2022-072	Policy	HCBS FE Dental Rates Per legislative action, rates for services provided to participants in the HCBS FE Waiver have been increased with an effective date of July 1, 2022. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 07/01/2022 Sunflower - 07/01/2022 UHC - 07/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
472	08/30/22		Mid-Level Practitioners	During the implementation of Increased Rates for Pediatrician Select Codes policy (E2022-073), Early and Periodic screening, diagnostic, and Treatment (EPSDT) rates for mid-level practitioners were removed in error causing claims to pay at a lower rate than intended.	N/A	ABH - 08/31/2022	ABH - Underpayment - 10/24/2022	U
473	09/01/22	E2022-113	Policy	Allowance of POS 10 Code for 99205 and 99215 POS 10 code is covered for codes 99205 and 99215. Claims will be reprocessed due to coverage change. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 09/14/2022 Sunflower - 08/29/2022 UHC - 09/15/2022	ABH - Underpayment - 10/26/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
474	09/07/22	E2006-105-A70	Policy	Revision to July 2022 NCCI OPH/PRA MUE Files CMS published the MUE indicator for J7295 as 1 effective 07/01/2022 when it should have been 13. They are now revising the July 2022 MUE updates for J7295, retro to 07/01/2022, to allow 13 units. Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 10/09/2022 Sunflower - 09/16/2022 UHC - 09/03/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
475	09/14/22	E2020-170-A22	Policy	Additional Moderna COVID-19 Vaccines for Children Effective 06/17/2022, additional pediatric COVID-19 vaccines are approved: 0091A, 0092A, 0093A, 0113A, 91309, 0094A Post implementation claims clean-up. Claims need to be reprocessed to avoid underpayment to the providers. Effective with the implementation date for each MCO, retroactive to June 17, 2022 service dates.	N/A	ABH - 09/27/2022 Sunflower - 09/08/2022 UHC - 10/10/2022	ABH - Underpayment - 11/05/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
476	09/14/22	E2020-170-A23	Policy	COVID-19 Novavax Vaccine Authorized for Patients 12–17 Years Old On August 19, 2022, the FDA amended the Novavax COVID-19 Vaccine, adjuvanted emergency use authorization to authorize the use for all patients 12–17 years old. 91304, 0041A,0042A Effective with the implementation date for each MCO, retroactive to August 19, 2022 service dates.	N/A	ABH - 09/27/2022 Sunflower - 09/12/2022 UHC - 10/11/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
477	09/21/22	E2021-154-A4	Policy	CCBHC Specialty Designation for PPS – Addendum CCBHC codes and rates reviewed for accurate coding and monitoring of services. Effective with the implementation date for each MCO, retroactive to September 01, 2022 service dates.	N/A	ABH - 09/30/2022 Sunflower - 09/01/2022 UHC - 09/13/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
478	10/05/22	E2022-116	Policy	Ratelist and Manual Adjustments – August 2022 Adjustments to the rates for each NF and NFMH in Kansas Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 09/28/2022 Sunflower - 09/12/2022 UHC - 09/21/2022	ABH - Underpayment - 11/07/2022 Overpayment - 01/26/2023 Sunflower - Project Overpayment - 01/24/2023 Underpayment- 10/24/2022 UHC - 10/03/2022	O/U
479	10/05/22	E2022-111	Policy	Monkeypox Laboratory and Vaccine Coverage Effective on and after July 26, 2022, vaccine and testing codes for Monkeypox will be covered. The following codes were implemented with a retroactive to dates of service July 26, 2022: 87593, 90611, 90622. Claims need to be reprocessed to avoid underpayment to the providers for claim denials that occurred between July 26, 2022 - September 12, 2022. Effective with the implementation date for each MCO, retroactive to July 26, 2022 service dates.	N/A	ABH - 09/25/2022 Sunflower - 09/08/2022 UHC - 09/07/2022	ABH - Underpayment - 11/11/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
480	10/05/22	E2022-069-A1	Policy	NF and NFMH July 1, 2022 Rates (SFY 2023) – Corrections This policy addendum is to correct the provider number and NPI for Anew Healthcare – Oxford Effective with the implementation date for each MCO, retroactive to July 01, 2022 service dates.	N/A	ABH - 09/28/2022 Sunflower - 09/28/2022 UHC - 09/15/2022	ABH - No claims impacted. Sunflower - 10/13/2022 UHC - No claims impacted.	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
481	10/12/22	E2020-170-A24	Policy	COVID-19 Bivalent Vaccine Boosters The Moderna COVID-19 Vaccine, Bivalent, is authorized for use as a single booster dose in individuals 18 years of age and older. The Pfizer-BioNTech COVID-19 Vaccine, Bivalent, is authorized for use as a single booster dose in individuals 12 years of age and older. Effective with the implementation date for each MCO, retroactive to September 01, 2022 service dates.	N/A	ABH - 10/09/2022 Sunflower - 10/03/2022 UHC - 10/11/2022	ABH - Underpayment - 10/28/2022 Sunflower - No claims impacted. UHC - 10/19/2022	O/U
482	10/12/22	E2019-019-A8	Policy	Rate Changes for Physician Administered Drugs – October 2022 As part of the quarterly PAD process, a rate comparison has been done with the previous quarter Part B fee schedule and the rates have been updated retroactively. As part of the October 2022 quarter, procedure J7307 Max Fee was updated on September 16, 2022 back to August 18, 2022. Post Implementation needs to occur so providers who have submitted claims during this time will get paid correctly. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 10/09/2022 Sunflower - 10/01/2022 UHC - 10/31/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/08/2022	O/U
483	10/21/22	E2008-016-A12	Policy	2022 Updates to the Medicare Guidelines for Unacceptable Principal Diagnosis Codes Updates as documented in Attachment 1 of Kansas Medical Assistance Program (KMAP) policy were made to the Medicare Guidelines for unacceptable principal diagnosis codes. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 10/01/2022 Sunflower - 10/14/2022 UHC - 10/15/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
484	10/21/22	E2022-076	Policy	ICD-10 Changes for October 2022 Additions, revisions, and deletions related to ICD-10 2022 surgical procedure and diagnosis codes. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 11/10/2022 Sunflower - 10/14/2022 UHC - 12/02/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 02/02/2023	O/U
485	10/21/22	E2022-128	Policy	Medicaid Hospice Payment Rates for FFY 2023 Hospice services will be reimbursed as noted in the KMAP policy, in accordance with Final Rule CMS-1773. The daily hospice rates specified are the base rates, which must be updated accordingly when the wage index is adjusted. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 11/06/2022 Sunflower - 10/14/2022 UHC - 10/11/2022	ABH - 12/02/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
486	10/21/22	E2022-130	Policy	Ratelist and Manual Adjustments – October 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 10/26/2022 Sunflower - 10/12/2022 UHC - 10/19/2022	ABH - Underpayment - 11/28/2022 Overpayment - 02/15/2023 Sunflower - Project Overpayment - 01/28/2023 Underpayment - 12/20/2022 UHC - 11/22/2022	O/U
487	10/25/22		Ambulance Providers	Policy E2022-066 – Ambulance Service and Ground Mileage Rate increase was not fully implemented correctly resulting in Ambulance providers not being paid the new higher rate on some claims effective July 01, 2022.	N/A	UHC - 10/24/2022	UHC - 11/15/2022	U
488	10/28/22		Dental Provider	Some Dental claims for FE Waiver members have been underpaid since dates of service July 1, 2022 due to misinterpretation of the dates that were outlined in State Policy E2022-072 - HCBS/FE Dental Rates.	N/A	UHC - 11/02/2022	UHC - 11/25/2022	U
489	11/02/22	E2022-115	Policy	ICF/I/ID Rates effective October 1, 2022 Update to the Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/I/ID) rates. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 10/01/2022 Sunflower - 10/01/2022 UHC - 10/19/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
490	11/02/22	E2006-105-A71	Policy	NCCI/MUE Editing for October 2022 Additions, revisions, and deletions related to 4th quarter 2022 NCCI and MUEs. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 10/01/2022 Sunflower - 10/27/2022 UHC - 10/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
491	11/02/22	E2009-008-A33	Policy	HCPCS Pricing for Part B Drugs – October 2022 Additions, revisions, and deletions related to 4th quarter 2022 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 11/23/2022 Sunflower - 10/13/2022 UHC - 10/29/2022	ABH - Underpayment - 12/16/2022 Overpayment - 03/31/2023 Sunflower - No claims impacted. UHC - 12/08/2022	O/U
492	11/04/22		Outpatient Facility	OPH claims are incorrectly denying as non-covered for codes that are present on the covered codes list.	N/A	UHC - 11/04/2022	UHC - 11/29/2022	U

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493	11/16/22	E2020-170-A25	Policy	COVID-19 Bivalent Vaccine Boosters for 5 Years and Older Moderna COVID-19 Vaccine, Bivalent is authorized for use as a single booster dose in individuals ages 6-17 years. Pfizer BioNTech COVID-19 Vaccine, Bivalent is authorized for use as a single booster dose in individuals ages 5-11 years. Effective with the implementation date for each MCO, retroactive to October 12, 2022 service dates.	N/A	ABH - 11/24/2022 Sunflower - 10/19/2022 UHC - 10/19/2022	ABH - 12/08/2022 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
494	11/16/22	E2020-170-A26	Policy	COVID-19 Novavax Vaccine Booster Dose for 18 Years and Older Medicaid will cover the cost of the administration for a first booster dose of monovalent Novavax COVID-19 vaccine for individuals 18 years and older. Codes: 91304 (vaccine), 0044A (admin) Effective with the implementation date for each MCO, retroactive to October 19, 2022 service dates.	N/A	ABH - 11/23/2022 Sunflower - 11/02/2022 UHC - 11/14/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
495	11/16/22	E2021-123-A1	Policy	Spravato® – Updated Billing Guidance The evaluation and management (E&M) code 99215 for Spravato® administration, will require the modifier U1. (99215-U1). The usage of modifier U1 will designate this service specifically for Spravato® treatment. Effective with the implementation date for each MCO, retroactive to November 1, 2022 service dates.	N/A	ABH - 11/13/2022 Sunflower - 11/10/2022 UHC - 11/01/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted	O/U
496	11/16/22	E2022-151	Policy	Managed Care Floor Rates for State Institutional Alternative (SIA) – October 2022 Rate adjustments for Medicaid enrolled SIA providers. The rate is established for reimbursement covering all KanCare/Medicaid eligible members only. If the member is a KanCare member, the claim will be reimbursed by the MCO. In the event the claim is for a Medicaid member opted out of KanCare, the claim will be reimbursed by Medicaid at the current standard Federal Medical Assistance Percentage (FMAP). If a claim is billed for a non-KanCare/Medicaid eligible member, the claim will be denied. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 11/23/2022 Sunflower - 11/10/2022 UHC - 12/23/2022	ABH - 12/06/2022 Sunflower - 1 claim impacted. UHC - No claims impacted.	O/U
497	11/16/22	E2021-104-A6	Policy	HCPCS Updates – October 2022 Additions, revisions, and deletions related to 4th Quarter HCPCS 2022. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 11/09/2022 Sunflower - 11/15/2022 UHC - 11/21/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
498	12/07/22	E2022-112	Policy	MCR-AA Rate Updates – October 2022 All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 11/22/2022 Sunflower - Pending UHC - 11/30/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/20/2022	O/U
499	12/07/22	E2021-104-A7	Policy	Bebtelovimab Rate Change The Medicaid reimbursement for Q0222 injection, batch D534422, and future commercially purchased batches of Bebtelovimab, will be the Medicare rate. Current Medicare rate for Q0222 is $2,394. Effective with the implementation date for each MCO, retroactive to September 12, 2022 service dates.	N/A	ABH - 11/23/2022 Sunflower - 11/21/2022 UHC - 11/22/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/08/2022	O/U
500	12/07/22	E2021-154-A5	Policy	CCBHC Specialty Designation for Prospective Payment System – Service Code Updates Payment for service codes H0004 HR and H0004 HS are not authorized under the current State Plan for Kansas. These codes must be removed from the list of payable services under the CCBHC model. Code A0160 is being removed and A0425 is being added to the code list as a non-PPS triggering code. Effective with the implementation date for each MCO, retroactive to May 1, 2022 service dates.	N/A	ABH - 12/01/2022 Sunflower - 12/01/2022 UHC - 10/27/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 11/16/2022	O/U
501	01/04/23	PC659	Policy	DRG Weights and Rates for January 2022 - Updates Updated to add new owner for Western Plains. Effective with the implementation date for each MCO, retroactive to January 01, 2022 discharge dates.	N/A	ABH - 12/15/2022 Sunflower - 12/28/2022 UHC - 12/17/2022	ABH - 02/01/2023 Sunflower - No claims impacted. UHC - 01/06/2023	O/U
502	01/04/23	PC658	Policy	DRG Weights and Rates for July 2022 - Updates Updated to change ownership of Western Plains to Centura St. Catherine. Effective with the implementation date for each MCO, retroactive to July 1, 2022 discharge dates.	N/A	ABH - 12/21/2022 Sunflower - 12/28/2022 UHC - 12/17/2022	ABH - 02/01/2023 Sunflower - No claims impacted UHC - 01/06/2023	O/U

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503	01/04/23	E2022-132	Policy	CY 2023 Anesthesia Conversion Factor The anesthesia conversion factor for calendar year 2023 will be $19.66. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/01/2023 Sunflower - 02/06/2023 UHC - 03/17/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
504	01/04/23	E2022-153	Policy	Ratelist and Manual Adjustments – November 2022 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 12/22/2022 Sunflower - 12/15/2022 UHC - 12/15/2022	ABH - Underpayment - 01/30/2023 Overpayment - 04/12/2023 Sunflower - Project Overpayment - 06/14/2023 Underpayment - 02/10/2023 UHC - 01/23/2023	O/U
505	01/04/23	E2022-166	Policy	Ratelist and Manual Adjustments – December 2022 Adjustments to the rates for each Nursing Facility (NF) and Nursing Facility for Mental Health (NFMH) in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 01/20/2023 Sunflower - 12/29/2022 UHC - 12/21/2022	ABH - Underpayment- 02/04/2023 Overpayment - 04/12/2023 Sunflower - 04/18/2023 UHC - 12/21/2022	O/U
506	01/04/23	PC660	Policy	CCBHC PT/PS Designation and Place of Service (POS) for T1040 Clarification for the MCOs regarding rendering provider usage of the T1040 code for their services in the CCBHC only and to be billed only by the CCBHC PT/PS 11/121. Individual providers are not permitted to submit claims with the T1040 code outside of the CCBHC. Additionally, clarification was needed on when telemedicine place of service codes 02 and 10 are appropriate to bill. Effective with the implementation date for each MCO, retroactive to May 1, 2022 service dates.	N/A	ABH - 01/05/2023 Sunflower - 01/01/2023 UHC - 01/28/2023	ABH - No adjustments completed. Sunflower - No claims impacted. UHC - No adjustments completed.	O/U
507	01/04/23	E2017-060-A3	Policy	Therapy in Motion, PA Approved to Provide Specialized Wheelchair Seating Assessment Services Addition of approved provider meeting the criteria outlined in policy E2017-060-A1. Effective with the implementation date for each MCO, retroactive to November 1, 2022 service dates.	N/A	ABH - 01/27/2023 Sunflower - 12/12/2022 UHC - 01/06/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
508	01/04/23	E2020-170-A27	Policy	COVID-19 Bivalent Booster for Ages 6 Months Through 4 or 5 Years Medicaid will cover the cost of the administration of a bivalent booster dose of COVID-19 vaccine to members 6 months through 4 (Pfizer) or 5 (Moderna) years of age as mandated during the PHE. Effective with the implementation date for each MCO, retroactive to December 9, 2022 service dates.	N/A	ABH - Pending Sunflower - 12/15/2022 UHC - 02/04/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 02/10/2023	O/U
509	01/11/23			Claims that should have processed with COB are being processed and paid as primary.	N/A	ABH - 09/07/2022	ABH - Overpayment - 05/22/2023	O
510	01/11/23			Some State Institution claims are paying with a lesser of logic that may have caused them to be paid less than the State established rate when there was a third party payor.	N/A	ABH - 06/15/2022 Second Project - 09/07/2023	ABH - 03/01/2023 Second Project - 10/13/2023	U
511	01/11/23			Type of Bill (TOB) 115 was paid in error.	N/A	ABH - 10/15/2022	ABH - 03/01/2023	O
512	01/11/23			Beginning on 01/01/2023, the Procedure diagnosis files did not update appropriately. This caused any changes to allowable diagnosis codes not to update appropriately.	N/A	ABH - 10/19/2022	ABH - 02/01/2023	U
513	01/18/23	E2022-101-A1	Policy	DRG Weights and Rates for July 2022 - Updates Updated to add new hospital, Johnson County Rehabilitation Hospital effective August 27, 2022. Effective with the implementation date for each MCO, retroactive to July 1, 2022 discharge dates.	N/A	ABH - 01/27/2023 Sunflower - 01/17/2023 UHC - 02/13/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
514	01/18/23	E2022-149	Policy	Monthly Reference File Maintenance – November 2022 – Codes T2048 and 87483 Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the MCOs. Impacted procedure codes are H0019, T2048 and 87483. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 01/19/2023 Sunflower - 01/12/2023 UHC - 01/13/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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515	01/18/23	M2022-162-A1	Policy	CAF for CAH January 2023-Updates Effective with discharge dates on and after January 01, 2023, for inpatient claims, and for dates of service on and after January 01, 2023, for outpatient claims, the CAF for CAHs will be as indicated on the policy attachment for claims processed. Sub NPI rates are the same as primary NPI rates. Policy attachment was updated to show current NPI number for Hillsboro Hospital. Also KMMS numbers were updated for multiple hospitals. The NPI numbers are correct and have not changed. The original provider numbers were termed in 2018. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/20/2023 Sunflower - 01/17/2023 UHC - 02/01/2023	ABH - 01/30/2023 Sunflower - No claims impacted. UHC - 02/14/2023	O/U
516	01/18/23	E2012-083-A6	Policy	Coverage of Codes 43290 and 43291 Related to Weight Loss Effective January 01, 2023, the following endoscopic procedures related to weight loss will be covered. In keeping with the original policy, the new procedures will be priced at 85% of the Medicare rate. 43290 43291 Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/24/2023 Sunflower - 01/17/2023 UHC - 02/03/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
517	01/18/23	PC661	Policy	DRG Weights and Rates for January 2023- Updates Updated to add new hospital, Johnson County Rehabilitation. Effective with the implementation date for each MCO, retroactive to January 01, 2023 discharge dates.	N/A	ABH - 01/27/2023 Sunflower - 01/17/2023 UHC - 02/13/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
518	01/18/23	E2022-164	Policy	DRG Weights and Rates for January 2023 Annual update to the DRG weights and rates. Effective with the implementation date for each MCO, retroactive to January 01, 2023 discharge dates.	N/A	ABH - 01/05/2023 Sunflower - 01/01/2023 UHC - 01/13/2023	ABH - 02/01/2023 Sunflower - No claims impacted. UHC - 03/03/2023	O/U
519	01/18/23	E2022-154	Policy	NF and NFMH Mid-Year Rate Adjustment – January 2023 Updating rates to reflect mid-period case mix adjustment for each NF and NFMH, as required by state regulation. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/10/2023 Sunflower - 12/13/2022 UHC - 12/20/2022	ABH - Underpayment - 02/04/2023 Overpayment - 04/12/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
520	01/18/23	E2022-163	Policy	01/01/2023 NF Ventilator Program Per Diem Rate Increase The rate for the NF 24-hour dependent ventilator program will increase to $609.84 (from $534.71). This rate increase will continue to include durable medical equipment for 24-hour a day ventilator dependent NF residents. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/13/2023 Sunflower - 12/20/2022 UHC - 12/26/2022	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
521	01/25/23	E2022-127	Policy	New DRG Grouper for January 2023 Medical Severity Diagnosis Related Groups (MS-DRG) Grouper version 40 will be used for inpatient claims processing. The Centers for Medicare and Medicaid Services (CMS) did not propose any new MS-DRGs for FY 2023, which means the number of MS-DRGs will remain at 767 for FY 2023. Effective with the implementation date for each MCO, retroactive to January 01, 2023 discharge dates.	N/A	ABH - 01/01/2023 Sunflower - 01/01/2023 UHC - 01/13/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 03/13/2023	O/U
522	01/25/23	E2006-105-A72	Policy	NCCI/MUE Editing – January 2023 Additions, revisions, and deletions related to 1st quarter 2023 NCCI and MUEs. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/23/2023 Sunflower - 01/01/2023 UHC - 01/20/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
523	01/25/23	E2009-008-A34	Policy	HCPCS Pricing for Part B Drugs – January 2023 Additions, revisions, and deletions related to 1st quarter 2023 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 02/09/2023 Sunflower - 01/20/2023 UHC - 01/09/2023	ABH - Underpayment - 04/07/2023 Overpayment - 06/14/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
524	01/25/23	E2020-114-A6	Policy	MAT Medicaid Rate -Updates for January 2023 The rates for Medication Assisted Treatment (MAT) drugs/biologics approved for OUD treatments are being updated based on the Medicare 2023 rates. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/12/2023 Sunflower - 01/01/2023 UHC - 02/06/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 05/23/2023	O/U
525	01/25/23	M2022-162	Policy	Cost Adjustment Factor for Critical Access Hospitals – January 2023 Effective with discharge dates on and after January 01, 2023, for inpatient claims, and for dates of service on and after January 01, 2023 for outpatient claims, the CAF for CAHs will be as indicated on the policy attachment for claims processed. Sub NPI rates are the same as primary NPI rates. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/20/2023 Sunflower - 01/01/2023 UHC - 02/01/2023	ABH - 01/30/2023 Sunflower - No claims impacted. UHC - 02/14/2023	O/U

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526	01/30/23		Therapy Providers	Claims billing more than 1 hour of service for the following codes are being denied in error: 97032, 97110, 97112, 97113, 97116, 97124, 97530, 97533, 97535, 97537, 97542, 97760, 97761, 97763	N/A	UHC - 01/15/2023	UHC - 01/26/2023	U
527	02/03/23		Critical Access Facilities	Claims for CAF that are billed with the 851-857 are not applying the CAH/CAF adjustments appropriately.	N/A	UHC - 01/25/2023	UHC - 02/28/2023	U
528	02/08/23	E2019-019-A9	Policy	Rate Changes for Physician Administered Drugs – January 2023 PADs with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the attachment of the policy. Effective with the implementation date for each MCO, retroactive to 01/01/2023 service dates.	N/A	ABH - 01/24/2023 Sunflower - 01/01/2023 UHC - 01/23/2023	ABH - Underpayment - 02/17/2023 Overpayment - 04/20/2023 Sunflower No claims impacted. UHC - 02/16/2023	O/U
529	02/08/23	E2022-161	Policy	PRTF Rates – January 2023 Update of rates for PRTF. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/02/2023 Sunflower - 01/01/2023 UHC - 02/03/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
530	02/08/23	E2022-138	Policy	MCR-AA Rate Updates – January 2023 All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERCs allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 01/23/2023 Sunflower - 02/13/2023 UHC - 01/23/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
531	02/16/23	E2006-105-A75	Policy	Revision to January 2022 NCCI PTP-PRA and PTP-OPH Files Changes being made to the Durable Medical Equipment/Medically Unlikely Edit (DME-MUE) and Outpatient Hospital and Medically Unlikely Edit (OPH-MUE) files. It was discovered that code J1559 on the OPH-MUE and DME-MUE files had overlapping dates. CMS approved Kansas' request to change the termination date for the MUE of 300 to 06/30/2022. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 04/09/2023 Sunflower - 02/06/2023 UHC - 02/03/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
532	02/24/23		Inpatient Hospital Providers	ICD 10 Procedure Code Denials - Inpatient hospital claims are denying indicating the ICD 10 procedure code billed is not valid, when per State policy the ICD code is valid and covered.	N/A	UHC - 02/22/2023	UHC - 03/15/2023	U
533	02/13/23	SF- 1411	All Providers	Obervation Code G0378 limited to 48 hours system benefit is being re-activated and recovery project will be initiated for claims in look back period.	N/A	Sunflower - 02/28/2023	Sunflower- 06/20/2023	O
534	03/03/23	E2023-011	Policy	Age Restriction Removal on Influenza Vaccine Codes The FDA approved the use of quadrivalent influenza vaccine 0.5 mL dose in children 6 months through 35 months of age, but this was not changed in the KMMS. Age restriction of 3 – 999 will be removed from Influenza Vaccine CPT Codes 90686 and 90688. Member age should be listed as 0 – 999. Effective with the implementation date for each MCO, retroactive to 03/01/2021 service dates.	N/A	ABH - 03/29/2023 Sunflower - Already Compliant UHC - 02/19/2023	ABH - 04/10/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
535	03/03/23	E2021-104-A8	Policy	Discontinuation of Coverage for Bebtelovimab Kansas Medicaid will no longer cover Bebtelovimab as authorized under the EUA for COVID-19, until further notice. Effective with the implementation date for each MCO, retroactive to November 30, 2022 service dates.	N/A	ABH - 02/27/2023 Sunflower - Already Compliant UHC - 02/27/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 03/15/2023	O/U
536	03/03/23	PC663	Policy	Adding POS 10 to Home Telehealth Codes T1030 and T1031 The new place of service (POS) code 10: Telehealth Provided in Patient's Home, will be a valid POS for claims processing. POS 10 will be used for home Telehealth visits for codes T1030 and T1031. Providers will use POS 10 for home telehealth visits, indicating the service was provided in the home via telehealth. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 02/20/2023 Sunflower - 02/15/2023 UHC - 03/17/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
537	03/03/23	E2023-020	Policy	State Mental Health Institution Cost Settlement Reports Pursuant to policy E2016-133-A2, effective with claims processed on and after February 1, 2018, retroactive to January 01, 2017, service dates, State MH institution reimbursement is based on provider specific rates, regardless of the billed amount. This allows Medicaid cost report settlements for state mental health institutions to be processed with retroactive rate adjustments. KanCare managed care organizations will process retroactive rate adjustments for Larned State Hospital and Adair Acute Care to process the Medicaid cost report settlement for the facilities. Allowable ancillary services and associated revenue codes billed in addition to the room and board revenue codes will continue to be reimbursed at 100% of billed charges per policy E2016-133. Effective with the implementation date for each MCO, retroactive to July 1, 2021 through June 30, 2022 service dates.	N/A	ABH - 03/15/2023 Sunflower - 02/16/2023 UHC - 03/24/2023	ABH - 04/01/2023 Sunflower - 05/17/2023 UHC - 06/07/2023	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
538	03/03/23	E2021-104-A9	Policy	Discontinuation of Coverage for Evusheld Kansas Medicaid will no longer cover EVUSHELD (tixagevimab co-packaged with cilgavimab) as authorized for EUA, for pre-exposure prophylaxis (prevention) of COVID-19 in the US, until further notice. Impacted HCPCS codes include Q0220, M0220, and M0221. Effective with the implementation date for each MCO, retroactive to January 26, 2023 service dates.	N/A	ABH - 03/07/2023 Sunflower - 02/28/2023 UHC - 03/26/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
539	03/03/23	E2023-021	Policy	Ratelist and Manual Adjustments – February 2023 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 03/07/2023 Sunflower - 02/28/2023 UHC - 02/22/2023	ABH - 03/28/2023 Sunflower - 04/6/2023 UHC - 03/28/2023	O/U
540	03/30/23	E2023-027	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – February 27, 2023 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 05/15/2023 Sunflower - 03/10/2023 UHC - 03/10/2023	ABH - Underpayment - 06/28/2023 Recovery Letter - 07/08/2023 Overpayment - 09/06/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
540	03/03/23	E2022-135	Policy	New Place of Service Code 15 POS code 15 (Mobile Unit) will be covered for clinic services. This is defined as a facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. Covered RHC/FQHC services may be done in a mobile setting. CLIA waived lab tests may be performed in a mobile setting. Effective with the implementation date for each MCO, retroactive to February 01, 2023 service dates.	N/A	ABH - 02/27/2023 Sunflower - 02/01/2023 UHC - 02/01/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
541	02/24/23		Inpatient Hospital Providers	Procedure Code ICD 10 Denials - Inpatient hospital claims are denying indicating the ICD 10 procedure code billed is not valid, when per State policy the ICD code is valid and covered. **Duplicate to issue #532.**	N/A	UHC - 02/22/2023	UHC - 03/17/2023 ETA	U
541	03/30/23	E2023-037	Policy	PRTF Rate – New Facility KVC Camber Hays Update to rate for KVC Camber Hays a PRTF. Effective with the implementation date for each MCO, retroactive to February 3, 2023 service dates.	N/A	ABH - 04/14/2023 Sunflower - 03/23/2023 UHC - 05/17/2023	ABH - No claims impacted. Sunflower - 05/05/2023 UHC - 06/29/2023	O/U
542	04/12/23	E2020-113-A2	Policy	MAT Injectable Products- Coverage Update Sublocade® and Vivitrol® (including any future substitutable versions) are covered on the pharmacy benefit. All Risk Evaluation and Mitigation Strategy (REMS) Program rules for these drugs will be followed. Effective with the implementation date for each MCO, retroactive to May 1, 2021 service dates.	N/A	ABH - 03/29/2023 Sunflower - 03/21/2023 UHC - 03/21/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
543	04/12/23	E2023-033	Policy	Indian Health Services Reimbursement – CY 2023 The rate for IHS is going from $640.00 to $654.00. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 04/03/2023 Sunflower - 03/16/2023 UHC - 03/20/2023	ABH - 04/25/2023 Sunflower - No claims impacted. UHC - 05/02/2023	O/U
544	04/12/23	E2022-140-A1	Policy	RHC/FQHC Rate Changes – January 2023 Rate updates for RHCs and FQHCs. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 04/19/2023 Sunflower - 03/20/2023 UHC - 04/21/2023	ABH: Underpayment - 05/13/2023 Overpayment - 07/12/2023 Sunflower - 07/19/2023 UHC - 06/05/2023	O/U
545	04/12/23	E2023-039	Policy	Managed Care Floor Rates for State Institutional Alternative (SIA) Rate update for Adair Acute Care Hospital at Osawatomie State Hospital. Effective with the implementation date for each MCO, retroactive to February 20, 2023 service dates.	N/A	ABH - 04/26/2023 Sunflower - 03/29/2023 UHC - 05/12/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 06/23/2023	O/U
546	04/12/23	PC665	Policy	Clarification for HCPCS Code J7297 Rate correction made. Effective with the implementation date for each MCO, retroactive to January 01, 2021 service dates.	N/A	ABH - 03/30/2023 Sunflower - Compliant UHC - 02/22/2023	ABH - 04/20/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
547	04/21/23		Physician/Outpatient Claims	Invalid Pricinpal Diagnosis Code denials are being applied on professional and outpatient claims due to a misinterpretation of State Policy E2008-061-A9.	N/A	UHC - 05/21/2023	UHC - 06/21/2023	U
548	04/19/23		Patient Liability	The Patient Liability amount for some members defaulted to $0 instead of the actual amount. This caused some claims not to have Patient Liability applied.	N/A	ABH - 04/24/2023	ABH - Overpayment - 09/18/2023	O

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549	5/1/2023	E2023-017	Policy	Monthly Reference File Maintenance – February 2023 Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the MCO. Procedure code 97110 updated to allow PT/PS 01/010, 01/011, and 01/012 to bill. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 04/21/2023 Sunflower - 04/21/2023 UHC - 04/21/2023	ABH - No claims impacted. Sunflower- 10/20/2023 UHC - 06/23/2023	U
550	5/1/2023	E2023-009	Policy	ICD-10 Changes – April 2023 Additions, revisions and deletions related to ICD-10 2023 surgical procedure and diagnosis codes will be made according to Program Manager determinations. Effective with the implementation date for each MCO, retroactive to April 01, 2023 discharge dates.	N/A	ABH - 04/13/2023 Sunflower - 04/01/2023 UHC - 04/21/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
551	5/1/2023	E2023-010	Policy	New DRG Grouper for April 2023 MS-DRG Grouper version 40.1 will be used for inpatient claims processing. The Centers for Medicare and Medicaid Services (CMS) is implementing 34 new procedure codes and 42 new diagnosis codes into the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS). Effective with the implementation date for each MCO, retroactive to April 01, 2023 discharge dates.	N/A	ABH - 04/12/2023 Sunflower - 04/01/2023 UHC - 04/22/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
552	5/1/2023	E2020-170-A28	Policy	Pfizer-BioNTech COVID-19 Bivalent—6 months through 4 years old. Medicaid will cover the cost of the administration of a Pfizer-BioNTech bivalent booster dose of COVID-19 vaccine to members 6 months through 4 years who previously received a Pfizer-BioNTech monovalent 3-dose primary series, as mandated during the public health emergency (PHE). Effective with the implementation date for each MCO, retroactive to March 13, 2023 service dates.	N/A	ABH - 04/16/2023 Sunflower - 04/20/2023 UHC - 05/15/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	U
553	5/1/2023	E2009-008-A35	Policy	HCPCS Pricing for Part B Drugs – April 2023 Additions, revisions, and deletions related to 2nd quarter 2023 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to April 01, 2023 service dates.	N/A	ABH - 06/01/2023 Sunflower - 04/17/2023 UHC - 05/10/2023	ABH - Underpayment - 06/24/2023 Recovery Letter - 07/20/2023 Overpayemnt - 09/18/2023 Sunflower - Underpayment 06/20/2023 Overpayment 10/20/2023 UHC - 06/09/2023	O/U
554	5/1/2023	E2022-141	Policy	Coverage of Stand-Alone Vaccine Counseling Stand-alone vaccine counseling will be a covered service for Early and Periodic Screening, Diagnosis, and Treatmet (EPSDT) for ages 0-21. This coverage is in accordance with the State Health Official (SHO) letter # 22-002, dated May 12, 2022. Stand-alone vaccine counseling will be covered only when the vaccine counseling and the administration of the vaccine occur on two separate visits. Vaccine counseling is content of service when the vaccine counseling and administration of the same vaccine occur at the same visit. Federal guidance requires this service be covered. Effective with the implementation date for each MCO, retroactive retroactive to March 11, 2022 (G0314/G0315) and April 01, 2023	N/A	ABH - 04/17/2023 Sunflower - 04/01/2023 UHC - 05/15/2023	ABH - 05/24/2023 Sunflower - No claims impacted. UHC - No claims impacted.	U
555	5/1/2023	PC667	Policy	Certified Community Behavioral Health Center Codes- non-billable in a PRTF or NFMH Procedure codes assigned to CCBHC PPS rates are non-billable by a CCBHC for all services provided while an individual is a resident of an Institution for Mental Diseases (IMD) NFMH/PRTF. Behavioral health services are content of the institutional service and not otherwise reimbursable by Medicaid. Effective with the implementation date for each MCO, retroactive to May 1, 2022 service dates.	N/A	ABH - 05/15/2023 Sunflower - 05/19/2023 UHC - 06/09/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O
556	5/8/2023	E2022-140-A1	Policy	RHC/FQHC Rate Changes – January 2023 Rate updates for RHCs and FQHCs. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates. Duplicate to issue #544	N/A	ABH - Pending Sunflower - Pending UHC - 04/21/2023	ABH - Pending Sunflower - Pending UHC - Pending	O/U
557	5/8/2023	E2019-019-A11	Policy	Rate Changes for Physician Administered Drugs – April 2023 PADs with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the attachment to the policy Effective with the implementation date for each MCO, retroactive to April 01, 2023 service dates.	N/A	ABH - 04/17/2023 Sunflower - 04/01/2023 UHC - 05/01/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 05/31/2023	O/U

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558	5/8/2023	E2023-031	Policy	Monthly Reference File Maintenance – March 2023 Additions, changes, and/or deletions outlined on the attachment of the policy were made to Kansas Modular Medicaid System (KMMS) Reference files. Impacted procedure codes are 93320, various lab codes (see attachment 2), COVID-19 vaccine codes (see attachment 3), and edit 4257. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 05/14/2023 Sunflower - 04/25/2023 UHC - 05/08/2023	ABH - No claims impacted. Sunflower - 05/16/2023 UHC - No claims impacted.	O/U
559	5/8/2023	E2022-132-A1	Policy	HCPCS Changes – April 2023 Additions, revisions, and deletions related to 2nd Quarter HCPCS 2023 will be made according to Program Managers determinations utilizing the process established with Policy E2009-076 (HCPCS Changes – 2010). Effective with the implementation date for each MCO, retroactive to April 01, 2023 service dates.	N/A	ABH - 06/01/2023 Sunflower - 04/28/2023 UHC - 05/15/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
560	5/8/2023	E2022-152-A1	Policy	Swing Bed Rates for Calendar Year 2023 - Update For Geary Community Hospital, changed ownership to Stormont Vail Flint Hills 01/01/2023. Updated hospital name, Kansas Modular Medicaid System (KMMS) ID, and NPI. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 05/22/2023 Sunflower - 05/01/2023 UHC - 05/01/2023	ABH - Underpayment - 06/24/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
561	5/24/2023	E2006-105-A77	Policy	April 2023 Deactivation of Edit Between 97530 and 97533 from NCCI PTP Edits Effective with dates of service April 01, 2023, the NCCI Practitioner Procedure to Procedure (PTP) edit between column 1 code 97530 and Column 2 code 97533 will be deactivated. Effective with the implementation date for each MCO, retroactive to April 01, 2023 service dates.	N/A	ABH - 05/19/2023 Sunflower - 05/02/2023 UHC - 05/08/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.□	O/U
562	5/24/2023	E2023-042	Policy	HCBS to SIA or State Hospital Temporary Stay This change will allow the State Institutional Alternative (SIA) facilities to bill Kanas Department of Health and Environment (KDHE)/MCOs for the requested dates of service for Home and Community Based Services (HCBS) recipients by way of HCBS temporary stay codes. This will allow the SIA facilities and State Hospitals to be paid for services rendered. Effective with the implementation date for each MCO, retroactive to September 15, 2021, service dates.	N/A	ABH - 06/01/2023 Sunflower - 05/24/2023 UHC - 05/13/2023	ABH - 12/31/2023 Sunflower - 12/31/2023 UHC - 12/31/2023	O/U
563	5/24/2023	E2023-071	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – May 3, 2023. Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 05/30/2023 Sunflower - 05/11/2023 UHC - 05/22/2023	ABH - 08/28/2023 Sunflower - Project Overpayment - 11/14/2023 Project Completed Underpayment - 07/25/2023 UHC - 06/16/2023	O/U
564	5/24/2023	PC669	Policy	Discontinuation of Coverage for Evusheld (600 mg) Kansas Medicaid will no longer cover EVUSHELD (Tixagev and cilgav, 600mg) as authorized for Emergency Use, for pre-exposure prophylaxis (prevention) of COVID-19, in the US, until further notice. Impacted HCPCS code is Q0221. Effective with the implementation date for each MCO, retroactive to January 26, 2023 service dates.	N/A	ABH - 05/11/2023 Sunflower - 05/09/2023 UHC - 06/07/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
565	5/24/2023	E2020-170-A29	Policy	COVID-19 Vaccines, Monovalent Discontinuation and Bivalent Expanded Use On April 18, 2023, the Food and Drug Administration (FDA) amended the EUA on the Moderna and Pfizer-BioNTech COVID-19 bivalent mRNA vaccines to simplify the vaccination schedule for most individuals. This action includes authorizing the current bivalent vaccines (original and omicron BA.4/BA.5 strains) to be used for all doses administered to individuals 6 months of age and older, including for an additional dose or doses for certain populations. The monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines are no longer authorized for use in the United States. As of April 19, 2023, the Centers for Disease Control (CDC) and Prevention, no longer recommends the use of the monovalent mRNA COVID-19 vaccine. Effective with the implementation date for each MCO, retroactive to April 18, 2023 service dates.	N/A	ABH - 06/16/2023 Sunflower - 05/12/2023 UHC - 06/19/2023	ABH - No claims impacted. Sunflower - 06/20/2023 UHC - No claims impacted.	O/U
566	5/24/2023	E2022-083-A1	Policy	TC Rates for PET Scans Technical components (TC) of PET scans will be reimbursed at 85% of Medicare. Rates are listed below. 78608 TC-983.87 78811 TC-983.87 78812 TC-983.67 78813 TC-983.67 78814 TC-983.67 78815 TC- 983.67 78816 TC-983.67 Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 05/14/2023 Sunflower - 05/31/2023 UHC - 06/05/2023	ABH - Underpayment - 06/09/2023 Recovery Letter - 06/10/2023 Overpayment - 09/06/2023 Sunflower - 06/14/2023 UHC - 06/16/2023	O/U

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567	5/24/2023	E2022-164-A1	Policy	DRG Weights and Rates for January 2023- Updates DRG weights and rates will be used for inpatient claims processing for all hospitals. SubNPI rates are the same as primary NPI rates. Updated to show Geary Community Hospital became Stormont Vail Flint Hills January 01, 2023. The hospital has a new KMMS ID and NPI. Also added Anew Health LLC. Effective with the implementation date for each MCO, retroactive to January 01, 2023 discharge dates.	N/A	ABH - 05/09/2023 Sunflower - 05/03/2023 UHC - 05/08/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 07/07/2023	O/U
568	5/22/2023	SF-1412		Denial of Payment for New Admissions - (DNPA) NF status and claim processing per Policy B2000-028 NA DNPA and PC 353 (Private Pay to Medicaid Eligible/NF in DNPA/Exceptions- Clarification of E2000-028). Some claims may have been paid in error with the DNPA status.	N/A	Sunflower- 05/25/2023	Sunflower- 09/12/2023	O
568	5/24/2023	PC667	Policy	Certified Community Behavioral Health Center Codes- non-billable in a PRTF or NFMH Effective May 1, 2022, the listing of codes in the policy assigned to CCBHC PPS rates are non-billable by a CCBHC for all services provided while an individual is a resident of an Institution for Mental Diseases (IMD) NFMH/PRTF. Behavioral health services are content of the institutional service and not otherwise reimbursable by Medicaid. This is a clarification of a long-standing communication regarding services to residents in PRTFs and NFMHs Effective with the implementation date for each MCO, retroactive to May 1, 2022 service dates. **Duplicate to issue #555**	N/A	ABH - 05/15/2023 Sunflower - Pending UHC - 06/09/2023 ETA	ABH - Pending Sunflower - Pending UHC - Pending	O/U
569	6/16/2023	PC671	Policy	CCBHC Specialty Designation for Prospective Payment System-Code Clarification A clarification for the use of code 96372 by Community Mental Health Centers (CMHCs) who were designated CCBHCs from May 1, 2022, through August 31, 2022, only shall be reimbursed at the Fee-for-Service (FFS) rate for providing the service 96372 if billed without the U8 modifier when submitted under the CMHC NPI during this period only. Effective with the implementation date for each MCO, retroactive to May 1, 2022 service dates.	N/A	ABH - Compliant Sunflower - Compliant UHC - 06/02/2023	ABH - No claims impacted. Sunflower - No Claims impacted. UHC - 06/23/2023	O/U
570	6/16/2023	E2006-033-A1	Policy	Coverage of Rehabilitative Physical and Occupational Therapy Re-Evaluations Rehabilitative therapy re-evaluations will be covered for Medicaid members regardless of age. The following codes will be covered when medically necessary: 97164 - $48.35 97168 - $51.42 Effective with the implementation date for each MCO, retroactive to May 01, 2023 service dates.	N/A	ABH - 05/25/2023 Sunflower - 05/01/2023 UHC - 05/01/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
571	6/6/2023		Behavioral Health	A small number of Behavioral Health claims (889) were identified and down adjusted and recovered in error. They have been identified and are being adjusted to pay as originally paid.	N/A	UHC - 06/06/2023	UHC - 06/15/2023	O/U
572	6/30/2023	E2023-047	Policy	Drug Coverage for Tuberculosis Effective and retroactive to January 01, 2023, drugs indicated for Tuberculosis, that were previously provided by Public Health and meet Medicaid drug coverage rules, will be covered. Effective with the implementation date for each MCO, retroactive to May 01, 2023 service dates.	N/A	ABH - 08/01/2023 Sunflower - 06/20/2023 UHC - 06/02/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
573	6/30/2023	E2023-072	Policy	Monthly Reference File Maintenance – May 2023 Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the MCOs. Impacted codes are 20982 and M0222. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 06/30/2023 Sunflower - 06/08/2023 UHC - 07/03/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
574	6/30/2023	E2020-170-A30	Policy	COVID-19 Vaccines, Janssen Discontinuation Effective June 1, 2023, Medicaid will no longer cover the cost of the administration of the Janssen COVID-19 vaccine. The FDA has revoked the EUA of the Janssen COVID-19 vaccine and it is no longer authorized for use in the United States. Codes: 91303, 0031A, and 0034A Effective with the implementation date for each MCO, retroactive to June 01, 2023 service dates.	N/A	ABH - 08/02/2023 Sunflower - 06/16/2023 UHC - 08/03/2023	ABH - No claims impacted. Sunflower - 06/20/2023 UHC - No claims impacted.	O/U
576	7/10/2023	M2022-162-A2	Policy	Cost Adjustment Factor for Critical Access Hospital January 2023-Updates Effective with discharge dates on and after January 01, 2023, for inpatient claims, and for dates of service on and after January 01, 2023, for outpatient claims, the cost adjustment factor (CAF) for Critical Access Hospitals (CAHs) will be updated as indicated on the policy attachment for claims processed. Sub NPI rates are the same as primary NPI rates. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 08/11/2023 Sunflower - 06/30/2023 UHC - N/A	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
577	7/10/2023	E2008-040-A2	Policy	Application of Topical Fluoride Billing Claims Change Effective with the date of service June 1, 2023 or after, Dental Providers shall submit claims for Topical Fluoride applications with D1206 or D1208, the dental code rates, member application and member coverage amounts will not change from current policy. Physicians, who are general practitioners, pediatricians and/or family practice physicians, nurse practitioners, physician assistants & local health departments shall submit claims for topical fluoride treatments with CPT code 99188 Topical Fluoride Varnish on CMS 1500 form. CPT code 99188 rate will increase to the dental code equivalent and how service codes are billed on claims. RHC, FQHC and IHS providers will continue to be their encounter rate. Effective with the implementation date for each MCO, retroactive to June 01, 2023 service dates.	N/A	ABH - 07/01/2023 Sunflower -No impact. UHC - 06/01/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
578	7/28/2023	E2023-102	Policy	State MH Institution Room Rates for SFY 2024 This change is due to a recalculation of room rates based on the new Fiscal Year 2024 budget for the Mental Health (MH) State Hospitals. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 09/12/2023 Sunflower - 07/17/2023 UHC - 08/03/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 08/26/2023	O/U
579	7/28/2023	E2022-132-A2	Policy	HCPCS Changes – July 2023 Additions, revisions, and deletions related to 3rd Quarter HCPCS 2023 will be made according to Program Managers determinations utilizing the process established with Policy E2009-076 (HCPCS Changes – 2010). This is the quarterly policy documented to track and implement the additions, revisions, and deletions related to 3rd quarter 2023 HCPCS. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 09/29/2023 Sunflower - 07/24/2023 UHC - 09/18/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
580	7/28/2023	E2009-008-A36	Policy	HCPCS Pricing for Part B Drugs – July 2023 Additions, revisions, and deletions related to 3rd quarter 2023 HCPCS Pricing for Part B Drugs will be made according to the process outlined in Policy E2009-008. This is the quarterly policy documented to track and implement the additions, revisions, and deletions related to the 3rd quarter 2023 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 08/28/2023 Sunflower - 07/17/2023 UHC - 07/01/2023	ABH - Underpayment - 09/09/2023 Recovery Letter - 09/16/2023 Overpayment - 11/25/2023 Sunflower - Project Overpayment - 01/26/2024 Underpayment - 10/25/2023 UHC - No claims impacted.	O/U
581	7/28/2023	E2021-154-A6	Policy	CCBHC Specialty Designation - Prospective Payment System (PPS) Rate Setting by Center The CMHC listed have met the requirements and have received Provisional Certification as Certified CCBHCs. **Elizabeth Layton Center Inc.** 2537 Eisenhower Rd, PO Box 677 Ottawa, KS 66067 **Labette Center for Mental Health Services Inc.** 1730 Belmont, PO Box 258 Parsons, KS 67357 **Pawnee Mental Health Services** 423 Houston St. Manhattan, KS 66505 **Prairie View, Inc.** 1901 East First Street, Box 467 Newton, KS 67114 **Spring River Mental Health & Wellness Inc.** 6610 SE Quakevale Rd, Box 550 Riverton, KS 66770 	N/A	ABH - 07/15/2023 Sunflower - 07/01/2023 UHC - 07/01/2023	ABH - Underpayment - 09/15/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
581 continued				Valeo Behavioral Health Care, Inc. 5401 West 7th Street Topeka, KS 66606 A unique PS 121 CCBHCs is to be used with existing PT 11 (Mental Health); a taxonomy code of 251S00000X. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.				

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
582	7/28/2023	E2021-154-A6-P2	Policy	CCBHC Specialty Designation - PPS Rate Setting by Center The CMHC listed have met the requirements and have received Provisional Certification as CCBHCs. Family Service and Guidance Center Inc. 325 S.W. Frazier Ave. Topeka KS 66606 The Center for Counseling and Consultation 5815 Broadway Great Bend KS 67530 The Guidance Center 500 Limit Street Leavenworth KS 66048 A unique PS 121 (CCBHC) is to be used with existing PT 11 (Mental Health); a taxonomy code of 251S00000X. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 07/15/2023 Sunflower - 07/01/2023 UHC - 07/01/2023	ABH - Underpayment - 09/15/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
583	7/28/2023	E2021-154-A6-P3	Policy	CCBHC Specialty Designation - PPS Rate Setting by Center The CMHC listed have met the requirements and have received Provisional Certification as CCBHCs. **Mental Health Center of East Central Kansas DBA Crosswinds Counseling & Wellness** 1000 Lincoln Emporia, KS 66801 A unique provider specialty PS 121 (CCBHC) is to be used with existing provider type 11 (Mental Health); a taxonomy code of 251S00000X. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 07/15/2023 Sunflower - 01/01/2023 UHC - 07/01/2023	ABH - 09/15/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
584	7/28/2023	E2021-154-A6-P4	Policy	CCBHC Specialty Designation - PPS Rate Setting by Center The CMHC listed have met the requirements and have received Provisional Certification as CCBHCs. Compass Behavioral Health 531 Campus View St Garden City, KS 67846-7904 A unique PS 121 (CCBHC) is to be used with existing PT 11 (Mental Health); a taxonomy code of 251S00000X. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 07/15/2023 Sunflower - 07/01/2023 UHC - 07/01/2023	ABH - Underpayment - 09/15/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
585	8/9/2023	E2022-164-A2	Policy	DRG Weights and Rates for January 2023-Update Updated DRG weights and rates will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to July 01, 2023 discharge dates.	N/A	ABH - 08/02/2023 Sunflower - 06/07/2023 UHC - 07/14/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 09/08/2023	O/U
586	8/9/2023	E2023-080	Policy	NF and NFMH July 1, 2023 Rates Update rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 08/07/2023 Sunflower - 06/13/2023 UHC - 07/01/2023	ABH - Underpayment - 08/25/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
587	8/9/2023	E2021-154-A6-P5	Policy	CCBHC Specialty Designation - PPS Rate Setting Center The PPS rate established for the CCBHC listed below through Cost Reporting analysis by Kansas Department of Aging and Disability (KDADS) Accounting teams will receive an updated rate and will be rebased at full Certification. PPS rates will be reviewed by KDADS for each CCBHC at a minimum of 2 years and not to exceed 3 years. Family Service and Guidance Center Inc. 325 S.W. Frazier Ave. Topeka, KS 66606 Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 07/15/2023 Sunflower - 07/31/2023 UHC - 08/14/2023	ABH - 09/15/2023 Sunflower - No claims impacted. UHC - 08/24/2023	O/U
588	8/16/2023	E2023-110	Policy	Ratelist and Manual Adjustments – July 27, 2023 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 09/13/2023 Sunflower - 08/15/2023 UHC - 08/10/2023	ABH - Underpayment - 11/02/2023 Recovery Letters - 11/02/2023 Overpayment - 12/29/2023 Sunflower - Project Overpayment - 01/10/2024 Underpayment - 10/04/2023 UHC - 09/01/2023	O/U
589	8/16/2023	E2019-019-A2	Policy	Rate Changes for Physician Administered Drugs – July 2023 The price update for Nexplanon will be made retroactive to March 1, 2019 service dates. Only claims with service dates on and after July 1, 2020 will be reprocessed. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 08/02/2023 Sunflower - 06/27/2023 UHC - 06/26/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 09/01/2023	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
590	9/6/2023	SF -1413		I/DD Targeted Case Management (TCM) (T1017) Rate change was incorrectly configured based on the status of the member, causing underpayments.	N/A	Sunflower- 09/14/2023	Sunflower- 09/26/2023	U
591	9/15/2023	E2023-106	Policy	Coverage for S0080 (Pentamidine) HCPCS code S0080 will be covered for benefit plans TXIX, TXXI, P19, P21, MN, and Qualified Medicare Beneficiary (QMB). The provider types and specialties associated with the above S-code are listed below: 01/010 08/080, 08/081 09/093-096 10/100 31/125, 31/310-319, 31/323-326, 31/328-333, 31/335-31/341, 31/343-31/345, 31/348-350 Effective with the implementation date for each MCO, retroactive to May 01, 2023 service dates.	N/A	ABH - 09/13/2023 Sunflower - 08/09/2023 UHC - 08/27/2023	ABH - No claims impacted. Sunflower - 11/07/2023 UHC - 10/20/2023	O/U
592	9/15/2023	E2023-104	Policy	Allowing POS 99 for IIS Providers The Place of Service (POS) code 99 - Other Place of Service, shall be allowed when billing the procedure code 97153. Intensive Individual Support providers may now bill under the following Place of Service codes: 02 - Telehealth Provided Other than in Patients Home 04 - Homeless Shelter 10 - Telehealth Provided in Patients Home 11 - Office 12 - Home 53 - Community Mental Health Center 99 - Other place of service Effective with the implementation date for each MCO, retroactive to 02/01/2023 service dates.	N/A	ABH - 08/24/2023 Sunflower - Already Compliant UHC - 08/27/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 10/13/2023	O/U
593	9/15/2023	E2018-156-A3	Policy	Annual DME Rate Adjustment to 80% of the Medicare Fee Schedule The rates, for Durable Medical Equipment (DME), Prosthetics, Orthotics, and Supplies (DMEPOS) items on the Medicare fee schedule, will be set at 80% of Medicare's Non-Rural rate. The rates will be updated annually on July 01, 2023 to reflect this percentage. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 08/21/2023 Sunflower - 06/20/2023 UHC - 07/17/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
594	9/15/2023	E2023-087	Policy	Rate Increase of 3% for Health Care Access Improvement Program (HCAIP) Coding per Legislative Allocation Per Legislative allocation, funding was provided to increase Physician rates at the 3% level. Given the allocated amount, rates will be increased for Providers currently covered by a DEF rate with the identified codes on the policy attachment. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 08/28/2023 Sunflower - 07/01/2023 UHC - 06/26/2023 - Medical codes 09/01/2023 - Mental Health Codes	ABH - Underpayment - 11/09/2023 Sunflower - No claims impacted. UHC - 10/25/2023	O/U
595	9/15/2023	E2023-078	Policy	CMS Updated Guidance for G0330 and 41899 G0330 will be covered for Title XXI and XIX members, when dental procedures are performed in an Operation Room (OR) or in an Ambulatory Surgical Center (ASC) under monitored anesthesia G0330 for the facility rate and CPT code 41899 will be clarified as below. G0330 - Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room. Medicaid Rate: $1,722.43 41899 - Unlisted procedure, dentoalveolar structures – for covered dental procedures not otherwise described by existing dental codes already assigned to an APC 5871 (dental procedures). Medicare Rate: $207.83 Effective with the implementation date for each MCO, retroactive to September 01, 2023 service dates.	N/A	ABH - 09/13/2023 Sunflower - 09/01/2023 UHC - 08/28/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
596	9/15/2023	E2023-081	Policy	Brain Injury Rehabilitation Facility FY24 Rate Change Pursuant to the Kansas legislative appropriations, and effective 07/01/2023, the Brain Injury Rehabilitation Facility (BIRF) rate will increase from $700 per day to $1,400 per day. □ Brookhaven Hospital, Inc. □ Center for Comprehensive Services (Neurorestorative Carbondale, IL)□ □ Quality Living Inc.□ □ Recover Care Meadowbrook□ □ Chi Good Samaritan Hospital □ Johnson County Rehabilitation Hospital, LLC Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 09/08/2023 Sunflower - 07/01/2023 UHC - 06/14/2023	ABH - 10/11/2023 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
597	9/28/2023	E2023-123	Policy	WORK ILC and STEPS CSC Rate Change – July 2023 T1016 and T1016 U3 rates will be increased from $12.50 per unit to $15.75. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 11/15/2023 Sunflower - 10/03/2023 UHC - 09/18/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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598	9/28/2023	E2023-122	Policy	Ratelist and Manual Adjustments – August 28, 2023 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 10/05/2023 Sunflower - 09/15/2023 UHC - 09/19/2023	ABH - Underpayment - 10/09/2023 Recovery Letter - 11/03/2023 Overpayment - 01/08/2024 Sunflower - Project Overpayment - 02/27/2024 Underpayment - 10/11/2023 UHC - 10/01/2023	O/U
599	9/21/2023		Hospital Claims	Some hospital claims were being denied in error for incorrect Revenue Code. This issue was between paid dates of July 01, 2023-July 16, 2023.	N/A	ABH - 07/16/2023	ABH - Underpaid - 10/18/2023	U
600	10/12/2023	E2021-154-A6-P6	Policy	CCBHC Specialty Designation -PPS Rate Setting PPS rates will be reviewed by KDADS for each CCBHC at a minimum of 2 years and not to exceed 3 years. The Prospective Payment System (PPS) rate established for the CCBHC listed below through Cost Reporting analysis by KDADS Accounting teams will receive an updated rate and will be rebased at full certification. This is a correction to the established rate. Mental Health Center of East Central Kansas DBA: Crosswinds Counseling & Wellness Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 11/15/2023 Sunflower - 09/21/2023 UHC - 10/04/2023	ABH - Underpayment - 12/14/2023 Sunflower - 11/17/2023 UHC - 10/12/2023	O/U
601	10/12/2023	E2022-057-A4	Policy	High Dollar Rare Disease Drug List and Policy Updates Additional drugs are now covered on the MCO Non-Risk Payment for High Dollar Rare Disease Drug Spend policy. These drugs have been added to the original list of drugs included for Non-Risk Payment. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 01/29/2024 Sunflower - 09/25/2023 UHC - 11/12/2023	ABH - No claims impacted. Sunflower - 12/05/2023 UHC - No claims impacted.	O/U
602	10/12/2023	E2023-142	Policy	Ratelist and Manual Adjustments – September 2023 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 10/26/2023 Sunflower - 10/06/2023 UHC - 10/12/2023	ABH - Underpayment - 12/15/2023 Overpayment - 04/16/2024 Sunflower - 02/16/2024 UHC - 10/12/2023	O/U
603	10/12/2023	E2006-105-A78	Policy	NCCI/MUE Editing – October 2023 Additions, revisions, and deletions related to 4th quarter 2023 NCCI and MUEs. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 10/08/2023 Sunflower - 11/1/2023 UHC - 09/24/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
604	10/20/2023	E2023-112	Policy	Monthly Reference File Maintenance – August 2023 – Code Q5116 Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the MCOs. Procedure code Q5116 was updated to allow PT/PS 01/010 to bill. Effective with the implementation date for each MCO, retroactive to January 01, 2022 service dates.	N/A	ABH - 10/15/2023 Sunflower - 09/22/2023 UHC - 10/14/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
605	10/30/2023	E2023-141	Policy	Medicaid Hospice Payment Rates for FY 2024 – Compliant Providers The Medicaid hospice payment rates are calculated based on the annual hospice rates established under Medicare. These rates are authorized by section 1814(i)(1)(C)(ii) of the Social Security Act (the Act), which also provides for an annual increase in payment rates for hospice care services. Rates for hospice physician services are not increased under this provision. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 02/20/2024 Sunflower - 02/16/2024 UHC - 02/14/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
606	10/30/2023	E2022-034-A2	Policy	Prevnar 20 Vaccine (90677) Coverage for VFC Kansas Medicaid will cover the administration of Pneumococcal 20-valent conjugate (PCV20) aka Prevnar 20 for routine vaccination for persons under 19 years of age for active immunization for the prevention of invasive disease caused by the Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F. PCV20, Prevnar 20, is covered under the Vaccines for Children (VFC) program per recommendation of The Advisory Committee on Immunizations Practices (ACIP). PCV20, Prevnar 20, may be used as an option to the currently available PCV15 for children younger than 19 years of age, based on currently recommended pneumococcal conjugate vaccine (PCV) ACIP dosing and schedule. Immunization administration code must be accompanied with the appropriate vaccine code for payment. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 12/18/2023 Sunflower - 10/17/2023 UHC - 11/29/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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607	10/30/2023	E2023-148		Coverage for Nirsevimab (Beyfortus) Medicaid will cover a new Respiratory Syncytial Virus (RSV) monoclonal antibody Nirsevimab (Beyfortus) for all infants younger than 8 months, born during or entering their first RSV season. Immunocompromised children between the ages of 8 and 19 months who are at increased of severe RSV disease, a dose is recommended in their second season. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 11/12/2023 Sunflower - 10/23/2023 UHC - 11/29/2023	ABH - No claims impacted. Sunflower - 02/16/2024 UHC - 12/29/2023	O/U
608	10/30/2023	E2023-035	Policy	Expanding Peer Support Providers Individual and Group Peer Support Services may be provided to individuals who meet medical necessity as determined by a licensed mental health professional staff under the direction of a licensed clinical professional or physician who is acting within the scope of his/her professional license and applicable state law. Service definitions and qualifications can be found within the KMAP Mental Health Fee-for-Service Provider Manual. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 10/20/2023 Sunflower - 10/17/2023 UHC - 07/01/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
609	11/6/2023	E2023-117	Policy	RHC/FQHC PPS Rate Change – Dental PPS rates will be increased by the Medicare Economic Index (MEI) rate of 3.8% for all RHCs and FQHCs. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 10/19/2023 Sunflower - 10/01/2023 UHC - 10/23/2023	ABH - Underpayment - 11/11/2023 Sunflower - No claims impacted. UHC - 10/30/2023	O/U
610	11/6/2023	E2023-124	Policy	Monthly Reference File Maintenance – Code C9293 Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with the current KMAP policy so that affected claims may be processed as intended. These monthly policies document those changes and are a means of communication to the MCOs. During the month of September 2023, the additions, changes, and/or deletions outlined in the KMAP policy were made to the KMMS Reference files. The impacted procedure codes are J8498 and C9293. Effective with the implementation date for each MCO, retroactive to October 01, 2022 service dates.	N/A	ABH - 12/29/2023 Sunflower - 10/23/2023 UHC - 12/06/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
611	11/6/2023	E2023-151	Policy	Coverage for RSV Vaccines for Ages 60 and Older Vaccine codes 90678 and 90679 have been recommended by the ACIP for use in adults aged 60 years and older. Effective with the implementation date for each MCO, retroactive to September 01, 2023 service dates.	N/A	ABH - 12/19/2023 Sunflower - 10/26/2023 UHC - 12/01/2023	ABH - Underpayments - 01/11/24 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
612	11/6/2023	E2019-019-A13	Policy	Rate Changes for Physician Administered Drugs – October 2023 PADs with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the KMAP policy. This is the 4th quarter update for 2023. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 12/05/2023 Sunflower - 10/24/2023 UHC - Professional Billers: 10/02/2023 Facility Billers: 12/22/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - Professional Claims: No claims impacted. Facility Claims: No claims impacted	O/U
613	11/6/2023	E2020-170-A32	Policy	Novavax COVID-19 Vaccine Medicaid will cover the updated Novavax COVID-19 Vaccine, Adjuvanted for those age 12 and older. Certified Procedural Terminology (CPT) Codes: 91304 and 90480 Administration codes 0041A, 0042A, and 0044A will no longer be covered by Medicaid effective October 3, 2023. Effective with the implementation date for each MCO, retroactive to October 3, 2023 service dates.	N/A	ABH - 12/08/2023 Sunflower - 10/18/2023 UHC - 11/01/2023	ABH - Underpaid - 01/05/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
614	11/8/2023	E2023-131	Policy	Addition of Place of Service 27 CMS has added a new POS code of 27. The descriptor for this code is: "a non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals". The codes which can be billed with POS 27 are the following: 90847, 90849, 96110, 96112, 96113, 96127, 97151, 97152, 97153, 97155, 97156, 98960, 99056, 99401, 99402, 99403, 99404, 99411, 99412, A4250, A4927, G0155, G0312, G0313, G0314, G0315, H0004, H0049, H0050, K1034, M0201, S0315, S0316, S0317, S9453, S9482, S9484, S9485, T1001, T1002, T1003, T1017, and T1502. Allowed Provider types/specialties for these codes will not be changed with the addition of this POS. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 11/07/2023 Sunflower - 10/18/2023 UHC - 10/03/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
615	11/3/2023	SF-1414		Some providers have the inability to submit reconsiderations, appeals, corrected claims and resetting password issues via Provider Portal.	N/A	SF- N/A	SF-N/A	

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616	11/27/2023	E2023-151-P2	Policy	Coverage for RSV Vaccines for Pregnant Women Medicaid will cover the RSV vaccine Abrysvo (Pfizer) for pregnant people (age 9-55) during 32 through 36 weeks gestation, using seasonal administration, to prevent RSV lower respiratory tract infection in infants. Per ACIP recommendation, Abrysvo has also been added to the VFC program for pregnant people under 19 years of age. Effective with the implementation date for each MCO, retroactive to 10/01/2023 service dates.	N/A	ABH - 12/19/2023 Sunflower - 11/17/2023 UHC - 02/06/2024	ABH - Underpaid - 01/11/2024 Sunflower - 12/15/2023 UHC - No claims impacted.	O/U
617	11/27/2023	E2023-098	Policy	ICD-10 Changes – October 2023 Additions, revisions and deletions related to ICD-10 2023 surgical procedure and diagnosis codes. Effective with the implementation date for each MCO, retroactive to 10/01/2023 service dates.	N/A	ABH - 10/2/2023 Sunflower - 10/01/2023 UHC - 11/12/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
618	11/27/2023	E2022-132-A3	Policy	HCPCS Changes – October 2023 Additions, revisions, and deletions related to 4th quarter 2023 HCPCS. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 11/15/2023 Sunflower - 11/16/2023 UHC - 10/23/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/31/2023	O/U
619	11/27/2023	E2009-008-A37	Policy	HCPCS Pricing for Part B Drugs – October 2023 Additions, revisions and deletions related to 4th quarter 2023 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 01/02/2024 Sunflower - 11/16/2023 UHC - 12/08/2023	ABH - Underpayment - 02/16/2024 Overpayment - 05/16/2024 Sunflower: Overpayment- 04/03/2024 Underpayment- 02/13/2024 UHC - No claims impacted.	O/U
620	11/27/2023	E2023-097	Policy	MCR-AA Rate Updates – October 2023 All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 11/29/2023 Sunflower - 11/14/2023 UHC - 12/08/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 01/11/2023	O/U
621	11/27/2023	E2008-061-A13	Policy	2023 Updates to the Medicare Guidelines for Unacceptable Principal Diagnosis Codes Updates were made to the Medicare Guidelines for unacceptable principal diagnosis codes. Kansas Medicaid has adopted code list changes as noted in the Definitions of Medicare Code Edits v41. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 11/07/2023 Sunflower - 12/01/2023 UHC - 11/12/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
622	11/27/2023	B2000-088-A2	Policy	Pharmacist Billing of Vaccines and the Vaccine Administration Fee Pharmacy vaccine and vaccine administration services should be submitted on a professional claim using the pharmacy 25/255 NPI. An ordering provider is not required by the KMAP. If the pharmacy billing software requires an ordering NPI and the patient was self-referred, the pharmacy may bill using the pharmacist's NPI as the ordering provider. The pharmacist must be enrolled in KMAP as provider type/specialty 32/276 (non-physician Pharmacist). Effective with the implementation date for each MCO, retroactive to November 01, 2023 service dates.	N/A	ABH - 11/20/2023 Sunflower - 09/19/2023 UHC - 11/01/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
623	12/6/2023	PC674	Policy	Administration Code for Nirsevimab (Beyfortus) Injection Nirsevimab (Beyfortus) is a monoclonal antibody and not a vaccine. The administration code used should not be a vaccine administration code but code 96372, injection of drug or substance under skin or into muscle. The administration code used for the injection of Nirsevimab (Beyfortus) should be 96372 with modifier U2. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 11/27/2023 Sunflower - 11/29/2023 UHC - 02/01/2024	ABH - No claims impacted. Sunflower - 2/16/2024 UHC - 02/16/2024	O/U
624	12/6/2023	PC678	Policy	New Administration Codes for Nirsevimab (Beyfortus) Injection CPT released 2 new codes specific for reporting the administration and counseling of nirsevimab injection: 96380 & 96381 Effective October 6, 2023, administration code and modifier, 96372 U2, should no longer be billed for administration of nirsevimab (Beyfortus). Effective with the implementation date for each MCO, retroactive to October 6, 2023 service dates.	N/A	ABH - 12/14/2023 Sunflower - 11/29/2023 UHC - 02/01/2024	ABH - Underpaid - 01/03/2024 Overpaid - 03/05/2024 Sunflower - 02/16/2024 UHC - 02/16/2024	O/U
625	12/22/2023	E2022-164-A3	Policy	DRG Weights and Rates for January 2023 - Update Updated DRG weights and rates will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to January 01, 2023 discharge dates.	N/A	ABH - 01/21/2024 Sunflower - 11/13/2023 UHC - 11/21/2023	ABH - Underpayment - 02/06/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
626	12/22/2023	E2020-170-A31	Policy	COVID-19 Vaccines and Bivalent Discontinuation Effective September 11, 2023, Moderna and Pfizer-BioNTech Bivalent COVID-19 vaccine will no longer be covered. Moderna and Pfizer-BioNTech Bivalent mRNA COVID-19 vaccines are no longer authorized for use in the United States. Effective with the implementation date for each MCO, retroactive to September 11, 2023 discharge dates.	N/A	ABH - 12/18/2023 Sunflower - 10/04/2023 UHC - 10/09/2023 (Phys) UHC - 12/02/2023 (Facility)	ABH - Underpayment - 01/23/2024 Overpayment - 03/14/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
627	12/22/2023	E2021-154-A7	Policy	CCBHC Specialty Designation - PPS Rate Setting PPS rates will be reviewed by KDADs for each Certified CCBHC at a minimum of 2 years and not to exceed 3 years. The PPS rate established for the CCBHC listed below through Cost Reporting analysis by KDADS Accounting teams, will receive an updated rate and will be rebased at full certification. This is a correction to the established rate. Crawford County Mental Health Center□ Effective with the implementation date for each MCO, retroactive to November 01, 2023 service dates.	N/A	ABH - 01/09/2024 Sunflower - 10/31/2023 UHC - 11/21/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
628	12/22/2023	E2022-083-A2	Policy	Adding New Provider Types and Specialties and Place of Service to PET Scans Effective retroactive to dates of service January 01, 2023, multiple provider types and specialties will be able to bill for PET scans for oncologic purposes. Rates will be priced at 85% of Medicare. Effective with the implementation date for each MCO, retroactive to November 01, 2023 service dates.	N/A	ABH - 01/18/2024 Sunflower - 12/14/2023 UHC - 12/11/2023	ABH - Underpayment - 02/12/2024 Sunflower - 01/26/2024 UHC - No claims impacted.	O/U
629	12/22/2023	PC675	Policy	QMB only DME Codes to Be Priced at 25% of Medicare Effective retroactive to July 01, 2023, rates for QMB only codes will be priced at 25% of the 2023 Medicare rates. DME codes with Medicaid covered benefits will be priced at 80% of the Medicare Fee Schedule. Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 11/30/2023 Sunflower - 12/15/2023 UHC - 12/08/2023	ABH - Underpayment - 12/20/2023 Overpayment - 05/20/2024 Sunflower - 05/15/2024 UHC - 01/02/2024	O/U
630	12/22/2023	E2023-156	Policy	Monthly Reference File Maintenance – November 2023 Reference files that need updates are often identified through claim edits. When these occur, the files are updated in according to current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the Managed Care Organizations. During the month of November 2023, the additions, changes, and/or deletions outlined in the KMAP policy were made to the KMMS Reference files. Impacted procedure code is 62252-26 and revenue code 77X. Effective with the implementation date for each MCO, retroactive to January 01, 2023 service dates.	N/A	ABH - 12/27/2023 Sunflower - 12/15/2023 UHC - 01/10/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 01/12/2024	O/U
631	1/23/2024	E2023-135	Policy	New DRG Grouper for January 2024 CMS has released version 41 to implement new ICD-10-Clinical Modification codes and new ICD-10-PCS codes to the MS-DRG and Medicare Code Editor (MCE). Effective with discharge dates on and after January 01, 2024, MS-DRG Grouper version 41 will be used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to January 01, 2024 discharge dates.	N/A	ABH - 01/24/2024 Sunflower - 01/01/2024 UHC - 01/07/2024	ABH - Underpayment - 02/21/2024 Overpayment - 06/27/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
632	1/23/2024	E2023-157	Policy	DRG Weights and Rates for January 2024 - Update Updated DRG weights and rates will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to 01/01/2024 discharge dates.	N/A	ABH - 01/21/2024 Sunflower - 01/01/2024 UHC - 01/07/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
633	1/23/2024	E2021-154-A10	Policy	CCBHC Specialty Designation - PPS Rate Setting by Center PPS rates will be reviewed by the KDADs for each CCBHC at a minimum of 2 years and not to exceed 3 years. The PPS rate established for the CCBHC listed below through Cost Reporting analysis by KDADS Accounting teams will receive an updated rate and will be rebased at full certification. This is a correction to the established rate. Sumner Mental Health Center Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/12/2024 Sunflower - 12/21/2023 UHC - 01/09/2024	ABH - Underpayment - 03/06/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
634	1/20/2024	E2023-103	All Providers	During implementation of E2023-103 2lst Century Cures Act Requirements for HCBS Services, Non-waiver PCS, and Home Health Care (HHCS) visits, a configuration error occurred that added authorization requirements for service codes 99381 through 99385 and 99391 through 99395 to all providers, effective December 01, 2023. This caused claims to deny for no authorization in error.	N/A	ABH - 12/14/2024	ABH - Underpayment - 01/19/2024	U

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635	2/1/2024	E2023-167	Policy	Monthly Reference File Maintenance – December 2023 – Codes J3030 and J3470 Additions, changes, and/or deletions were made to the KMMS Reference files. Impacted procedure codes are J3030, J3470 and G2216. This monthly policy documents these changes and are a means of communication to the Managed Care Organizations. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 02/13/2024 Sunflower - 02/07/2024 UHC - 01/22/2024	ABH - Underpayment - 02/29/2024 Sunflower - No claims impacted. UHC - 04/10/2024	O/U
636	2/1/2024	E2019-019-A14	Policy	Rate Changes for Physician Administered Drugs – January 2024 PADs with pure codes that are submitted for reimbursement under the medical benefit that does not have a Medicare Part-B rate will be priced as indicated on the policy attachment. Pricing guidelines outlined in policy E2019-019 for unlisted procedure code drugs will remain the same. Any HCPCS codes that pertain to drugs on the High Dollar Rare Disease Drug reimbursement list will follow the pricing in general bulletin 22097. Should a long-acting reversible contraception (LARC) product have a price change, the updated price will be retroactive to that product's price change effective date. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 01/08/2024 Sunflower - 02/07/2024 UHC - 01/19/2024	ABH - No claims impacted. Sunflower - 05/13/2024 UHC - No claims impacted.	O/U
637	2/1/2024	E2020-114-A7	Policy	MAT Medicaid Rate -Updates for January 2024 This is an annual update for Medication Assisted Treatment (MAT) drugs/biologics approved for OUD treatments. This policy is to require the frequency of the rate updates to be current and to clarify the rate for the drug portion of the rates. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 01/09/2024 Sunflower - 12/28/2023 UHC - 01/19/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
638	2/1/2024	E2024-002	Policy	IHS Reimbursement – CY 2024 The rate for Indian Health Services (IHS) is going from $654.00 to $719.00. Retroactive adjustments will be necessary for these claims. This is a federally mandated change. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/21/2024 Sunflower - 01/17/2024 UHC - 01/25/2024	ABH - Underpayment - 03/14/2024 Sunflower - No claims impacted. UHC - 01/31/2024	O/U
639	2/1/2024	E2024-007	Policy	Tribal FQHC Reimbursement – CY 2024 The rate for Prairie Band Potawatomi Health Center is being adjusted. Retroactive adjustments will be necessary for these claims. This is a federally mandated change. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/21/2024 Sunflower - 01/25/2024 UHC - 01/18/2024	ABH - Underpayment - 03/14/2024 Sunflower - No claims impacted. UHC - 01/31/2024	O/U
640	2/1/2024	M2023-164	Policy	Cost Adjustment Factor for Critical Access Hospitals – January 2024 Effective with discharge dates on and after January 01, 2024, for inpatient claims, and for dates of service on and after January 01, 2024, for outpatient claims, the CAF for CAHs will be as indicated on the policy attachment for claims processed. Effective with the implementation date for each MCO, retroactive to January 01, 2024 discharge dates.	N/A	ABH - 02/29/2024 Sunflower - 01/24/2024 UHC - 03/07/2024	ABH - Underpayment - 04/29/2024 Overpayment - 06/23/2024 Sunflower - No claims impacted. UHC - 04/19/2024	O/U
641	2/14/2024	E2021-154-A11	Policy	CCBHC Specialty Designation -PPS Rate Setting by Center PPS rates will be reviewed by KDADs for each CCBHC at a minimum of 2 years and not to exceed 3 years. The PPS rate established for the CCBHC listed below through Cost Reporting analysis by KDADS Accounting teams will receive an updated rate and will be rebased at full certification. The following CCBHCs will receive an updated rate beginning January 01, 2024 through December 31, 2025. Bert Nash Community Mental Health Center COMCARE of Sedgwick County Central Kansas Mental Health Center Four County Mental Health Center High Plains Mental Health Center Horizons Mental Health Center Johnson County Community Mental Health Center Wyandot Center for Community Behavioral Healthcare Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/06/2024 Sunflower - 12/21/2023 UHC - 12/21/2023	ABH - Underpayment - 03/06/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
642	2/14/2024	E2020-170-A33	Policy	Home Administration Code M0201 Reimbursement Medicaid will only reimburse code M0201 when billed with the COVID-19 vaccine administration code 90480. Effective with the implementation date for each MCO, retroactive to 01/01/2024 service dates.	N/A	ABH - 02/21/2024 Sunflower - 02/09/2024 UHC - 02/07/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 02/23/2024	O/U

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643	2/14/2024	E2024-013	Policy	Ratelist and Manual Adjustments – January 2024 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 03/14/2024 Sunflower - 01/23/2024 UHC - 02/07/2024	ABH - Pending Underpayment - 03/29/2024 Overpayment - 06/24/2024 Sunflower: Overpayment - 04/25/2024 Underpayment- 03/04/2024 UHC - 02/22/2024	O/U
644	2/14/2024	E2009-008-A38	Policy	HCPCS Pricing for Part B Drugs – January 2024 Additions, revisions, and deletions related to 1st quarter 2024 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 03/05/2024 Sunflower - 02/07/2024 UHC - 02/26/2024	ABH - Underpayment - 03/30/2024 Overpayment - 07/09/2024 Sunflower - 05/13/2024 UHC - 03/11/2024	O/U
645	2/14/2024	E2024-018	Policy	State Mental Health Institution Cost Settlement Reports Pursuant to policy E2016-133-A2, effective with claims processed on and after February 1, 2018, retroactive to January 01, 2017, service dates, state mental health institution reimbursement is based on provider specific rates, regardless of the billed amount. This allows Medicaid cost report settlements for state mental health institutions to be processed with retroactive rate adjustments. KanCare MCOs will process retroactive rate adjustments for Larned State Hospital and Adair Acute Care to process the Medicaid cost report settlement for the facilities. Allowable ancillary services and associated revenue codes billed in addition to the room and board revenue codes will continue to be reimbursed at 100% of billed charges per policy E2016-133. Effective with the implementation date for each MCO, retroactive to July 1, 2022, through June 30, 2023 service dates.	N/A	ABH - 02/26/2024 Sunflower - 02/02/2024 UHC - 02/07/2024	ABH - 03/14/2024 Sunflower - 03/21/2024 UHC - 03/04/2024	O/U
646	2/14/2024	E2021-154-A12	Policy	CCBHC Specialty Designation -PPS Rate Setting by Center The PPS rates were established for each CCBHC through Cost Reporting analysis by KDADS Accounting teams. This CCBHC will receive the rate listed on the policy beginning January 01, 2024, and will be rebased at full Certification. PPS rates will be reviewed by KDADS for each CCBHC at a minimum of 2 years and not to exceed 3 years. Southeast Kansas Mental Health Center Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/21/2024 Sunflower - 02/06/2024 UHC - 02/12/2024	ABH - 03/19/2024 Sunflower - 04/05/2024 UHC - 03/04/2024	O/U
647	2/28/2024	E2023-134	Policy	MCR-AA Rate Updates – January 2024 All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Annual and quarterly updates are required. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/07/2024 Sunflower - 02/23/2024 UHC - 02/26/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
648	2/28/2024	E2023-133	Policy	CY 2024 Anesthesia Conversion Factor Additions, revisions, and deletions related to HCPCS 2024. The anesthesia conversion factor for calendar year 2024 will be $18.97. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 03/26/2024 Sunflower - 03/14/2023 UHC - 03/10/2024	ABH - Overpayement - 07/07/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
649	2/28/2024	E2023-055	Policy	Subcutaneous Continuous Glucose Monitors Continuous Glucose Monitors (CGM) will be covered in Kansas Medicaid under the Durable Medical Equipment benefit. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/20/2024 Sunflower - 01/01/2024 UHC - 12/31/2023	ABH - 03/14/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
650	2/28/2024	E2023-093	Policy	Management of Self-monitoring Blood Pressure (SMBP) Treatment Plans professional services to validate blood pressure equipment, training and interpretation of blood pressure readings will be covered using the following codes: 99473 and 99474 An acceptable diagnosis code from the following ranges must be included on the claim: I12.0-I12.9 – Hypertensive chronic kidney disease I13.0-I13.2 – Hypertensive heart and chronic kidney disease I50.1-I50.9 – Heart failure N18.5-N18.6 – Chronic kidney disease, stage 5 and end-stage renal disease Note: Finger and wrist monitors are not covered for heart failure and ESRD diagnoses. Covered benefit plans are MKN, MN, XIX, XXI, P19, P21, QMB, and SOBRA. Covered PT/PS are 31/000, 31/349, 09/093, and 10/100 Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 02/06/2024 Sunflower -12/12/2023 UHC - 12/22/2023	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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651	3/14/2024	E2006-105-A81	Policy	Deactivation of Medically Unlikely Edits Practitioner for 97535 and 97537 for BI Waiver Effective retroactive to dates of service February 1, 2024, NCCI MUE practitioner (PRA) edits for procedure codes 97535 and 97537 for the Brain Injury (BI) Waiver will be deactivated for BI Waiver members only. Effective with the implementation date for each MCO, retroactive to February 1, 2024 service dates.	N/A	ABH - 03/24/2024 Sunflower - 04/25/2024 UHC - 02/21/2024	ABH -No claims impacted. Sunflower - No claims impacted. UHC - 03/01/2024	O/U
652	3/5/2024	SF-1415		E2016-122-A2 Incontinence Supplies in Quantities to Meet Members' Needs An incorrect keyword was passed to production, incorrectly causing incorrect denials to be applied.	N/A	Sunflower- 03/05/2024	Sunflower Underpayment- 04/12/2024 Overpayment- 07/22/2024	
653	3/28/2024	E2024-027	Policy	Ratelist and Manual Adjustments - February 28, 2024 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 04/04/2024 Sunflower - 03/21/2024 UHC - 03/13/2024	ABH - 04/04/2024 Sunflower Overpayment - 07/22/2024 Underpayment- 05/13/2024 UHC - 04/15/2024	O/U
654	3/28/2024	E2021-154-A14	Policy	CCBHC Specialty Designation- PPS Rate Adjustment – Prairie View The request for rate adjustment due to the increase in the scope of service meets the established guidelines for requesting a review and adjustment of the PPS rate prior to rebasing period. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 04/01/2024 Sunflower - 03/14/2024 UHC - 03/15/2024	ABH - 04/01/2024 Sunflower - No claims impacted. UHC - 04/03/2024	O/U
655	3/28/2024	E2024-031	Policy	Ratelist and Manual Adjustments – March 14, 2024 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 05/14/2024 Sunflower - 03/21/2024 UHC - 03/21/2024	ABH - 07/09/2024 Sunflower Overpayment - 07/22/2024 Underpayment- 05/13/2024 UHC - 04/05/2024	O/U
656	3/28/2024	E2020-113-A3	Policy	MAT - Office Based Opioid Treatment – Updates Newly FDA approved Brixadi (J0576) and future generics will be managed like other Medication Assisted Treatment (MAT) drugs under the parent policy E2020-113 Medication Assisted Treatment – Office Based Opioid Treatment (OBOT). Brixadi will be covered on both the medical and pharmacy benefits. All Risk Evaluation and Mitigation Strategy (REMS) Program rules for this drug must be followed. Effective with the implementation date for each MCO, retroactive to April 01, 2023 service dates.	N/A	ABH - 03/26/2024 Sunflower - No impact. UHC - 03/10/2024	ABH - No claim impacted. Sunflower - N/A UHC - No claims impacted.	O/U
657	3/28/2024	E2020-114-A8	Policy	MAT - Opioid Treatment Programs- Updates Newly FDA-approved Brixadi (J0576) and future generics will be managed like other MAT drugs under policy E2020-114 Medication Assisted Treatment – Opioid Treatment Program (OTP). Original policy billing code clarification: Billing codes G2068 and 80348 cannot be billed within the same 14 days of each other. Effective with the implementation date for each MCO, retroactive to April 01, 2023 service dates.	N/A	ABH - 03/26/2024 Sunflower - 04/02/2024 UHC - 05/15/2024	ABH - No claim impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
658	4/12/2024	E2021-154-A13	Policy	CCBHC Specialty Designation- PPS Rate Setting Center The PPS rate established for the CCBHC listed below through Cost Reporting analysis by the KDADS Accounting teams will receive the updated rate and will be rebased at full Certification. PPS rates will be reviewed by KDADS for each CCBHC at a minimum of 2 years and not to exceed 3 years. Southwest Guidance Center□ 333 W 15th Liberal, KS 67901□ Effective with the implementation date for each MCO, retroactive to March 01, 2024 service dates.	N/A	ABH - 03/26/2024 Sunflower - 02/28/2024 UHC - 03/07/2024	ABH - No claim impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
659	4/12/2024	E2024-019	Policy	Monthly Reference File Maintenance – February 2024 – Codes M0201 and J2359 The additions, changes, and/or deletions outlined on the attachment of the policy were made to the KMMS Reference files. Impacted procedure codes are Q5111, Q5112, M0201, J2359, T1017, J7214 and 78434. Effective with the implementation date for each MCO, retroactive to October 01, 2023 service dates.	N/A	ABH - 04/08/2024 Sunflower - 04/04/2024 UHC - 04/29/2024	ABH - No claim impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
660	4/12/2024	PC680	Policy	Removing Community Health Worker Codes from Group 4084 The following codes are no longer considered content of service and will be paid. 98960, 98961, and 98962 Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - 03/18/2024 Sunflower - 03/15/2024 UHC - 03/31/2024	ABH - No claims impacted. Sunflower - 05/16/2024 UHC - No claims impacted.	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
661	4/12/2024	E2021-154-A16	Policy	CCBHC Rate Adjustment Upon request for review of the most recent cost report for the CCBHC listed below, non-CCBHC allocations were identified and reclassified to appropriate cost allocations resulting in a change of the PPS rate. Johnson County Mental Health Center 6000 Lamar Ste 130 Mission, KS 66202 Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 05/01/2024 Sunflower - 04/02/2024 UHC - 04/03/2024	ABH - No claims impacted. Sunflower - 08/19/2024 UHC - 05/03/2024	O/U
662	5/10/2024	E2024-020	Policy	MCR-AA Rate Updates – April 2024 Annual and quarterly updates are required per policy E2005-066. All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to April 1, 2024 service dates.	N/A	ABH - 06/02/2024 Sunflower - 04/30/2024 UHC - 06/15/2024	ABH - No claims impacted. Sunflower - 08/22/2024 UHC - 07/05/2024	O/U
663	5/10/2024	E2006-105-A80	Policy	NCCI/MUE Editing – April 2024 Additions, revisions and deletions related to 2nd quarter 2024 NCCI and MUE. Effective with the implementation date for each MCO, retroactive to April 1, 2024 service dates.	N/A	ABH - 04/21/2024 Sunflower - 04/25/2024 UHC - 04/01/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
664	5/10/2024	E2024-037	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – April 18, 2024 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 06/03/2024 Sunflower - 04/29/2024 UHC - 04/23/2024	ABH - Underpayment - 07/23/2024 Overpayment - 10/14/2024 Sunflower - 08/01/2024 UHC - 05/13/2024	O/U
665	5/10/2024	E2024-029	Policy	Pentavalent Meningococcal Penbraya Vaccine Coverage Medicaid will cover the Advisory Committee on Immunization Practices (ACIP) recommended combined pentavalent Meningococcal serogroup A, B, C, W, Y vaccine, Penbraya (MenACWY-MenB), as an option for people aged 10 years or older who are getting Men ACWY and Men B vaccines at the same visit. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 04/18/2024 Sunflower - 05/02/2024 UHC - 05/15/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
666	5/10/2024	E2004-055-A2	Policy	Coverage of Diabetes Devices, Accessories and Supplies for Ages 0-20 Diabetes devices, accessories and supplies will be covered for members, age 0-20 when managed by a qualified medical professional. Prior authorization is required. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 06/07/2024 Sunflower - 04/16/2024 UHC - 05/07/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 05/17/2024	O/U
667	5/10/2024	E2019-019-A16	Policy	Rate Changes for Physician Administered Drugs – April 2024 PADs with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy. Pricing guidelines outlined in policy E2019-019 for unlisted procedure code drugs will remain the same. Any HCPCS codes that pertain to drugs on the High Dollar Rare Disease Drug reimbursement list will follow the pricing in general bulletin 22097. Should a long-acting reversible contraception (LARC) product have a price change, the updated price will be retroactive to that product's price change effective date. Effective with the implementation date for each MCO, retroactive to April 1, 2024 service dates.	N/A	ABH - 04/24/2024 Sunflower - 04/04/2024 UHC - 04/29/2024	ABH - Underpayment - 07/13/2024 Overpayment - 09/30/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
668	5/10/2024	E2024-028	Policy	Monthly Reference File Maintenance – March 2024 – Select Anesthesia Codes Reference files that need updates are often identified through claim edits. When these occur, the files are updated in accordance with current KMAP policy so that affected claims may process as intended. These monthly policies document those changes and are a means of communication to the MCOs. Additions, changes, and/or deletions were made to the KMMS Reference files. Impacted procedure codes: A4342, C9154, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 01958, 01960, 01961, 01962, 01963, 01965, 01969, Z2694, 99438, 90225, 90240, 90250, 90260, 90270, 90280, 90282, 90285 and 90757. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 05/19/2024 Sunflower - 05/02/2024 UHC - 05/15/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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669	5/10/2024	E2023-055-A1	Policy	Adjunctive Subcutaneous CGM Adjunctive subcutaneous continuous glucose monitors will be covered. The following HCPCS codes will be reimbursed for adjunctive CGMs. E2102 & A4238 Note: All other requirements and limitations noted in the original CGM policy still apply. Providers may choose adjunctive devices or non-adjunctive devices, but one per device coverage period. The DME supplier is required to obtain a renewal order from the treating physician every 12 months. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 03/07/2024 Sunflower - 04/16/2024 UHC - 04/14/2024	ABH - No claims impacted. Sunflower - 07/30/2024 UHC - 05/01/2024	O/U
670	5/10/2024	E2024-024	Policy	New DRG Grouper for April 2024 MS-DRG Grouper version 41.1 will be used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to April 1, 2024 service dates.	N/A	ABH - 04/24/2024 Sunflower - 04/01/2024 UHC - 04/01/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
671	5/10/2024	E2024-021	Policy	ICD-10 Changes – April 2024 This is the bi-annual policy documented to track and implement the additions, revisions and deletions related to ICD-10 surgical procedure and diagnosis codes. Effective with the implementation date for each MCO, retroactive to April 1, 2024 service dates.	N/A	ABH - 04/01/2024 Sunflower - 04/01/2024 UHC - 04/01/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
672	5/20/2024	E2023-133-A2	Policy	Revised Anesthesia Conversion Factors for CY 2024 Anesthesia conversion factors have been revised for calendar year 2024 as follows: For service dates 01/01/2024 through 03/08/2024 - $19.52 For service dates 03/09/2024 through 12/31/2024 - $19.85 Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	ABH - 05/22/2024 Sunflower - 04/16/2024 UHC - 05/06/2024	ABH - Underpayment - 06/30/2024 Overpayment - 10/02/2024 Sunflower - 06/12/2024 UHC - 05/31/2024	O/U
673	5/20/2024	E2014-061-A9	Policy	Non-Coverage of Facility Charges (G0463) G0463 will no longer be a covered KMAP service for hospitals listed on the attachment to this policy and all out of state hospitals. Attachment updated to include current hospitals including KU and Children's Mercy MO. G0463 should only be billed as a reimbursable service by hospitals when physicians/practitioner utilize hospital space for their clinic services and that space is considered a provider-based department of the hospital. This primarily applies to rural settings where the physician/practitioner travels to different cities/towns and uses a hospital department room to see patients. G0463 should not be used for services provided in hospital owned clinics. Any updates needed to the attached list of hospitals will be done via policy in January of each year. Effective with the implementation date for each MCO, retroactive to April 1, 2015 service dates.	N/A	ABH - 07/19/2024 Sunflower - 06/04/2024 UHC - 05/01/2024	ABH - 10/24/2024 Sunflower: Underpayment- 10/04/2024 Payment - 08/08/2024 UHC - 07/15/2024	O/U
674	5/20/2024	E2009-008-A39	Policy	HCPCS Pricing for Part B Drugs - April 2024 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to the 2nd quarter 2024 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to April 1, 2024 service dates.	N/A	ABH - 05/16/2024 Sunflower - 05/07/2024 UHC - 06/10/2024	ABH - Underpayment - 06/08/2024 Overpayment - 09/07/2024 Sunflower - 08/22/2024 UHC - 07/15/2024	O/U
675	5/20/2024	E2011-087-A8	Policy	HCBS/Severe Emotional Disturbance (SED) Attendant Care – New Provider Tax Identification Number (TIN)/National Provider Number (NPI)/KMMS ID for AuthentiCare Coverage Crawford County Mental Health Center has a change due to a new Tax ID. Effective with the implementation date for each MCO, retroactive to April 1, 2024 service dates.	N/A	ABH - 04/01/2024 Sunflower - 05/10/2024 UHC - 06/01/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 08/01/2024	O/U
676	7/10/2024		All Providers	Claims are being denied as non-covered benefit in error for providers with primary specialties of 01/018, 08/183, 12/120, 21/186, 28/282 and 53/345. During correction of this issue it has allowed some claims that should have denied as the member is Psychiatric Residential Treatment Facility (PRTF) to pay in error.	N/A	ABH - Denied claims - 07/10/2024 Paid in error claims - 10/08/2024	ABH - Underpayment - 12/16/2024 Overpayment - 12/06/2024	U
677	7/10/2024		All Providers	Claims were being denied when the following Dx codes were billed Z53.20, Z53.21 and Z53.29 as not covered with reported diagnosis.	N/A	ABH - 06/14/2024	ABH - 10/29/2024	U
678	7/26/2024	E2023-159-A1	Policy	Swing Bed Rates for Calendar Year 2024 This is an annual rate adjustment mandated by CMS. Effective with the implementation date for each MCO, retroactive to 01/01/2024 service dates.	N/A	ABH - 07/10/2024 Sunflower - 06/05/2024 UHC - 07/02/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 08/02/2024	O/U

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679	7/26/2024	E2023-137	Policy	KBH Provider Payment Increase - Select Providers & Codes A payment was made for nine Kan Be Healthy (KBH) codes for the following provider types who provide KBH visits: Family Practice Physicians (31/316) General Practitioner (31/318) Physician Assistant (10/100) APRN (09/093) Certified Nurse Midwife (09/095) Codes included: 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, & 99395 Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 07/19/2024 Sunflower - 06/28/2024 UHC - 07/12/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
680	7/26/2024	E2023-133-A1	Policy	HCPCS Changes – April 2024 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to 2nd quarter 2024 HCPCS. Effective with the implementation date for each MCO, retroactive to 04/01/2024 service dates.	N/A	ABH - 07/19/2024 Sunflower - 06/26/2024 UHC - 08/03/2024	ABH - Underpayment - 07/09/2024 Overpayment - 08/28/2024 Sunflower - 08/06/2024 UHC - No claims impacted.	O/U
681	7/26/2024	E2024-030	Policy	Coverage of CPAP and BiPAP CPAP and BiPAP devices, accessories, and services will be covered as medically necessary for members with obstructive sleep apnea (OSA). Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 07/22/2024 Sunflower - 08/02/2024 UHC - 07/01/2024	ABH - 08/08/2024 Sunflower - 08/23/2024 UHC - No claims impacted.	O/U
682	7/26/2024	E2024-057	Policy	Expansion of Providers for Psychosocial Rehabilitation (PSR The Specialized Community-Based Rehabilitations Services of Community Psychosocial Rehabilitation (PSR) codes H2017-Individual, H2017TJ- Child Group, H2017HQ- Adult Group, may be billed by providers listed below. 09/093 Nurse Practitioner (Other) 09/096 Psychiatric Nurse Practitioner 10/100 Physician Assistant 11/108 Licensed Master's Level Psychologist (LMLP) 11/109 Licensed Clinical Psychotherapist (LCP) 11/111 Community Mental Health Center (CMHC) 11/112 Psychologist 11/115 Licensed Mental Health Professional (LMHP) 11/116 Licensed Clinical Mental Health Professional (LCMHP) 11/121 Certified Community Behavioral Health Clinic (CCBHC) 11/123 Children with Severe Emotional Disturbances 11/125 Home Based Family Therapy 11/176 Alcohol and Drug Rehabilitation 31/316 Family Practitioner 31/318 General Practitioner 31/339 Psychiatrist 31/348 Addiction Medicine 31/349 Exempt License Physician Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 07/17/2024 Sunflower - 07/03/2024 UHC - 07/01/2024	ABH - 08/07/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
683	7/26/2024	E2024-055	Policy	Increase Applied Behavioral Analysis Rate to $65 per hour The service rate for CPT code 97153 increased for applied behavioral analysis to $65/hour ($16.25 per unit). Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 07/24/2024 Sunflower - 06/24/2024 UHC - 07/01/2024	ABH - 08/01/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
684	7/26/2024	E2024-058	Policy	Expansion of Providers for Community Psychiatric Support and Treatment (CPST) The Specialized Community-Based Rehabilitation Services of CPST codes H0036HA and H0036HB may be billed by the following providers 09/093 Nurse Practitioner (Other) 09/096 Psychiatric Nurse Practitioner 10/100 Physician Assistant 11/108 Licensed Master's Level Psychologist (LMLP) 11/109 Licensed Clinical Psychotherapist (LCP) 11/111 Community Mental Health Center (CMHC) 11/112 Psychologist 11/115 Licensed Mental Health Professional (LMHP) 11/116 Licensed Clinical Mental Health Professional (LCMHP) 11/121 Certified Community Behavioral Health Clinic (CCBHC) 11/123 Children with Severe Emotional Disturbances 11/125 Home Based Family Therapy 11/176 Alcohol and Drug Rehabilitation 31/316 Family Practitioner 31/318 General Practitioner 31/339 Psychiatrist 31/348 Addiction Medicine 31/349 Exempt License Physician Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 08/14/2024 Sunflower - 07/03/2024 UHC - 07/01/2024	ABH - 09/21/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
685	8/15/2024		Autism	CPT code 97153 was paying at the incorrect rate for providers with specialty 11/404 starting 07/01/2024.	N/A	ABH - 07/24/2024	ABH - 08/28/2024	U
686	8/15/2024		All Providers	Beginning 07/14/2024 claims were being denied in error as duplicate when previous claim was denied.	N/A	ABH - 07/31/2024	ABH - 11/22/2024	U
687	8/15/2024		NDC Claims	Claims denying as National Drug Code (NDC) invalid in error.	N/A	ABH - 08/08/2024	ABH - 02/04/2025	U

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688	8/23/2024	E2023-132	Policy	Effective with date of service July 1, 2024, Medicaid will cover sleep studies as medically necessary for both adult and pediatric members with prior authorization. Sleep medicine services include procedures to evaluate adult and pediatric patients for a variety of sleep disorders. Sleep medicine testing services are diagnostic procedures using in-laboratory and portable technology to assess physiologic data and therapy. All sleep services include recording, interpretation, and report. Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	NA	ABH - 07/16/2024 Sunflower - 07/01/2024 UHC - 08/02/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 10/01/2024	O/U
689	8/23/2024	E2019-019-A17	Policy	Rate Changes for Physician Administered Drugs – July 2024 PADs with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy. Pricing guidelines outlined in policy E2019-019 for unlisted procedure code drugs will remain the same. Any HCPCS codes that pertain to drugs on the High Dollar Rare Disease Drug reimbursement list will follow the pricing in general bulletin 22097. Should a LARC product have a price change, the updated price will be retroactive to that product's price change effective date. Effective with the implementation date for each MCO, retroactive to July 1, 2024 service dates.	N/A	ABH - 07/18/2024 Sunflower - 07/01/2024 UHC - 08/15/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
690	8/23/2024	E2024-070	Policy	Effective with dates of service on and after July 1, 2024, the State MH Institution room and board rates for Fiscal Year 2025 are being updated. Effective with the implementation date for each MCO, retroactive to July 1, 2024 service dates.	N/A	ABH - 08/06/2024 Sunflower - 07/19/2024 UHC - 08/05/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
691	8/23/2024	E2024-077	Policy	Ratelist and Manual Adjustments - July 22, 2024 Adjustments to the rates for each Nursing Facility (NF) and Nursing Facility for Mental Health (NFMH) in Kansas. Effective with the implementation date for each Managed Care Organization (MCO), retroactive to various service dates.	N/A	ABH - 08/28/2024 Sunflower - 08/07/2024 UHC - 08/06/2024	ABH - Underpayment - 10/05/2024 Overpayment - 01/02/2024 Sunflower: Underpayment - 09/13/2024 Overpayment - 12/31/2024 UHC - 09/09/2024	O/U
692	8/23/2024	PC686	Policy	Effective retroactive to May 1, 2022, the Telephone Evaluation and Management codes 99441, 99442, and 99443 listed specifically in the PPS code list for Certified Community Behavioral Health Clinic (CCBHC) have been updated to clarify those codes are to be used only for Place of Service (POS) 02 - Telehealth Provided Other than in Patients Home 10 - Telehealth in patient home Effective with the implementation date for each MCO, retroactive		ABH - 09/02/2024 Sunflower - 08/19/2024 UHC - 08/04/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
693	8/23/2024	E2021-154-A20	Policy	CCBHC Rate Adjustment Upon request for review of the most recent cost report for the CCBHC listed below, non-CCBHC allocations were identified and reclassified to appropriate cost allocations resulting in a change of the PPS rate. Iroquois Center for Human Development 610 East Grant Greensburg, KS 67054 Effective with the implementation date for each MCO, retroactive to June 1, 2024 service dates.	N/A	ABH - 09/10/2024 Sunflower - 08/15/2024 UHC - 08/22/2024	ABH - 09/28/2024 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
694	8/23/2024	E2023-133-A3	Policy	HCPCS Changes – July 2024 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to 3rd quarter 2024 HCPCS. Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 08/15//2024 Sunflower - 07/26/2024 UHC: Professional - 08/26/2024 Facility - 09/09/2024	ABH - 12/02/2024 Sunflower - 10/21/2024 UHC - 10/22/2024	O/U
695	8/29/2024	E2024-068	Policy	Expansion of Providers for Community-Based Services Team Meeting (CBST), Mental Health Assessment & Psychiatric Diagnostic Evaluation The CBST, Mental Health Assessment & Psychiatric Diagnostic Evaluation services are required for a higher level of care request for a PRTF which includes the following codes: H0031, H0032HA, 90791, 90792 and may be billed by providers listed below. Nurse Practitioner (Other), Psychiatric Nurse Practitioner, Physician Assistant, Licensed Master's Level Psychologist (LMLP), Licensed Clinical Psychotherapist (LCP), Community Mental Health Center, Psychologist, Licensed Mental Health Professional (LMHP), Licensed Clinical Mental Health Professional (LCMHP), Certified Community Behavioral Health Clinic, Children with Severe Emotional Disturbances, Home Based Family Therapy, Alcohol and Drug Rehabilitation, Family Practitioner, General Practitioner, Psychiatrist, Addiction Medicine, Exempt License Physician Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 08/26/2024 Sunflower - 08/27/2024 UHC - 07/15/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
696	8/29/2024	E2024-075	Policy	State Institutional Alternative (SIAs) and Psychiatric Observation Procedure code S9485 will be utilized for psychiatric observation for patients under 18 years of age. Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 10/17/2024 Sunflower - 08/23/2024 UHC - 09/01/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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697	8/29/2024	E2009-008-A40	Policy	HCPCS Pricing for Part B Drugs – July 2024 Additions, revisions and deletions related to 3rd quarter 2024 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to 07/01/2024 service dates.	N/A	ABH - 08/18/2024 Sunflower - 07/26/2024 UHC: Professional - 07/22/2024 Facility - 09/08/2024	ABH - Underpayment - 10/05/2024 Overpayment - 12/10/2024 Sunflower - 10/11/2024 UHC - 09/18/2024	O/U
698	10/1/2024	E2006-038-A11	Policy	Addendum for Title XIX Ages 21 and Older Dental Coverage Added coverage for preventative dental services for Title XIX adults for Title XIX members ages 21 and older. Effective with the implementation date for each MCO, retroactive to July 1, 2024 service dates.	N/A	ABH - 08/30/2024 Sunflower - 07/01/2024 UHC - 07/01/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
699	10/1/2024	E2024-064	Policy	2024 Physician Rate Increase Effective with dates of service on and after August 1, 2024, the rates noted in the attachment of 9% Physician Rate Increase will be applied. Effective with the implementation date for each MCO, retroactive to August 01, 2024 service dates.	N/A	ABH - 08/23/2024 Sunflower - 09/03/2024 UHC - 08/12/2024	ABH - Underpayment - 10/19/2024 Overpayment - 01/09/2025 Sunflower - 11/19/2024 UHC - No claims impacted.	O/U
700	10/1/2024	E2024-038	Policy	MCR-AA Rate Updates – July 2024 Annual and quarterly updates are required per policy E2005-066. All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. Effective with the implementation date for each MCO, retroactive to July 1, 2024 service dates.	N/A	ABH - 09/06/2024 Sunflower - 07/31/2024 UHC - 09/15/2024	ABH - No claims impacted. Sunflower - 10/21/2024 UHC - 10/17/2024	O/U
701	10/1/2024	M2023-164-A2	Policy	Cost Adjustment Factor for Critical Access Hospitals – January 2024 - Updates Rush County Memorial Hospital changed to a Rural Emergency Hospital (REH) effective May 1, 2024. Rural Emergency Hospitals are not eligible for the Cost Adjust Factor. Effective with the implementation date for each MCO, retroactive to May 1, 2024 discharge dates.	N/A	ABH - 09/12/2024 Sunflower - 06/07/2024 UHC - 06/24/2024	ABH - 9/28/2024 Sunflower - No claims impacted. UHC - 10/01/2024	O/U
702	10/1/2024	E2024-074	Policy	2024 Medicaid Outpatient Rate Increase Effective with dates of service on and after August 1, 2024, the Medicaid Outpatient rates were increased. Effective with the implementation date for each Managed Care Organization (MCO), retroactive to August 01, 2024 discharge dates.	N/A	ABH - 09/25/2024 Sunflower - 08/01/2024 UHC - 09/09/2024	ABH - 01/29/2025 Sunflower - No claims impacted. UHC - 10/21/2024	O/U
703	10/1/2024	E2023-157-A1	Policy	DRG Weights and Rates for January 2024 - Update Added for Mitchell County Hospital. Effective with the implementation date for each MCO, retroactive to 01/01/2024 discharge dates.	N/A	ABH - 10/25/2024 Sunflower - 09/28/2024 UHC - 09/07/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 09/20/2024	O/U
704	10/1/2024	E2024-091	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – August 27, 2024 Adjustments to the rates for each Nursing Facility (NF) and Nursing Facility for Mental Health (NFMH) in Kansas. Effective with the implementation date for each Managed Care Organization (MCO), retroactive to various service dates.	N/A	ABH - 10/18/2024 Sunflower - 09/13/2024 UHC - 09/16/2024	ABH: Underpayment - 11/16/2024 Overpayment - 2/13/2025 Sunflower: Underpayment- 12/19/2024 Overpayment- 2/6/2025 UHC - 10/25/2024	O/U
705	10/8/2024			Claims denied in error for member age with CARC CO06.	N/A	ABH - 08/30/2024	ABH - 1/13/2025	U
706	10/11/2024	SF-1416		Incorrect editing for procedure/diagnosis restrictions for Magnetic Resonance Imaging (MRI) Breast procedures – Claims paid in error for procedure codes 77046-77063 as the diagnosis restrictions from the PROC_DIAG_LIMIT file not fully	N/A	Sunflower- 10/10/2024	Sunflower- 4/10/2025	O
707	11/18/2024	PC687	Policy	Restrictions Do Not Apply to DME Repair Code K0739 Durable Medical Equipment (DME) repair code K0739 will be covered without diagnosis restrictions. Effective with the implementation date for each MCO, retroactive to July 01, 2024 service dates.	N/A	ABH - 12/03/2024 Sunflower - 11/21/2024 UHC: Diagnosis - 10/23/2024 Unit Limit Removal -	ABH - No claims impacted. Sunflower -12/6/2024 UHC - 1/9/2025	O/U
708	11/18/2024	E2008-061-A14	Policy	2024 Updates to the Medicare Guidelines for Unacceptable Principal Diagnosis Codes ICD-10 was implemented on October 1, 2015 and thousands of ICD-9 diagnosis codes were transitioned to ICD-10 diagnosis codes. Many health plans adopted the Definitions of Medicare Code Edits to identify diagnosis codes that are unacceptable as the principal diagnosis. The use of ICD-10 diagnosis codes is beginning to normalize, however Medicare continues to make periodic updates to the code list. This has included both the addition and deletion of diagnosis codes from the list. Kansas will continue to follow Medicare guidance to update the list of unacceptable principal diagnosis codes. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	N/A	ABH - 11/14/2024 Sunflower - 10/1/2024 UHC - 10/27/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/04/2024	O/U

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709	11/18/2024	E2024-102	Policy	Medicaid Hospice Payment Rates for FY 2025, CMS 1810-F – Compliant Providers Updates to the Medicaid hospice payment rates for Federal Fiscal Year (FY) 2025. Section 3004 of the Affordable Care Act also amended the Act to authorize a Medicare quality reporting program for hospices. Section 1814(i)(5)(A)(i) of the Act requires that beginning with FY 2024 and for each subsequent FY, the Secretary shall reduce the market basket update by 4 percentage points, for any hospice provider that does not comply with the quality data submission requirements with respect to that FY. Additionally, CMS1810-F finalizes the reorganization of the regulations to clarify current policy related to the "election statement" and the "notice of election (NOE)," and adds clarifying language regarding who can certify terminal illness and admit patients to hospice. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	N/A	ABH - 1/31/2025 Sunflower - 1/4/2025 UHC - 1/30/2025	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/06/2024 (compliant providers)	O/U
710	11/18/2024	E2023-132-A1	Policy	Coverage of Additional Sleep Study Diagnoses for Children The following diagnoses will be covered for sleep studies for ages 0-20 (children): G47.9 – sleep disorder, unspecified G25.81 – Restless legs syndrome G47.10 – Hypersomnia, unspecified G47.00 –Insomnia, unspecified G47.61 –Periodic leg movement disorder R06.83 - Respiratory abnormality, snoring G47.8 – Sleep disturbance, sleep walking Z93.0 - Decannulation Effective with the implementation date for each MCO, retroactive to July 01, 2024 service dates.	N/A	ABH - 11/05/2024 Sunflower - 11/05/2024 UHC - 11/04/2024	ABH - No claims impacted. Sunflower - 12/4/2024 UHC - 12/14/2024	O/U
711	11/18/2024	E2024-099	Policy	Coverage of Pneumococcal Conjugate Vaccine PCV21 Capvaxive Kansas Medicaid will cover the pneumococcal 21-valent conjugate vaccine (PCV21) (90684) as an option for adults aged 19 years and older who currently have a recommendation to receive a dose of PCV. Effective with the implementation date for each MCO, retroactive to June 27, 2024 service dates.	N/A	ABH - 10/28/2024 Sunflower - 10/11/2024 UHC - 10/13/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/02/2024	O/U
712	11/18/2024	E2024-100	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – September 23, 2024 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 10/31/2024 Sunflower - 10/8/2024 UHC - 10/02/2024	ABH - Underpayment - 12/14/2024 Overpayment - 02/19/2025 Sunflower: Overpayment- 2/10/2025 Underpayment- 1/6/2025 UHC - 11/26/2024	O/U
713	11/18/2024	E2024-069	Policy	ICD-10 Changes – October 2024 This is the bi-annual policy documented to track and implement the additions, revisions and deletions related to ICD-10 surgical procedure and diagnosis codes. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	N/A	ABH - 11/13/2024 Sunflower - 11/8/2024 UHC - 11/10/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
714	11/18/2024	E2009-008-A41	Policy	Healthcare Common Procedure Coding System (HCPCS) Changes for Part B Drugs – October 2024 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to the 4th quarter 2024 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	N/A	ABH - 11/13/2024 Sunflower - 12/05/2024 UHC - 11/18/2024	ABH - Underpayment - 12/28/2024 Overpayment - 3/5/2025 Sunflower - No claims impacted. UHC - 1/27/2025	O/U
715	12/9/2024	E2024-096	Policy	Allowance of Hospitals to Bill for Pulmonary Rehabilitation Services Outpatient Pulmonary Rehabilitation services will be covered when billed by a hospital as both the billing and rendering Provider. The Provider Type/Provider Specialties allowed are 01/010 and 01/012. The codes denoting this service are 94625 and 94626. The criteria for appropriate billing remains the same. From January 2023 through July 31, 2024, associated rates are as follows: 94625 at $13.71 and $20.18 for 94626. Effective August 1, 2024, the following rates will be in effect: 94625 set at $43.22 and 94626 set at $47.20. Effective with the implementation date for each MCO, retroactive	N/A	ABH - 11/13/2024 Sunflower - 12/20/2024 UHC - 11/12/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 12/02/2024	O/U
715	11/22/2024	SF-1417		Some orthotic and prosthetic procedure codes were identified as being configured to deny as non covered in error. This denial is in error and result of a benefit configuration issue.	N/A	Sunflower- 05/03/2024	Sunflower- 05/21/2024	U
716	12/9/2024	E2019-019-A18	Policy	Rate Changes for Physician Administered Drugs – October 2024 The Max Fee rate for code Q0180 was incorrectly updated with $101.24 with April 2024 MCR-AA Policy, the rate need to be corrected with $95.51 for dates 03/01/2019 – 09/30/2024. The revised PAD rate is $59.12 effective 10/1/2024. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	N/A	ABH - 11/13/2024 Sunflower - 10/1/2024 UHC - 11/15/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - 1/27/2025	O/U

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717	12/9/2024	E2024-091-A1	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – August 27, 2024 – Update Correction to the rate for Ignite Medical Resort Rainbow Boulevard, LLC. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 2/19/2025 Sunflower - 11/26/2024 UHC - 11/27/2024	ABH - 3/11/2025 Sunflower Underpayment - 12/19/2024 Overpayment - 2/6/2025 UHC - 12/13/2024	O/U
718	12/9/2024	E2023-157-A2	Policy	DRG Weights and Rates for January 2024-Update DRG weights and rates will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to September 01, 2024 service dates.	N/A	ABH - 12/20/2024 Sunflower - 11/19/2024 UHC - 12/17/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
719	12/6/2024		Dental	Skygen applied a $5 copay to claims in error.	N/A	UHC - 11/28/2024	UHC - 1/17/2025	U
720	12/20/2024		CMHC	Community Mental Health Center (CMHC) claims for members whose Spenddown was met were being paid in error instead of denying when the service was a trigger code for the Certified Community Behavioral Health Clinic (CCBHC) program.	NA	ABH - 11/01/2024	ABH - Recovery Letters - 3/21/2025 Overpayement - 5/25/2025	O
721	12/20/2024	E2023-137	Policy	Policy E2023-137 was not implemented correctly and allowed for the mid-level reduction to be taken on Advanced Practice Registered Nurse (APRNs) and Physician Assistants (PAs) vs the rates that were listed in the policy.	NA	ABH - 11/04/2024	ABH - 2/7/2025	U
722	12/20/2024	E2024-048	Policy	Per policy E2024-048, the T2046 code is supposed to be paid at 100% vs 95% of the Nursing Facility (NF) room and board rate effective with Date of Service (DOS) July 01, 2024.	NA	ABH - 12/17/2024	ABH - 3/11/2025	U
723	12/30/2024	PC688	Policy	EPSDT State Plan Services-POS-03 A discrepancy in the interpretation regarding the use of Early Periodic Screening, Diagnostic, and Treatment (EPSDT) State Plan services for ABA therapy in the school setting with the provider not employed by the school was brought to the States attention. This policy clarification is documented to remind the Contractor that the State determines the services eligible for EPSDT as interpreted by the State from the Kansas Medicaid State Plan #4.b.-Attachment 3.1-pgs 3c-f. Therefore, as interpreted and determined by the State, ABA therapy in POS-03 school setting with the provider not employed by the school is covered under the EPSDT State Plan section as noted. Effective with the implementation date for each MCO, retroactive to August 01, 2024 service dates.	NA	ABH - 1/10/2025 Sunflower - 12/20/2024 UHC - 12/07/2024	ABH - No claims impacted. Sunflower - 1/22/2025 UHC - 12/26/2024	O/U
724	12/30/2024	E2024-128	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – November 25, 2024 Adjustments to the rates for each Nursing Facility (NF) and Nursing Facility for Mental Health (NFMH) in Kansas. Effective with the implementation date for each Managed Care Organization (MCO), retroactive to various service dates.	NA	ABH - 1/3/2025 Sunflower - 12/13/2024 UHC - 12/19/2024	ABH - Underpayment - 3/11/2025 Overpayment - 6/22/2025 Sunflower- Underpayment 1/28/2025 Overpayment 4/16/2025 UHC - 1/21/2025	O/U
725	12/30/2024	E2023-133-A4	Policy	HCPCS Changes- October 2024 Additions, revisions, and deletions related to 4th Quarter HCPCS 2024. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	NA	ABH - 12/25/2024 Sunflower - 12/05/2024 UHC - 12/31/2025	ABH - No claims impacted. Sunflower - 2/12/2025 UHC - No claims impacted.	O/U
726	12/30/2024	E2017-058-A2	Policy	Crisis Intervention-Clarification This clarification is being provided for the use of the S9484 U1 code for time of service and Third Party Liability (TPL) requirements. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	NA	ABH - 12/04/2024 Sunflower - 12/19/2024 UHC - 10/01/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
727	12/30/2024	E2023-157-A1	Policy	DRG Weights and Rates for January 2024-Update Updated to add rate for Mitchell County Hospital effective 04/25/2024. Effective with the implementation date for each MCO, retroactive to April 24, 2024 service dates.	NA	ABH - 12/01/2024 Sunflower - 9/28/2024 UHC - 09/07/2024	ABH - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted	O/U
728	1/10/2025			There is a problem with claims from in-state providers being mistakenly routed through the Interplan Teleprocessing Services (ITS) system to local Blues plans, which should not happen. Blue Cross Blue Shield of Kansas City (BCBSKC) has implemented an edit to block payer ID 00047 from Healthy Blue KS (HB) claims but needs to allow submissions for Missouri-side providers, requiring no further action from BCBSKC. They will send claim reports to HB for investigation and outreach, which might be included in the ITS report. Meanwhile, work is still needed with BCBSKS to establish a total reject process, ensuring providers submit claims directly to HB.	NA	HBK - 01/8/2025 - Ongoing provider education outreach.	HBK - N/A	
729	1/10/2025		All Claims	Medical and Institutional Claims (including PRTF, CMHC & CCBHC providers) are rejecting due to Electronic Data Interchange (EDI) front-end provider editing rules. Healthy Blue will be updating the logic in the long term, but for the short-term, Healthy Blue is reviewing these edits to determine which can be relaxed.	N/A	Healthy Blue - 9/18/2025	Healthy Blue - 9/23/2025	O/U
730	1/10/2025		HCBS	EVV - Providers are not able to submit claims through Authenticare.	NA	Healthy Blue - New EVV file to be created and sent to AuthentiCare Thursday night to Process 8 am Friday) (1/9/2025).	Healthy Blue - N/A	

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731	1/16/2025	E2019-019-A19	Policy	Rate Changes for Physician Administered Drugs – January 2025 Physician Administered Drugs (PADs) with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy spreadsheet. Part B drugs without a Medicare Part B rate are priced at WAC. Pricing guidelines outlined in policy E2019-019 for unlisted procedure code drugs will remain the same. Any HCPCS codes that pertain to drugs on the High Dollar Rare Disease Drug reimbursement list will follow the pricing in the most recent KMAP bulletin related to HDRD reimbursement. Should a long-acting reversible contraception (LARC) product have a price change, the updated price will be retroactive to that product's price change effective date. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/10/2025 Sunflower - 12/30/2024 UHC - 12/16/2024	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
732	1/16/2025	E2025-002	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – December 30, 2024 Adjustments to the rates for each NF and NFMH in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	NA	ABH - 2/12/2025 Healthy Blue - 1/31/2025 Sunflower - 1/17/2025 UHC - 1/13/2025	ABH - Underpayment - 3/3/2025 Overpayment - 5/9/2025 Healthy Blue - No claims impacted. Sunflower Underpayment 2/18/2025 Overpayment 4/29/2025 UHC - 1/21/2025	O/U
733	1/16/2025	E2024-030-A1	Policy	Codes E0561 and E0562 are Covered for Rental and Purchase With policy E2024-030-A1, the humidifier rentals (E0561 RR and E0562 RR) are limited to 10 months and will be considered as purchase at then end of 10th month. Policy also clarifies the members can avail the purchase one every two years. Effective with the implementation date for each MCO, retroactive to July 01, 2024 service dates.	NA	ABH - 12/20/2024 Healthy Blue - 01/01/2025 Sunflower - 12/30/2024 UHC - 1/25/2024	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower Underpayment - 3/6/2025 Overpayment - 5/1/2025 UHC - 2/14/2025	O/U
734	1/16/2025	E2021-154-A23	Policy	CCBHC Specialty Designation – Demonstration PPS Rate Setting by Center Effective 01/01/2025 the rates for the following Certified Community Behavioral Health Clinics (CCBHCs) shall receive their new Prospective Payment System (PPS) rates established for each CCBHC through Cost Reporting analysis by KDADS Accounting teams. The CCBHCs listed have been Certified by KDADS and will receive the rate listed below from 01/01/2025 through 12/31/2027. PPS rates will be reviewed by KDADS for each CCBHC at a minimum of 2 years and not to exceed 3 years. 1. Labette Center for Mental Health Services 2. Mental Health Center of East Central Kansas DBA: Crosswinds Counseling & Wellness 3. Johnson County Mental Health Center 4. COMCARE of Sedgwick County 5. Pawnee Mental Health Services 6. Horizons Mental Health Center 7. Crawford County Mental Health Center Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/3/2025 Sunflower - 1/6/2025 UHC - 1/1/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
735	1/16/2025	E2004-055-A3	Policy	Code A9276 May be Dispensed 30 Units per 30 Days Effective retroactive to January 1, 2024, providers dispensing CGM sensors (A9276) may dispense 30 units per 30 days for members ages 0-20. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	NA	ABH - 1/10/2025 Healthy Blue - 2/26/2025 Sunflower - 10/25/2024 UHC - Compliant	ABH - No claims impacted. Healthy Blue - 3/7/2025 Sunflower - 11/22/2024 UHC - No claims impacted.	O/U
736	1/16/2025	E2024-124	Policy	New DRG Grouper for January 2025 CMS has released version 42 to implement new ICD-10-Clinical Modification codes and new ICD-10-PCS codes to the Medicare Severity-Diagnosis Related Groups Grouper (MS-DRG) and Medicare Code Editor (MCE). Effective with discharge dates on and after January 1, 2025, MS-DRG Grouper version 42 will be used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to January 01, 2025 discharge dates.	NA	ABH - 1/13/2025 Healthy Blue - 1/7/2025 Sunflower - 1/6/2025 UHC - 1/11/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
737	1/16/2025	E2024-107	Policy	MCR-AA Rate Updates – January 2025 All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. The MCR-AA rate allowed amount should equal the DMERC's allowed amount for each procedure. The attachment to this policy contains a listing of all rate adjustments. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/10/2025 Sunflower - 1/16/2025 UHC - 2/3/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 2/25/2025	O/U

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738	1/16/2025	E2024-123	Policy	DRG Weights and Rates for January 2025 Annual update to the DRG weights and rates to be used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to January 01, 2025 discharge dates.	NA	ABH - 2/19/2025 Healthy Blue - 1/7/2025 Sunflower - 1/1/2025 UHC - 1/11/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower - No claims impacted.	O/U
739	1/22/2025	E2024-122	Policy	Partial Hospitalization Psychiatric Care (PHP) /Intensive Outpatient Treatment: Eating Disorder Care Intensive Outpatient Treatment (IOP) S9480 and Partial Hospitalization Psychiatric Care (PHP) H0035 for Eating Disorder care shall be provided by providers enrolled with KMAP to individuals meeting medical necessity, with a mental health diagnosis for an eating disorder. PT(11) /PS 021 or PT (01)/PS 021. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/1/2025 Sunflower - 1/1/2025 UHC - 1/11/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
740	1/22/2025	E2024-111	Policy	Collaborative Care Model (CoCM)) The Collaborative Care Model (CoCM) services provided to Medicaid eligible recipients for persons of all ages who have any mental health or substance use condition, to include a preexisting or suspected mental health or substance use condition, who meets medical necessity as determined by the primary care provider practicing within their scope of service (physician, physician assistant, nurse practitioner or nurse midwife.) in accordance with, 42 CFR §440.50 and other applicable state and federal law or regulations. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/1/2025 Sunflower - 1/16/2025 UHC - 1/1/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
741	1/22/2025	E2024-134	Policy	Claim Status Code Update - November 2024 The Health Insurance Portability and Accountability Act (HIPAA) requires all health care benefit payers to use only Claim Status Category Codes and Claim Status Codes approved by the national Code Maintenance Committee in the X12 276/277 Health Care Claim Status Request and Response format adopted as the standard for national use. All claim status category or claim status code revisions, deletions and additions recommended by the National Code Maintenance Committee shall be implemented by the MMIS Fiscal Agent and Managed Care Organizations. Effective with the implementation date for each MCO, retroactive to November 01, 2024 service dates.	NA	ABH - 1/15/2025 Healthy Blue -Compliant Sunflower - Compliant UHC - Compliant	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
742	1/22/2025	E2024-127	Policy	Psychiatric Residential Treatment Facility (PRTF) Rates – January 2025 Update to the the rates for each PRTF. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/1/2025 Sunflower - 1/1/2025 UHC - 1/24/2025	ABH - N/A Healthy Blue -No claims impacted. Sunflower - No claims impacted. UHC - 2/21/2025	O/U
743	1/22/2025	E2021-154-A24	Policy	CCBHC Specialty Designation – Demonstration PPS Rate Setting by Center Effective 01/01/2025 the rates for the following Certified Community Behavioral Health Clinics (CCBHCs) shall receive their new Prospective Payment System (PPS) rates established for each CCBHC through Cost Reporting analysis by KDADS Accounting teams. The CCBHCs listed have been Certified by KDADS and will receive the rate listed below from 01/01/2025 through 12/31/2027. PPS rates will be reviewed by KDADS for each CCBHC at a minimum of 2 years and not to exceed 3 years. High Plains Mental Health Center Southwest Guidance Center The Center for Counseling and Consultation Southeast Kansas Mental Health Center Prairie View, Inc. Family Service and Guidance Center Elizabeth Layton Center, Inc. Four County Mental Health Center South Central Mental Health Center Valeo Behavioral Health Care, Inc. Spring River Mental Health & Wellness Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/10/2025 Sunflower - 1/2/2025 UHC - 1/28/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 2/6/2025	O/U
744	1/22/2025	E2020-163-A4	Policy	Medicare Part D Copayment Assistance – CY 2025 The Medicare Part D Copayment assistance amount will be up to $12.15 per 30-day supply with a maximum of up to $36.45 for a 90-day supply. All other Part D copay assistance policy requirements/processes remain the same as listed in policy E2020-163. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/21/2025 Sunflower - 1/16/2025 UHC - No impact.	ABH - N/A Healthy Blue - No claims impacted. Sunflower -No claims impacted. UHC - No claims impacted.	O/U
745	1/29/2025	E2023-157-A3	Policy	DRG Weights and Rates for January 2024-Update Updated to add rate for Corterra of Wichita. Effective with the implementation date for each MCO, retroactive to January 10, 2024 discharge dates.	NA	ABH - 2/14/2025 Healthy Blue - 2/5/2025 Sunflower - 1/31/2025 UHC - 1/25/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower -3/10/2025 - 1 claim impacted. UHC - 3/17/2025	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
746	1/29/2025	E2024-123-A1	Policy	DRG Weights and Rates for January 2025-Update Updated to add rate for Corterra of Wichita. Effective with the implementation date for each MCO, retroactive to January 01, 2025 discharge dates.	NA	ABH - 2/19/2025 Healthy Blue - 2/5/2025 Sunflower - 2/4/2025 UHC - 1/25/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower -3/10/2025 - 1 claim impacted.	O/U
747	1/29/2025	E2024-112	Policy	Pharmaceuticals with DME Billing Allowance Coverage for Vyjuvek® and Zolgensma® will be expanded to include MMIS provider type 25/250 (DME/Medical Supply Company). Effective with the implementation date for each MCO, retroactive to September 01, 2023 service dates.	NA	ABH - 4/10/2025 Healthy Blue - 1/1/2025 Sunflower - 1/16/2025 UHC - 1/13/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted	O/U
748	1/29/2025	E2009-008-A42	Policy	HCPCS Pricing for Part B Drugs – January 2025 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to the 1st quarter 2025 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	ABH - N/A Healthy Blue - 1/1/2025 Sunflower - 1/27/2025 UHC - 3/3/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - 3/20/2025 UHC - 4/11/2025	O/U
749	1/31/2025		All Claims	There is an issue with the Claims History file being loaded and connected to Healthy Blues claims processing system to support lifetime and limit edits. Healthy Blue is manually reviewing claims until the configuration is complete.	NA	Healthy Blue - 2/14/2025	Healthy Blue - NA	
750	1/31/2025		All Claims	The Healthy Blue member ID card has two ID's, the Medicaid State assigned ID and the Healthy Blue assigned subscriber ID. The State has requested that Healthy Blue remove the Healthy Blue ID.	N/A	Healthy Blue - 4/1/2025 New member ID cards - 4/10/2025	Healthy Blue - NA	
751	1/31/2025		FQHC/RHC	There were some FQHC (Federally Qualified Health Center) and RHC (Rural Health Clinic) providers were loaded incorrectly for provider selection logic.	NA	Healthy Blue - 2/25/2025	Healthy Blue - 2/28/2025	
752	1/31/2025		Professional	EPSDT Vision screens claims are pending to submit to EyeMed in error. Claims are being manually processed.	NA	Healthy Blue - 2/4/2025	Healthy Blue - NA	
753	1/31/2025			In the Availity Eligibility and Benefits check the Healthy Blue member ID is returned. If the provider does not select the Medicaid ID when advancing to submit a claim the HB ID will be used and reject the claim.	NA	Healthy Blue - 1/31/2025	Healthy Blue - NA	
754	2/5/2025	E2024-106-A1	Policy	Anesthesia Conversion Factor for CY 2025 Effective January 1, 2025, the anesthesia conversion factor will be $18.85. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 1/1/2025 Sunflower - 1/1/2025 UHC - 1/6/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 2/4/2025	O/U
755	2/5/2025	E2020-114-A9	Policy	MAT Medicaid Rate – Updates for January 2025 The rates for Medication Assisted Treatment (MAT) drugs/biologics approved for OUD treatments are to be updated based on Medicare 2025 rates. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 1/1/2025 Sunflower - 1/1/2025 UHC - 2/1/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
756	2/5/2025	E2024-140	Policy	Swing Bed Rates for Calendar Year 2025 This is an annual rate adjustment mandated by CMS. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 1/6/2025 Sunflower - 1/6/2025 UHC - 1/28/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted	O/U
757	2/5/2025	E2008-040-A3	Policy	Applications of Topical Fluoride Benefit Limits Applications of Fluoride treatment benefit limits will change to 1 application every 120 days and will no longer be 3 applications per year for medical and dental providers. Members in need of medical necessity for less than 120 days between each application will require documentation. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 1/24/2025 Sunflower - 1/6/2025 UHC - 2/5/2025	Healthy Blue - No claim impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
758	2/5/2025	E2021-154-A25	Policy	CCBHC Specialty Designation – PPS Rate Setting by Center The Community Mental Health Centers (CMHC) listed have met the requirements and have received Provisional Certification as Certified Community Behavioral Health Clinics (CCBHCs). Sumner Mental Health Center 1601 W 16th St., Box 607 Wellington, KS67152 Kanza Mental Health & Guidance Center 909 S 2nd St., Box 319 Hiawatha, KS 66434 Iroquois Center for Human Development, Inc. 610 W Grant Ave. Greensburg, KS 67054 Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 1/31/2025 Sunflower - 1/27/2025 UHC - 2/5/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 2/11/2025	O/U
759	2/5/2025	E2021-056-A1	Policy	MenQuadfi Vaccine and Age Range CPT code 90619 will be covered for those age 19 years and older. Effective with the implementation date for each MCO, retroactive to January 10, 2025 service dates.	NA	Healthy Blue - 1/13/2025 Sunflower - 1/31/2025 UHC - 2/1/2025	Healthy Blue - No claims impacted. Sunflower - 2/6/2025 - 4 claims impacted. UHC - 2/8/2025	O/U

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760	2/5/2025	E2024-106	Policy	HCPCS Changes – Annual 2025 Additions, revisions and deletions related to HCPCS 2025 will be made. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 2/15/2025 Sunflower - 1/29/2025 UHC - 3/15/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 4/8/2025	O/U
761	2/5/2025	E2025-005	Policy	Indian Health Services (IHS) Reimbursement – CY 2025 The rate for Indian Health Services (IHS) is going from $719.00 to $801.00. Retroactive adjustments will be necessary for these claims. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 3/31/2025 Sunflower - 1/31/2025 UHC - 2/26/2025	Healthy Blue - No claims impacted. Sunflower - 2/6/2025 - 5 claims impacted. UHC - 4/1/2025	O/U
762	2/12/2025	E2022-136-A1	Policy	Pharmacist as Provider – EOAs and MTM Kansas Medicaid will reimburse pharmacies enrolled under provider type and provider specialty (PT/PS) 32/240, for Medication Therapy Management (MTM) intervention services rendered by the pharmacist (32/276) and subsequent dispensing of Emergency Opioid Antagonists (EOAs), as the prescriber, according to the State of Kansas EOA Protocol. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 2/4/2025 Sunflower - 3/5/2025 UHC - 2/3/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
763	2/12/2025	E2025-007	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – January 30, 2025 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	NA	Aetna - 3/7/2025 Healthy Blue - 2/7/2025 Sunflower - 2/11/2025 UHC - 2/11/2025	Aetna - No claims impacted. Healthy Blue - No claims impacted. Sunflower - 2/12/2025 - 7 claims impacted. UHC - 2/14/2025	O/U
764	2/12/2025	PC689	Policy	Additional Physician Codes for Rate Increase Effective with date of service 8/1/2024, the following codes will be given a 9% increase related to the Legislative Provison to increase Physician rates. 99385 18-39 years - New DEF Rate $32.70 99386 40-64 years - New DEF Rate $32.70 99387 65 years and older - New DEF Rate $32.70 99395 18-39 years - New DEF rate $18.53 99396 40-64 years - New DEF rate $18.53 99397 65 years and older - New DEF rate $18.53 99211 - New PED rate $17.83 99212 - New PED rate $32.44 99281 - New DEF rate $40.48 99282 - New PED rate $40.48 99283 - New PED rate $40.48 99284 - New PED rate $98.48 99285 - New PED rate $98.48 Effective with the implementation date for each MCO, retroactive to August 01, 2024 service dates.	N/A	Aetna - 6/9/2025 Healthy Blue - 6/18/2025 Sunflower - 10/7/2025 UHC - 5/12/2025	Aetna - 7/8/2025 Healthy Blue - 7/31/2025 Sunflower - 2/17/2026 UHC - 6/12/2025	O/U
765	2/19/2025	E2025-001	Policy	E2025-001 (JG and TB Claim Modifiers Update) Effective January 1, 2025, all providers affiliated with 340B Covered Entities should report the "TB" modifier on their separately payable claims, for drugs acquired through the 340B Program. Claim modifier "JG" must no longer to be used after December 31, 2024. Claims will not be edited for the presence of modifier TB. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	NA	Healthy Blue - 2/20/2025 Sunflower - No impact. UHC - 2/18/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
766	2/19/2025	E2024-112-A1	Policy	Pharmaceuticals with DME Billing Allowance - Updates Effective retroactive to 09/01/2023, coverage for Tepezza®. (J3241) will be expanded to include KMMS provider type 25/250 (DME/Medical Supply Company). Effective with the implementation date for each MCO, retroactive to September 01, 2023 service dates.	NA	ABH - 2/13/2025 Healthy Blue - 1/10/2025 Sunflower - 1/16/2025 UHC - 1/13/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 2/28/2025	O/U
767	2/27/2025		PRTF	PRTF (Psychiatric Residential Treatment Facility) claims are being rejected for Claim box 18 – From and To date missing. Healthy Blue is bringing these claims back into our claims processing system to process correctly. This is done every Monday until the fix is implemented.	N/A	Healthy Blue - 4/11/2025	Healthy Blue - 4/11/2025	
768	2/27/2025		Nursing Facility	Patient Liability was not deducted on some nursing facility claims causing an overpayment. Healthy Blue will be reprocessing these claims to deduct the correct patient liability amount. Providers affected by this will see these overpayment deducted from future claims.	N/A	Healthy Blue - 2/7/2025	Healthy Blue - 10/6/2025	O
769	2/27/2025	E2025-013	Policy	Managed Care Floor Rates for State Institutional Alternative (SIA) - Camber Camber/Children's Mercy is a newly constructed private psychiatric hospital serving children and adults. They requested to participate as a State Institutional Alternative hospital for both children and adults. Camber/Children's Mercy provided documentation of accreditation by the Joint Commission on January 31, 2025. This makes the Camber/Children's Mercy eligible to participate in Medicare and Medicaid. Effective with the implementation date for each MCO, retroactive to January 31, 2025 service dates.	NA	ABH - N/A Healthy Blue - 2/25/2025 Sunflower - 4/1/2025 UHC - 4/18/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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770	3/4/2025		Hospital	Non Coverage of Facility Charges (G0463) Healthy Blue paid claims in error for Hospitals that were part of policy E2014-061-A9 (Non-Coverage of Facility Charges (G0463). Healthy Blue updated the configuration on 2/26/25. These claims will be reprocessed as overpayments and will be deducted from future claims.		Healthy Blue - 2/26/2025	Healthy Blue - 6/6/2025	O
771	3/13/2025	SF-1417		Identification of Newborn Receiving their own Medicaid ID and claim is billed under the mother's Medicaid ID number. Sunflower has historically tracked all household information for review of newborns receiving their own Medicaid ID . Sunflower has learned that this information is not accurately being updated; therefore, this is causing claims to be paid under the mother's ID when the baby has received their own Medicaid ID.	N/A	Sunflower- 2/20/2025	Sunflower- 8/13/2025	O
772	3/19/2025	SF-1418		Claims submitted to Sunflower through Front-End-Billing (FEB) from 03/12/2025 to 03/19/2025 were picked up from SFTP but not sent to EDI for processing. All files have been sent and batches are cleared.	N/A	Sunflower- 3/19/2025	Sunflower- All claims were brought into the system on 3/19/2025 - no reprocessing needed.	
773	3/28/2025	E2006-106-A86	Policy	NCCI/MUE Editing – January 2025 Additions, revisions and deletions related to 1st quarter 2025 National Corrective Coding Initiative (NCCI)/Medically Unlikely Edits (MUEs). Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 1/1/2025 Sunflower - 3/4/2025 UHC - 1/24/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 4/8/2025	O/U
774	3/28/2025	E2002-020-A27	Policy	Preferred Drug List Update – March 2025 Additions, removals, and changes to the Preferred Drug List (PDL). This is a monthly policy update. Effective with the implementation date for each MCO, retroactive to March 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 3/1/2025 Sunflower - 3/1/2025 UHC - 3/25/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted	O/U
775	3/28/2025	E2025-018	Policy	Tribal FQHC Reimbursement – CY 2025 Federally mandated rate increase for Prairie Band Potawatomi Health Center. Retroactive adjustments will be necessary for these claims. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 3/7/2025 Sunflower - 3/12/2025 UHC - 3/17/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - Less than 10 claims impacted and have been reprocessed.	O/U
776	3/28/2025	E2025-024	Policy	Ratelist and Manual Adjustments – March 4, 2025 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	ABH - 4/3/2025 Healthy Blue - 3/26/2025 Sunflower - 3/18/2025 UHC - 3/13/2025	ABH - 5/16/2025 Healthy Blue - 4/21/2025 Sunflower- Underpayment 4/23/2025 Overpayment 6/20/2025 UHC - 4/10/2025	O/U
777	4/3/2025		Professional	Healtly Blue identified claims that denied as content of service with Q54 denial (Packaged Incidental Service) applying to all lines, but no other claims were in history.	N/A	Healthy Blue - 2/26/2025	Healthy Blue - 3/18/2025	U
778	4/3/2025		Professional	Healthy Blue has identified that we have paid on procedure codes that should have denied - Non covered procedures considered content of service. Procedure codes: 36000, 36415, 36416, 36591, 36592, 36593, 36600, 38204. These claims will be reprocessed as overpayments and will be deducted from future claims.	N/A	Healthy Blue - 6/25/2025	Healthy Blue - 10/1/2025	O
779	4/3/2025		Hospital	Healthy Blue has identified that we have paid on procedure code 99213 in error to Hospitals. These claims will be reprocessed as overpayments and will be deducted from future claims.	N/A	Healthy Blue - 5/1/2025	Healthy Blue -10/1/2025	O
780	4/3/2025	E2025-028	Policy	Tribal FQHC Reimbursement Rate increase for White Cloud Health Center. Effective with the implementation date for each MCO, retroactive to September 01, 2023 service dates.	N/A	ABH - 4/8/2025 Healthy Blue - 03/01/2025 Sunflower - 3/24/2025 UHC - 3/28/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower - 5/1/2025 UHC - 5/31/2025	O/U
781	4/3/2025	E2024-074-A1	Policy	Corrected Sleep Study Reimbursement Rates The reimbursement rates for five sleep study codes were inadvertently impacted and reduced by policy E2024-074 which was implemented on August 1, 2024. According to the Medicaid State Plan, these sleep study codes are priced at 85% of the Medicare Fee schedule. The following CPT codes will be priced at 85% of the Medicare rate: **95805:** $328.31, TC/$283.22, 26/$45.09, OPPS/$434.08 **95807:** $311.88, TC/$265.17, 26/$46.72, OPPS/$434.08 **95808:** $390.19, TC/$324.73, 26/$65.47, OPPS/$846.75 **95810:** $476.14, TC/$383.02, 26/$93.13, OPPS/$846.75 **95811:** $497.64, TC/$400.83, 26/$96.82, OPPS/$846.75 Note: Impacted claims will be identified and reprocessed. Effective with the implementation date for each MCO, retroactive to August 01, 2024 service dates.	N/A	ABH - 4/10/2025 Healthy Blue - 4/1/2025 Sunflower - 4/1/2025 UHC - 3/29/2025	ABH - 5/16/2025 Healthy Blue - 4/16/2025 Sunflower - 5/14/2025 UHC - No claims impacted.	O/U

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782	4/3/2025	E2024-122	Policy	Partial Hospitalization Psychiatric Care (PHP) /Intensive Outpatient Treatment: Eating Disorder Care Effective 01/01/2025 Intensive Outpatient Treatment (IOP) S9480 and Partial Hospitalization Psychiatric Care (PHP) H0035 for Eating Disorder care shall be provided by providers enrolled with KMAP to individuals meeting medical necessity, with a mental health diagnosis for an eating disorder. PT(11) /PS 021 or PT (01)/PS 011. Provider Specialty 021- Partial Hosp Pysch Care (PHP)/Intensive OP Treatment (IOP) Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 3/20/2025 Sunflower - 3/27/2025 UHC - 3/19/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
783	4/3/2025	E2025-010	Policy	High Dose Influenza Vaccine Coverage for 18–64 year-old Individuals Effective with date of service 10/1/2024, Kansas Medicaid will cover High Dose Influenza vaccine as an option for vaccination to prevent influenza for solid organ transplant recipients aged 18-64 years who are receiving immunosuppressive medication regimens. Fluad (CSL Seqirus) and Fluzone High-Dose (Sanofi) is covered under the Vaccines for Children (VFC) program per recommendation of the ACIP. VFC coverage applies only to those 18-year-olds who are receiving immunosuppressive medication regimens due to solid organ transplants. 90653 Medicaid reimbursement rate is $83.49 90662 Medicaid reimbursement rate is $83.49 VFC reimbursement will be for vaccine administration only. 19 years and older reimbursement will be for vaccine and vaccine administration. Effective with the implementation date for each MCO, retroactive to October 01, 2024 service dates.	N/A	ABH - 3/26/2025 Healthy Blue - 3/17/2025 Sunflower -4/23/2025 UHC - 3/29/2025	ABH - No claims impacted. Healthy Blue - No claims impacted. Sunflower - 7/16/2025 UHC - No claims impacted.	O/U
784	4/3/2025	E2006-105-A86	Policy	Revision NCCI/MUE Editing - January 2025 Revised NCCI MUE DME, NCCI MUE OPH, and NCCI MUE PRA files related to 1st quarter 2025 NCCI (National Correct Coding Initiative). Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 02/01/2025 Sunflower - 2/17/2025 UHC - 1/24/2024	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted	O/U
785	4/3/2025	E2025-001	Policy	JG and TB Claim Modifiers Update Effective January 1, 2025, all providers affiliated with 340B Covered Entities should report the "TB" modifier on their separately payable claims, for drugs acquired through the 340B Program. Claim modifier "JG" must no longer to be used after December 31, 2024. Claims will not be edited for the presence of modifier TB. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 3/15/2025 Sunflower - No impact UHC - 2/18/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
786	4/24/2025		Hospital	Healthy Blue denied claims for 340B providers, claiming the need for a National Drug Code (NDC) for J-code procedures. This error occurred because providers were not properly configured in Healthy Blue's system, leading to unnecessary claim denials. Healthy Blue is reprocessing claims that have been denied for requiring NDC until the configuration is updated.	N/A	Healthy Blue - 7/7/2025	Healthy Blue - 08/12/2025	U
787	4/25/2025		Professional	UHC identified T1019HE denied for POS other than POS 12 on claims not submitted via AuthentiCare/EVV. Configuration updated to only include POS 12. Claims reprocessed.		UHC - 3/25/2025	UHC - 4/25/2025	
788	4/25/2025	SF-1418		Sunflower identified adjusted claims that originally the spenddown amount was applied during the first time claim automation process. An adjustment was later performed with incorrect/no spenddown processing.	N/A	Sunflower- NA	Sunflower- 5/12/2026	O/U
790	5/23/2025	E2002-020-A28	Policy	**THIS WAS ADDED TO THE LOG IN ERROR AS THERE IS NO POST IMPLEMENTATION ACTIVITY REQUIRED.** Preferred Drug List Update – April 2025 Additions, removals, and changes to the Preferred Drug List (PDL). This is a monthly policy update. Effective with the implementation date for each MCO, retroactive to April 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - Pending Sunflower - 4/1/2025 UHC - 4/9/2025	ABH - N/A Healthy Blue - N/A Sunflower - N/A UHC - N/A	O/U
791	5/23/2025	E2024-137	Policy	ICD-10 Changes – April 2025 Additions, revisions and deletions related to ICD-10 2025 surgical procedure and diagnosis codes will be made according to Program Manager determinations. Effective with the implementation date for each MCO, retroactive to April 01, 2025 discharge dates.	N/A	ABH - N/A Healthy Blue - 4/1/2025 Sunflower - 4/1/2025 UHC - 4/28/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
792	5/23/2025	E2025-032	Policy	Effective with date of service and retroactive to June 26th, 2024, Kansas Medicaid will cover the mRNA RSV vaccine mResvia for adults aged 60 years and older. Effective with the implementation date for each MCO, retroactive to June 26, 2024 service dates.	N/A	ABH - N/A Healthy Blue - 5/5/2025 Sunflower - 5/16/2025 UHC - 5/3/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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793	5/23/2025	E2024-123-A2	Policy	DRG Weights and Rates for January 2025-Update Updated to add rate for OPH LLC. Effective with the implementation date for each MCO, retroactive to January 01, 2025 discharge dates.	N/A	ABH - N/A Healthy Blue - 5/12/2025 Sunflower - 5/1/2025 UHC - 5/3/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 8/20/2025	O/U
794	5/23/2025	E2006-105-A88	Policy	Revision NCCI/MUE Editing - April 2025 Revised NCCI MUE DME, NCCI MUE OPH, and NCCI MUE PRA files related to 2nd quarter 2025 NCCI (National Correct Coding Initiative). Effective with the implementation date for each MCO, retroactive to April 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 5/17/2025 Sunflower - Compliant UHC - 5/18/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
795	5/23/2025	E2014-061-A10	Policy	Continuance of Blended ER Facility Rates Effective with dates of service 5/1/2025, the ER Facility codes of 99281-99285 will be reimbursed at the same rate of $105.00. Effective with the implementation date for each MCO, retroactive to May 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 5/9/2025 Sunflower - 5/1/2025 UHC - 5/3/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted.	O/U
796	5/23/2025	E2023-035-A1	Policy	Expanding Peer Support Providers - LOC Peer Support Service claims shall be identified for level of care as previously stated in Policy E2023-035. This service cannot be billed if the identified beneficiary has an acute or residential level of care either in person or via telehealth for individuals with a level of care included below and/or place of service 21 (In-patient other than psychiatric, which primarily provides diagnostic, therapeutic). Effective with the implementation date for each MCO, retroactive to July 01, 2023 service dates.	N/A	ABH - N/A Healthy Blue - 5/1/2025 Sunflower - 5/1/2025 UHC - 4/23/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - 10/31/2025 UHC - 6/20/2025	O/U
797	5/23/2025	E2021-154-A26	Policy	CCBHC PPS Codes List- Telehealth Clarifications and Code Updates Effective with dates of service on and after January 1, 2025, the following codes will be termed: Telephone E/M Service, 5-10 minutes 99441 Telephone E/M Service, 11-20 minutes 99442 Telephone E/M Service, 21-30 minutes 99443 These codes are valid for dates of service prior to 01/01/2025. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 4/16/2025 Sunflower - 4/21/2025 UHC - 4/21/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - N/A UHC -No claims impacted.	O/U
798	5/23/2025	E2009-008-A43	Policy	Healthcare Common Procedure Coding System (HCPCS) Pricing for Part B Drugs – April 2025 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to the 2nd quarter 2025 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to April 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 5/6/2025 Sunflower - 5/13/2025 UHC - 6/2/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 7/30/2025	O/U
799	5/23/2025	E2020-114-A10	Policy	MAT OTP Updates- CFR 2024 Opioid Treatment Programs (OTPs) are to provide adequate medical, counseling, vocational, educational, and other assessment, and treatment services onsite or refer the patient to an outside agency or practitioner to provide any services that are not available onsite. Opioid Treatment Programs (OTPs) must be compliant with Federal Statutes, Regulations and Guidelines including 42 CFR Part 8 Final Rule (Statutes, Regulations, and Guidelines for Medicated-Assisted Treatment). The Substance Abuse and Mental Health Services Administration (SAMHSA) regulates the programmatic services provided in OTPs. Effective with the implementation date for each MCO, retroactive to October 02, 2024 service dates.	N/A	ABH - N/A Healthy Blue - 5/14/2025 Sunflower - 6/3/2025 UHC - Compliant	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
800	5/23/2025	E2024-106-A2	Policy	HCPCS Changes – April 2025 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to the 2nd quarter 2025 HCPCS. Effective with the implementation date for each MCO, retroactive to April 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 5/9/2025 Sunflower - 6/13/2025 UHC - 5/31/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - 7/1/2025 UHC - 7/14/2025	O/U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
801	5/23/2025	E2019-019-A20	Policy	Rate Changes for Physician Administered Drugs – April 2025 Physician Administered Drugs (PADs) with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy spreadsheet. Part B drugs without a Medicare Part B rate are priced at WAC. Pricing guidelines outlined in policy E2019-019 for unlisted procedure code drugs will remain the same. Any HCPCS codes that pertain to drugs on the High Dollar Rare Disease (HDRD) Drug reimbursement list will follow the pricing in the most recent KMAP bulletin related to HDRD reimbursement. Should a long-acting reversible contraception (LARC) product have a price change, the updated price will be retroactive to that product's price change effective date. Effective with the implementation date for each MCO, retroactive to April 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 5/7/2025 Sunflower - 4/1/2025 UHC: 6/6/2025 (Revisions) 3/9/2025 (Original)	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 7/30/2025	O/U
802	5/23/2025	E2025-027-A1	Policy	Update to Cognitive Therapy Code Change on the BI Waiver Home and Community Based Services (HCBS) Brain Injury (BI) waiver allows for the Cognitive Therapy codes 97537 and 97535 to be provided virtually using either POS code of 10 or 02. This clarification aligns with the waiver's existing authority and does not expand VDS. Service delivery must follow the approved Person-Centered Service Plan (PCSP), ensuring the appropriate combination of in-person and virtual services is based on individual needs and clinical appropriateness. Effective with the implementation date for each MCO, retroactive to February 01, 2024 service dates.	N/A	ABH - N/A Healthy Blue - Compliant Sunflower - Compliant UHC - 5/11/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 6/18/2025	O/U
803	5/27/2025	SF - 1420	Professional	Per E2024-061 - Visit Complexity Add-on Code G2211 is a covered code effective 4/1/2025. G2211 wasn't removed from a QMB only covered code set that denied claims as non covered in error.	N/A	Sunflower - 5/20/2025	Sunflower - 7/21/2025	U
804	5/30/2025		Professional	Healthy Blue identified claims billed with procedure code 81003 billed with pregnancy diagnosises paid in error. Ticket has been opened to correct configuration to deny these claims. Claims volume is 10 claims.	N/A	Healthy Blue - 6/17/2025	Healthy Blue - 8/7/2025	O
805	6/2/2025		RHC/FQHC	Healthy Blue identified that they did not have all of the Rural Health Clinic/Federal Qualified Health Center (RHC/FQHC) rates loaded in the claims processing engine at the beginning of the contract year for new RHC/FQHC NPI's. Tickets are initiated monthly to have the rates loaded based on Policies received. Healthy Blue created a ticket to have the rates updated and that project was completed on 5/7/2025. A claims sweep was completed to reprocess any claims with incorrect payments. Monthly policies are received and worked to ensure payments are correct for these providers.	N/A	Healthy Blue - 4/30/2025	Healthy Blue - 5/7/2025	U
806	6/2/2025		Professional	Healthy Blue did not properly share the Kansas specific policy for coding of Vaccines for Children (VFCs). The proper Claim Adjustment Reason Codes/Remittance Advice Remark Codes (CARC/RARC) were not populating on these claims. Healthy Blue corrected the configuration and coding for these codes. Claims sweeps have been completed to fix any payment errors.	N/A	Healthy Blue - 3/14/2025	Healthy Blue - 4/9/2025	U
807	6/4/2025		Professional	Healthy Blue discovered a known issue with the incorrect limitations for procedure code T1019, it required both benefit and pricing configuration to correct, there was a pricing rate update performed and all impacted claims are being reviewed/reprocessed for correct payment.	N/A	Healthy Blue - 4/17/2025	Healthy Blue - 6/16/2025	U
808	6/4/2025		Professional	Healthy Blue discovered procedure code H0038 was incorrectly denying for invalid diagnosis codes even though the diagnosis code was valid. Diagnosis codes affected: F209, F419, F411, F4324, and F331	N/A	Healthy Blue -2/25/2025	Healthy Blue - 3/17/2025	U
809	6/6/2025		Hospital	2024 Critical Access Hospital rates were inadvertenly changed to incorrect amounts. Work to correct the rates is in flight. Claims for 2024 dates of service will pend temporily until correct rates are in place. Claim processing guidelines will be adheard to. Claims processed at the incorrect rates will be adjusted.	N/A	UHC - 6/12/2025	UHC - 8/28/2025	O/U
810	6/6/2025		Professional	Healthy Blue discovered that we were paying for procedure code 96156 in place of service 10 and 02 (telemedicine) incorrectly. Per KMAP, this procedure code is not allowed in place of service 10 and 02. These claims will be reprocessed as overpayments and will be deducted from future claims.	N/A	Healthy Blue - 1/15/2026	Healthy Blue - 3/17/2026	O
811	6/9/2025	SF - 1421		Non-Emergent Medical Transportation (NEMT) claims were not applied to spenddown as required when a members spenddown amount was not met. This occurred during the period of 11/01/2024 to 05/22/25. Members identified as having an outstanding spenddown amount for the date of service billed are being reviewed.	N/A	Sunflower-6/2/2025	SF-10/14/2025	O/U
812	6/11/2025	E2022-141-A1	Policy	Stand-Alone Vaccine Counseling and Pharmacists Effective April 01, 2025, pharmacists can bill for stand-alone vaccine counseling codes G0312, G0313, G0314, and G0315. Effective with the implementation date for each MCO, retroactive to April 01, 2025 service dates.	N/A	Healthy Blue - 3/1/2025 Sunflower - 5/23/2025 UHC - 4/13/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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813	6/11/2025	E2025-049	Policy	Managed Care Floor Rates for State Institutional Alternative (SIA) Rate adjustments for the following: KVC Hospitals - Kansas City KVC Hospitals - Wichita KVC Hospitals – Hays Ascension Via Christi Anew Health Hutchinson Regional NMC – Health (Newton Medical) Effective with the implementation date for each MCO, retroactive to April 01, 2025 service dates.	N/A	Aetna - NA Healthy Blue - 5/19/2025 Sunflower - 5/23/2025 UHC - 7/3/2025	Aetna - NA Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
814	6/11/2025	E2025-053	Policy	HCBS Personal Care Services (PCS) In Hospital Settings Effective with the waiver approval date of July 1, 2024, for the I/DD and BI waivers, and effective with the waiver approval date of January 1, 2025, for the PD and FE waivers, Personal Care Services (PCS) may be delivered in an acute care hospital setting. This flexibility is intended to maintain continuity of essential non-medical supports for participants during short-term hospital stays, particularly when such support helps to stabilize behavior, address communication needs, or support ADLs/IADLs in ways hospital staff may not be equipped to provide. The HCBS waivers and Procedure Codes covered by this policy are as follows: **Brain Injury** - Personal Care Services - S5125 U9 and S5125 UB (self directed) **Frail and Elderly** - Personal Care Services - S5130 (level 1), S5125 (level 2) and S5125 UD (self-directed) **IDD** - Personal Care Services - T1019 **IDD** - Supportive Home Care - S5125 **Physcial Disability** - Personal Care Services - S5125 U9 and S5125 U6 (self-directed) Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	Aetna - Compliant Healthy Blue - 7/1/2025 Sunflower - 7/1/2025 UHC - 8/31/2025	Aetna - No claims impacted. Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
815	6/11/2025	E2025-051	Policy	State Mental Health Institution Cost Settlement Reports Pursuant to policy E2016-133-A2, effective with claims processed on and after February 1, 2018, retroactive to January 1, 2017, service dates, state mental health institution reimbursement is based on provider specific rates, regardless of the billed amount. This allows Medicaid cost report settlements for state mental health institutions to be processed with retroactive rate adjustments. Effective with the implementation date for each MCO, retroactive to July 01, 2023 through June 30, 2024 service dates.	N/A	Aetna - 5/21/2025 Healthy Blue - No impact. Sunflower - 5/21/2025 UHC - 6/27/2025	Aetna - 6/6/2025 Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 7/24/2025	O/U
816	6/25/2025	PC693	Policy	Coverage of Code 97760 Procedure code 97760 will be allowed when billed by providers within their scope of practice. Code 97760 was unintentionally noncovered. The intent of this policy clarification is to restore coverage of code 97760 at the current max fee rate. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	Aetna - N/A Healthy Blue - No impact. Sunflower - No impact. UHC - 4/14/2025	Aetna - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 5/28/2025	
817	7/3/2025		Pharmacy	Healthy Blue is reconfiguring some of the Group Class Plans (GCP) to properly reflect dual/non dual members which is currently causing an issue with a small subset of Pharmacy claims to process these claims incorrectly. These effect some NDC covered codes under Medicare Part D and Beneficiaries where clear dual/non dual cannot be determined. Members are receiving their medication and providers are being reimbursed. HB will be doing a retroactive review of claims processing and payments once the GCP has been updated. The new GCP will separate the Dual and the Non Dual members into separate GCP categories for certain waiver members, this will allow proper identification and classification." Update: Healthy Blue has solutioned the reconfiguration to utilize the Medicare indicator on the 834 file to inform pharmacy claims processing system of members who have dual coverage. This solution is smaller in scope and will not require separation GCPs. All systems will use the Medicare indicator from the 834 file.	N/A	Healthy Blue - 11/1/2025	Healthy Blue - No claims impacted.	
818	7/16/2025		Hospice	Healthy Blue performed a routine claims analysis and identified an issue where certain Hospice room and board claims (specifically T2046) were not being processed correctly. The investigation revealed the claims processing system was only configured to recognize a key indicator/NPI from a single field within one table. However, providers have the option to input this indicator in one of two possible fields 17a and 17b. This discrepancy has led to inconsistent processing results. Healthy Blue has taken immediate steps to refine the system logic and are adjusting the claims processing algorithm to recognize the key indicator/NPI from both relevant fields across the necessary tables. This enhancement is designed to ensure comprehensive and accurate claims processing moving forward. An immediate manual work around has been put in place and a clean up project to further capture any claim that may have processed incorrectly	N/A	Healthy Blue - 7/13/2025	Healthy Blue - 8/19/2025	U
819	7/25/2025	E2024-123-A3	Policy	DRG Weights and Rates for January 2025-Update Updated primary NPI for Bob Wilson Memorial Hospital. Effective with the implementation date for each MCO, retroactive to April 10, 2025 discharge dates.	N/A	ABH - N/A Healthy Blue - 8/06/2025 Sunflower - 7/29/2025 UHC - 7/15/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted	O/U

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820	7/25/2025	E2024-023-A1	Policy	HCBS CHICS Ratio Clarification Procedure code S5125 and modifiers U1 and U2 shall be used when Managed Care Organizations authorize the service known as Children's Integrated Community Supports (CHICS) on the HCBS IDD Waiver. Effective with the implementation date for each MCO, retroactive to May 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 6/30/2025 Sunflower - 5/7/2025 UHC - 6/30/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
821	7/25/2025	E2009-008-A44	Policy	Healthcare Common Procedure Coding System (HCPCS) Pricing for Part B Drugs – July 2025 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to the 2nd quarter 2025 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 7/14/2025 Sunflower - 7/30/2025 UHC - 8/30/2025	ABH - N/A Healthy Blue - 8/14/2025 Sunflower - 9/26/2025 UHC - No claims impacted.	O/U
822	7/25/2025	E2025-067	Policy	Coverage of Cognitive Assessment and Care Plan Service Effective with dates of service on or after July 1, 2025, Kansas Medicaid will cover CPT code 99483 for cognitive assessment and care plan services provided to Medicaid beneficiaries aged 21 and older. This code provides reimbursement to physicians and other eligible billing practitioners for a comprehensive clinical visit, resulting in a written care plan for patients exhibiting signs and/or symptoms of cognitive impairment. Code can only be billed once every 180 days. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 7/3/2025 Sunflower - 7/22/2025 UHC - 7/1/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
823	7/25/2025	E2022-036-A1	Policy	Labor Repair Rates for DME and POS Effective with date of service July 1, 2025, repair rates for DMEPOS (durable medical equipment, prosthetics, orthotics and supplies) equipment will be increased to 80% of the Medicare contractor, Noridian, fee schedule. Impacted procedure codes K0739, L4205, and L7520. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 6/30/2025 Sunflower - 7/1/2025 UHC - 6/23/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
824	7/25/2025	E2023-078-A1	Policy	Rate Increase for G0330 for PT/PS 01/010 Effective with dates of service on and after July 1, 2025, the rate for G0330 Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room for PT/PS 01/010 will increase. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 7/21/2025 Sunflower - 7/1/2025 UHC - 7/1/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
825	7/25/2025	E2025-054	Policy	PRTF Rates – Mid-Year Adjustment – Treatment Cost Center Adjustment Only Effective with dates of service on and after July 1, 2025, this policy enacts the mid-year per diem rate adjustment for Psychiatric Residential Treatment Facilities (PRTF). Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	ABH - N/A Healthy Blue - 6/30/2025 Sunflower - 7/1/2025 UHC - 7/1/2025	ABH - N/A Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
826	7/28/2025	SF#1422	Pharmacy	Due to a set up issue where pharmacy contracted rate was missing from the KS NADAC pricing methodology, pricing for certain pharmacy claims was incorrect during dates of service 01/01/2024 - 07/29/2024. Majority of claims resulted in overpayment.	N/A	Sunflower-7/29/24	Sunflower- 10/28/2025	O/U
827	8/13/2025		Professional	Healthy Blue was pricing procedure codes 87635 and U0002 at mid-level practioner rate incorrectly for dates of service 01/01/2025 - Current.	N/A	Healthy Blue - 7/31/2025	Healthy Blue - 8/21/2025	U
828	8/19/2025	E2006-105-A87	Policy	NCCI/MUE Editing – July 2025 Quarterly NCCI and MUE additions, revisions, and deletions. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	Healthy Blue - 7/1/2025 Sunflower - 7/1/2025 UHC - 7/13/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
829	8/19/2025	E2025-077	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – July 1, 2025 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	Healthy Blue - 7/21/2025 Sunflower - 7/7/2025 UHC - 7/23/2025	Healthy Blue - 8/14/2025 Sunflower - Underpayment- 8/18/2025 Overpayment- 9/17/2025 UHC - 10/20/2025	O/U
830	8/19/2025	E2025-068	Policy	Rate Increase for Vagus Nerve Stimulation The rates for vagus nerve stimulation (VNS) therapy will be increased for outpatient hospital reimbursement (OPS). Modifier U3 must be added to CPT codes 64568 and 61885 to specify VNS therapy as opposed to other services that may be billed under the same code. CPT 64568, modifier U3, will be reimbursed at $40,000 OPS rate. CPT 61885, modifier U3, will be reimbursed at $30,000 OPS rate. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	Healthy Blue - 6/30/2025 Sunflower - 7/1/2025 UHC - 8/02/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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831	8/19/2025	E2025-082	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – July 22, 2025 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	Healthy Blue - 7/31/2025 Sunflower - 8/05/2025 UHC - 8/01/2025	Healthy Blue - 8/26/2025 Sunflower - 8/25/2025 UHC - 8/19/2025	O/U
832	8/19/2025	E2024-123-A4	Policy	DRG Weights and Rates for January 2025-Updates Added Catholic Care Center NPI 1033823414, effective date 1/1/2025. Effective with the implementation date for each MCO, retroactive to January 01, 2025 service dates.	N/A	Healthy Blue - 7/24/2025 Sunflower - 7/29/2025 UHC - 8/10/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
833	8/19/2025	E2025-023	Policy	Telemedicine Allowances for Out-of-State Physicians Effective July 1, 2025, Physician providers (31) should be able to enroll with new specialties 355 'OOS Addiction Medicine' and 356 'OOS Psychiatrist'. This will address shortages in specialty providers and reduce patient travel and wait times by allowing out-of-state physicians to provide telemedicine services. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	Healthy Blue - No Impact. Sunflower - 8/01/2025 UHC - Compliant	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
834	8/21/2025		Hospice	Healthy Blue identified that we were denying claims for prior authorization when billed with T2042 (Hospice Routine Home Care) with place of service 31. Claim sweeps will occur until the system fix is implemented.	N/A	Healthy Blue - 10/31/2025	Healthy Blue - 11/1/2025	U
835	8/21/2025	PC694	Policy	Adolescent SUD Residential Treatment -Rate Increase for H0018 As directed by FY 2025 Senate Bill 125: "That expenditures shall be made by the above agency (KDADS) from such account during fiscal year 2026 to increase the daily reimbursement rate for substance abuse disorders treatment services for adolescents to $375 per Medicaid day." Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	Healthy Blue - 6/24/2025 Sunflower - 8/20/2025 UHC - 8/13/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 9/9/2025	O/U
836	8/21/2025	E2016-032-A4	Policy	Medical Team Conference as Content of Service- CCBHCs The following procedure codes will denied as content of service for all providers with the exception of Community Mental Health Centers (CMHC's) and Certified Community Behavioral Health Clinics (CCBHCs) provider types/specialties 11/111, 11/123 and 11/121. 99366, 99367, 99368 Effective with the implementation date for each MCO, retroactive to May 01, 2022 service dates.	N/A	Healthy Blue - No Impact. Sunflower - 8/15/2025 UHC - Compliant	Healthy Blue - No claims impacted. Sunflower - 12/12/2025 UHC - No claims impacted.	O/U
837	8/21/2025	E2024-106-A3	Policy	HCPCS Changes – July 2025 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to the 3rd quarter 2025 HCPCS. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	Healthy Blue - 7/21/2025 Sunflower - 7/29/2025 UHC - 8/23/025	Healthy Blue -8/6/2025 Sunflower - 10/15/2025 UHC - No claims impacted.	O/U
838	8/26/2025		Dental/Vision	SKYGEN claims were recouped from providers without providing notification in writing and without the 60 day provider response time for a claim recoupment project. Skygen will be sending provider communications and claim impact information for explanation on the claim recoupments that occurred.	N/A	ABH/SKYGEN - N/A	ABH/SKYGEN - 9/8/2025	O
839	9/4/2025		Professional & Hospital	Healthy Blue discovered that we were not paying the Covid administration code 90480. Once configuration is updated a claim sweep will be completed on all impacted claims.	N/A	Healthy Blue - 10/6/2025	Healthy Blue - 10/27/2025	U
840	9/11/2025		All Claims	Claims were initially paid as primary due to a delay in reporting member's Other Health Insurance (OHI). Claims were reprocessed on 6/6/2025. There is a recovery process in place to ensure there is not any latency in OHI reporting and is captured in the recovery process.	NA	Healthy Blue - 6/6/2025	Healthy Blue - 6/6/2025	O
841	9/12/025		Pharmacy	An IT update improperly caused providers across the network to reflect inactive KMAP enrollment resulting in real time POS pharmacy reject message stating “pharmacy not enrolled with State Medicaid Agency”.	NA	UHC - 5/29/2025	UHC - 5/30/2025	U
842	9/15/2025	E2023-157-A4	Policy	DRG Weights and Rates for January 2024-Update Update to DRG weights and rates which will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to January 01, 2024 service dates.	N/A	Healthy Blue - No impact. Sunflower - 8/22/2025 UHC - 8/24/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
843	9/29/2025		Professional Claims	HB discovered that rate segments for procedure code T2046 were updated or loading incorrectly. Review of the Hospice codes is done quarterly and during that review a discrepancy was discovered. Coding was updated on 9/21/2025 and claims reviews are being performed to validate correct payments have been/will be made.	N/A	Healthy Blue - 9/26/2025	Healthy Blue - 10/31/2025	U
844	10/9/2025		Professional	Members had an incorrect PCP assignment due to incorrect flag being placed on providers which allowed members to be assigned as PCP’s. The PCP assignment flag has was fixed on 6/27/2025. All claims affected by this issues have were reprocessed and paid on 7/4/2025.	N/A	Healthy Blue - 6/27/2025	Healthy Blue - 7/4/2025	U

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Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
845	10/10/2025	SF-1423	Professional	Mid-level provider's claims for Pediatric procedure codes 99381-99384 and 99391-99395 are paying incorrect rates.	N/A	Sunflower - 11/18/2025	Sunflower - 7/21/2026 Payment 9/4/2026 Overpayment	U
846	10/22/2025	E2025-092	Policy	Updated the ICF-IID rates are as noted on the attachment to this policy. Effective with the implementation date for each MCO, retroactive to Ocotober 01, 2025 service dates.	N/A	Healthy Blue - 10/13/2025 Sunflower - 10/1/2025 UHC - 10/13/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claim impacted.	O/U
847	10/22/2025	E2025-102	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance - August 2025 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	Healthy Blue - 9/29/2025 Sunflower - 9/15/2025 UHC - 9/22/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 10/15/2025	O/U
848	10/22/2025	PC695	Policy	Code 99281 Retroactive PED Rate Increase. Effective with the implementation date for each MCO, retroactive to August 01, 2024 service dates.	N/A	Aetna - Pending Healthy Blue - 9/18/2025 Sunflower - Compliant UHC - Compliant	Aetna - Pending Healthy Blue - No claims impacted. Sunflower - No claims impacted.	O/U
849	10/22/2025	E2025-097	Policy	Kansas Medicaid will expand coverage of the vaccines (Abrysvo, Arexvy, mResvia) against Respiratory Syncytial Virus to include Adults aged 50 to 59 years old who are at an increased risk of severe RSV. These adults may receive a single dose of the RSV Vaccine. Persons who have already received the RSV Vaccine are not recommended to receive an additional dose. Effective with the implementation date for each MCO, retroactive to June 25, 2025 service dates.	N/A	Healthy Blue - 10/10/2025 Sunflower - 10/20/2025 UHC - 10/5/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
850	10/22/2025	E2025-094	Policy	State Mental Heatlh Institution Room Rates for SFY 2026. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	Healthy Blue - 10/1/2025 Sunflower - 9/10/2025 UHC - 11/4/2025	Healthy Blue - No claims impacted. Sunflower - 10/21/2025 UHC - No claims impacted.	O/U
851	10/22/2025	E2025-089	Policy	Per Senate Bill 63 (SB63), which is state law, Kansas Medicaid shall not reimburse or provide coverage for gender affirming health care that is performed for the purpose of presenting as a member of the opposite sex, as a treatment for a child, individual less than 18 years of age, whose perceived gender or perceived sex is inconsistent with such child's biological sex present at birth. SB 63. Effective with the implementation date for each MCO, retroactive to February 25, 2025 service dates.	N/A	Healthy Blue - 10/24/2025 Sunflower - 10/20/2025 UHC - 10/6/2025	Healthy Blue - 5/15/2026 Sunflower - 2/3/2026 UHC - 4/16/2026	O/U
852	10/22/2025	E2025-091	Policy	Per Senate Bill 63 (SB63), which is state law, Kansas Medicaid shall not reimburse or provide coverage for gender affirming pharmaceutical care (0-20 years), whose perceived gender or perceived sex is inconsistent with such child's biological sex present at birth. SB 63. Effective with the implementation date for each MCO, retroactive to February 25, 2025 service dates.	N/A	Healthy Blue - 10/15/2025 Sunflower - 10/20/2025 UHC - 10/6/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No Post Implementation Clean-Up Required.	O/U
853	10/22/2025	E2025-112	Policy	Medicaid hospice services will be reimbursed in accordance with Final Rule CMS-1835-F. The daily rates specified are base rates and will be updated according to the adjusted wage index. Effective with the implementation date for each MCO, retroactive to October 01, 2025 service dates.	N/A	Healthy Blue 11/10/2025 Compliant 2/16/2026 Non Compliant Providers Sunflower 10/21/2025 Compliant 12/19/2025 Non Compliant Providers UHC 10/17/2025 Compliant 2/2/2026 - Non-Compliant Providers	Healthy Blue - No claims impacted. Sunflower - No claims impacted. Pending Non Compliant Providers UHC - No claims impacted.	O/U
854	10/22/2025	E2008-061-A15	Policy	2025 Updates to the Medicare Guidelines for Unacceptable Principal Diagnosis Codes ICD-10 was implemented on October 1, 2015 and thousands of ICD-9 diagnosis codes were transitioned to ICD-10 diagnosis codes. Many health plans adopted the Definitions of Medicare Code Edits to identify diagnosis codes that are unacceptable as the principal diagnosis. The use of ICD-10 diagnosis codes is beginning to normalize, however Medicare continues to make periodic updates to the code list. This has included both the addition and deletion of diagnosis codes from the list. Kansas will continue to follow Medicare guidance to update the list of unacceptable principal diagnosis codes. Effective with the implementation date for each MCO, retroactive to October 01, 2025 service dates.	N/A	Healthy Blue - 10/24/2025 Sunflower - 10/20/2025 UHC - 10/1/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
855	10/22/2025	E2006-105-A89	Policy	Revision NCCI/MUE Editing - October 2025 Revised NCCI MUE DME, NCCI MUE OPH, and NCCI MUE PRA files related to 2nd quarter 2025 NCCI (National Correct Coding Initiative). Effective with the implementation date for each MCO, retroactive to Octoboer 01, 2025 service dates.	N/A	Healthy Blue - 10/24/2025 Sunflower - 10/20/2025 UHC - 9/21/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U

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856	10/22/2025	E2025-104	Policy	Kansas Medicaid shall not reimburse or provide de novo coverage for gender affirming health care for adult beneficiaries (aged 21 years and older) intending to present themselves as a member of the opposite sex and whose gender identity is incongruent with his or her biological sex present at birth. Effective with the implementation date for each MCO, retroactive to September 01, 2025 service dates.	N/A	Healthy Blue - 10/15/2025 Sunflower - 10/20/2025 UHC - 10/6/2025	Healthy Blue - 5/15/2026 Sunflower - 2/3/2026 UHC - 4/16/2026	O/U
857	10/22/2025	E2019-019-A22	Policy	Rate Changes for Physician Administered Drugs – October 2025 Physician Administered Drugs (PADs) with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy spreadsheet. Part B drugs without a Medicare Part B rate are priced at WAC. Pricing guidelines outlined in policy E2019-019 for unlisted procedure code drugs will remain the same. Any HCPCS codes that pertain to drugs on the High Dollar Rare Disease (HDRD) Drug reimbursement list will follow the pricing in the most recent KMAP bulletin related to HDRD reimbursement. Should a long-acting reversible contraception (LARC) product have a price change, the updated price will be retroactive to that product's price change effective date. Effective with the implementation date for each MCO, retroactive to October 01, 2025 service dates.	N/A	Healthy Blue - 10/1/2025 Sunflower - 10/1/2025 UHC - 10/11/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
858	10/24/2025	#194	NEMT	Identified NEMT had adjudicated claims for food and lodging with incorrect CPT code A0090. No impact to provider payments.	N/A	UHC - 5/15/2025	UHC - 11/5/2025	N/A
859	10/29/2025		Professional and Inpatient	Patient Liability was not being deducted from claims correctly resulting in overpayments to providers. The systematic update was made to allow clas to edit correctly against the members patient liability records.	N/A	Healthy Blue - 10/17/2025	Healthy Blue - 2/28/2026	O
860	11/13/2025		Hospice	Claims billed for Hospice procedure code T2046 are denying incorrectly for Ordering/referring enroll type invalid. Healthy Blue has a short term fix in place to capture claims and reprocess.	N/A	Healthy Blue - 12/30/2025	Healthy Blue - 2/4/2026	U
861	11/13/2025		Professional and Hospital	Claims rejected due to incorrect member ID entry. An extra digit was added during data entry on paper claims resulting in claim rejections. All claims have been put back into the claims processing system.	N/A	Healthy Blue - 11/3/2025	Healthy Blue - 11/12/2025	U
862	11/14/2025	E2025-096	Policy	RHC/FQHC's PPS Rate Change The Prospective Payment System (PPS) rates will be increased by the Medicare Economic Index (MEI) rate of 3.5% for all Rural Health Clinics and Federally Qualified Health Centers (RHCs and FQHCs). Effective with the implementation date for each MCO, retroactive to October 01, 2025 service dates.	N/A	Healthy Blue - 01/2/2026 Sunflower - 10/01/2025 UHC - 10/6/2025	Healthy Blue - 1/5/2026 Sunflower - No claims impacted. UHC - 12/10/2025	O/U
863	11/14/2025	E2006-105-A90	Policy	Revision NCCI/PTP OPH/PRA Editing - October 2025 Revised NCCI/PTP OPH/PRA files related to 2nd quarter 2025 NCCI (National Correct Coding Initiative). Effective with the implementation date for each MCO, retroactive to Octoboer 01, 2025 service dates.	N/A	Healthy Blue - 10/31/2025 Sunflower - 10/28/2025 UHC - 11/7/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 1/11/2026	O/U
864	11/14/2025	E2009-008-A45	Policy	Healthcare Common Procedure Coding System (HCPCS) Pricing for Part B Drugs – October 2025 Effective with the implementation date for each MCO, retroactive to October 01, 2025 service dates.	N/A	Healthy Blue - 10/23/2025 Sunflower - 11/3/2025 UHC - 12/29/2025	Healthy Blue - No claims impacted. Sunflower - 2/2/2026 UHC - No claims impacted.	O/U
865	11/14/2025	E2025-055-A1	Policy	IDD waiver Wellness Monitoring service rate is $51.74 per unit, regardless of whether the service is billed under procedure code S5190 or S5190UA. Both codes will reimburse at the uniform rate of $51.74 when authorized on the IDD waiver. Effective with the implementation date for each MCO, retroactive to July 01, 2025 service dates.	N/A	Healthy Blue - 10/29/2025 Sunflower - 10/29/2025 UHC - 12/6/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 12/19/2025	O/U
866	12/5/2025	CMHC Spenddown	CMHC	CMHC spenddown claims were underpaid when only a partial amount of the claim was needed to meet the members spenddown.	N/A	UHC - 1/20/2026	UHC - 1/23/2026	U
867	12/11/2025		Professional and Hospital	Healthy Blue paid claims for EKG HCPCS codes that should have been denied based on the diagnosis code criteria. There will be no claims recoveries related to this issue. The implementation of this edit will proceed on a going forward basis.	N/A	Healthy Blue - 9/30/2026	Healthy Blue - 9/20/2026	N/A
868	12/24/2025		All	Healthy Blue addressed membership data issues, resolving initial termination problems in February. A later issue with termination logic led to a code fix in September. Retroactive terminations that were missed have now been corrected. The membership team has validated its processes and all incorrect termination dates have been identified. However, should new retroactive terminations occur, isolated claims payment errors may still arise and will need correction.	N/A	Healthy Blue - 10/15/2025	Healthy Blue - No claims impacted.	N/A
869	1/8/2026	E2025-127	Policy	Penmenvy Meningococcal Vaccine Coverage Effective with date of service June 25, 2025 Kansas Medicaid will add the vaccine Penmenvy (90624) as an additional option for pentavalent vaccine coverage against Meningococcal Disease when both MenACWY and MenB are indicated at the same visit. Effective with the implementation date for each MCO, retroactive to June 25, 2025 service dates.	N/A	Healthy Blue - 12/3/2025 Sunflower - 12/1/2025 UHC - 1/2/2026	Healthy Blue - 12/17/2025 Sunflower - No claims impacted. UHC - No claims impacted.	N/A

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870	1/8/2026	E2024-123-A5	Policy	DRG Weights and Rates for January 2025-Update Update to the DRG weights and rates which will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to July 01, 2025 discharge dates.	N/A	Healthy Blue - 1/1/2026 Sunflower - 1/1/2026 UHC - 12/21/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	N/A
871	1/8/2026	E2024-106-A4	Policy	HCPCS Updates – October 2025 This is the quarterly policy documented to track and implement the additions, revisions and deletions related to 4th quarter 2025 HCPCS. Effective with the implementation date for each MCO, retroactive to October 01, 2025 service dates.	N/A	Healthy Blue - 12/30/2025 Sunflower - 12/1/2025 UHC - 12/30/2025	Healthy Blue - 1/14/2026 Sunflower - 2/17/2026 UHC - 2/7/2026	N/A
872	1/8/2026	E2025-016-A1	Policy	Ventilator Program Process – Updates This addendum, to policy E2025-016 – Ventilator Program Process, is being documented to add a new VENT provider and update the information for Swan Health (formerly KPC Promise). Effective with the implementation date for each MCO, retroactive to September 01, 2025 service dates.	N/A	Healthy Blue - 12/18/2025 Sunflower - Compliant UHC - 12/10/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	N/A
873	1/8/2026	E2025-134	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – November 19, 2025 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	Healthy Blue - 1/26/2026 Sunflower - 12/15/2025 UHC - 12/5/2025	Healthy Blue - 3/20/2025 Sunflower - 3/13/2026 UHC - 2/12/2026	N/A
874	1/8/2026	E2015-051-A1	Policy	Age Expansion of the Coverage of Flucelvax Trivalent Cell-based Flu Vaccine (CPT 90661) Beginning with date of service on or after September 1, 2024, KanCare will cover the vaccine Flucelvax (90661) for persons 6 months of age and older. Effective with the implementation date for each MCO, retroactive to September 01, 2024 service dates.	N/A	Healthy Blue - 12/10/2025 Sunflower - 12/19/2025 UHC - 1/2/2026	Healthy Blue - No claims impacted. Sunflower: 4/28/2026 Payment Project UHC - No claims impacted.	N/A
875	1/8/2026	E2025-139	Policy	Update to Influenza Vaccine Coverage for 2025-2026 Season Effective with Date of Service on or after September 1, 2024, KanCare will cover the following Trivalent Influenza vaccination codes for the listed ages. 90660 2y – 49y / 2y – 18y: VFC 19y – 49y□ 90656 6m & older / 6m – 18y: VFC 19y+ 90673 9y & older / 9y – 18y: VFC 19+ Effective with the implementation date for each MCO, retroactive to September 01, 2024 service dates.	N/A	Healthy Blue - 1/5/2026 Sunflower - 12/19/2025 UHC - 1/12/2026	Healthy Blue - 2/2/2026 Sunflower - 1/6/2026 UHC - 3/16/2026	N/A
876	1/8/2026	E2025-140	Policy	Restricting Coverage of MMRV Effective with date of service on or after September 20, 2025, Kansas Medicaid will no longer cover the MMRV vaccine (CPT 90710) for members who have not yet reached their fourth birthday. Members should instead receive the MMR Vaccine (CPT 90707) and Varicella Vaccine (CPT 90716) separately if the vaccines are indicated, including on the same date of service if indicated. Effective with the implementation date for each MCO, retroactive to September 20, 2025 service dates.	N/A	Healthy Blue - 1/27/2026 Sunflower - 12/12/2025 UHC - 1/12/2026	Healthy Blue - 1/29/2026 Sunflower - 1/23/2026 UHC - 5/19/2026	N/A
877	1/15/2026		Pharmacy	On 12/1/2025, HB discovered a partial outage returning pharmacy point of sale reject code 99 or pre-adjudication server downtime errors. This issue was resolved the same day as it was discovered.	N/A	Healthy Blue - 12/1/2025	Healthy Blue - 12/1/2025	U
878	1/15/2026	E2022-057-A9	Policy	Non-Risk Payment for High Dollar Rare Disease Drugs- Updates The High Dollar Rare Disease Drug (HD RDD) policy will have an updated list of pharmaceuticals (attached), in addition to other policy changes. Effective with the implementation date for each MCO, retroactive to various service dates.	N/A	Healthy Blue - 12/31/2025 Sunflower - 11/7/2025 UHC - 12/24/2025	Healthy Blue - No Post Implementation Clean-Up Required. Sunflower - No Post Implementation Clean-Up Required. UHC - No Post Implementation Clean-Up Required.	N/A
879	1/15/2026	E2025-123	Policy	MCR-AA Rate Updates – January 2026 All Medicare Part B cost avoidance procedure codes will be reviewed against the DMERC fee schedule for rate discrepancies and updated accordingly. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 1/9/2026 Sunflower - 1/16/2026 UHC - 3/2/2026	Healthy Blue - 1/30/2026 Sunflower - 3/3/2026 UHC - 4/10/2026	N/A

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880	2/2/2026	SF#1424		Zelis, our payment processing partner for Amisys, has experienced an unexpected system outage following a planned maintenance that began at 8:00 p.m. ET on January 24, 2026. • The outage affected core services, including the Payspan Health portal and all related applications. • Zelis confirmed the issue was not cyber-security related. • This impact would be observed by all payors on the legacy Payspan solutions. As of January 28, at 7:00 a.m. CT, the system has been 100% restored, with all functions being up and validated Payspan is now accessible and up. Backlogged claims from Tuesday (1/27) Kansas Medicaid check runs sent for processing. As of 01/29/2026 3:01 p.m., all payments, remittance advices, 835s, etc are available in Payspan for all check runs delayed while working through the outage. All systems are running as expected and we will continue to monitor the situation through the week.	N/A	Sunflower- 1/28/2026	Sunflower- 1/28/2026	N/A
881	2/6/2026	E2025-141	Policy	Coverage of mNexSpike KanCare will cover mNEXSPIKE (CPT 91323) as an option for COVID-19 vaccination in persons aged 65 and older, as well as persons aged 12-64 with one or more health conditions which put them at an increased risk of severe COVID-19. Effective with the implementation date for each MCO, retroactive to September 01, 2025 service dates.	N/A	Healthy Blue - 1/27/2026 Sunflower - 1/14/2026 UHC - 1/12/2026	Healthy Blue - No claims impacted. Sunflower - 2/18/2026 UHC - No claims impacted.	O/U
882	2/6/2026	E2019-019-A23	Policy	Rate Changes for Physician Administered Drugs – January 2026 This is the 1st quarter update for 2026 per Policy E2019-019. Effective with dates of service on and after January 1, 2026, Physician Administered Drugs (PADs) with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate on file will be priced as indicated on the policy attachment . Part B drugs without a Medicare Part B rate are priced at WAC. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 1/31/2026 Sunflower - 1/1/2026 UHC - 1/12/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 2/6/2026	O/U
883	2/6/2026	PC696	Policy	Spenddown Claims for CCBHCs Retroactive to 05/01/2022 when an individual is Medically Needy (Spenddown individual) receiving services at a CCBHC and they meet their spenddown, all claims for services for that individual for that date of service should be submitted under the CMHC NPI. Claim details remaining after the spenddown is met should be paid at the max fee rate. A T1040 claim should not be submitted on the same date of service the individual meets spenddown. Effective with the implementation date for each MCO, retroactive to May 01, 2022 service dates.	N/A	Healthy Blue - Compliant Sunflower - Compliant UHC - 1/20/2026	Healthy Blue - N/A Sunflower - N/A UHC - 1/23/2026	O/U
884	2/6/2026	E2025-148	Policy	PRTF Rates – January 2026 Updates to the rates for each Psychiatric Residential Treatment Facility (PRTF). Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 2/16/2026 Sunflower - 1/12/2026 UHC - 1/16/2026	Healthy Blue - 5/12/2026 Sunflower - 4/10/2026 UHC - No claims impacted.	O/U
885	2/6/2026	E2009-008-A46	Policy	HCPCS Pricing for Part B Drugs – January 2026 Additions, revisions and deletions related to 1st quarter 2026 HCPCS Pricing for Part B Drugs. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 3/3/2026 Sunflower - 1/23/2026 UHC - 3/2/2026	Healthy Blue - 3/4/2026 Sunflower - 4/28/2026 UHC - 3/23/2026	O/U
886	2/6/2026	E2025-147	Policy	Swing Bed Rates for Calendar Year 2026 This is an annual rate adjustment mandated by CMS. Effective with dates of service on and after January 1, 2026, the Swing Bed Rate will be $250.46. Sub NPI rates are the same as primary NPI rates. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 1/26/2026 Sunflower - 1/1/2026 UHC - 12/24/2025	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
888	2/13/2026	E2025-126	Policy	DRG Weights and Rates for January 2026 Update to the DRG weights and rates which will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to January 01, 2026 discharge dates.	N/A	Healthy Blue - 1/1/2026 Sunflower - 1/1/2026 UHC - 1/25/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 2/25/2026	O/U
889	2/13/2026	E2025-128	Policy	New DRG Grouper for January 2026 Effective with discharge dates on and after January 1, 2026, MS-DRG Grouper version 43 will be used for inpatient claims processing. Effective with the implementation date for each MCO, retroactive to January 01, 2026 discharge dates.	N/A	Healthy Blue - 1/1/2026 Sunflower - 1/1/2026 UHC - 1/25/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - 5/11/2026	O/U
891	2/13/2026	E2026-010	Policy	Indian Health Services (IHS) Reimbursement – CY 2026 Effective with dates of service on and after January 1, 2026, the rate for Indian Health Services (IHS) is going from $801.00 to $826.00. Retroactive adjustments will be necessary for these claims. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 2/13/2026 Sunflower - 2/5/2026 UHC - 2/2/2026	Healthy Blue - 4/9/2026 Sunflower - 2/26/2026 UHC - 3/3/2026	O/U

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892	2/13/2026	E2025-142	Policy	Inpatient Pharmaceutical Coverage Effective January 1, 2026, Kansas Medicaid does not cover non-rebate eligible pharmaceuticals that cost more than $100K, when billed as part of an inpatient stay, unless otherwise specified in policy. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 1/1/2026 Sunflower - 1/1/2026 UHC - 1/31/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
893	2/13/2026	E2026-011	Policy	Tribal FQHC Reimbursement – CY 2026 Effective with dates of service on and after January 1, 2026, the rate for Prairie Band Potawatomi Health Center is going from $801.00 to $826.00. Retroactive adjustments will be necessary for these claims. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 3/3/2026 Sunflower - 2/5/2026 UHC - 2/9/2026	Healthy Blue - 4/9/2026 Sunflower - 2/26/2026 UHC - 3/9/2026	O/U
894	2/13/2026	E2021-154-A30	Policy	CCBHC Specialty Designation Prospective Payment System – Rate Setting by Center – Demonstration Grant Effective 01/01/2026, the Certified Community Behavioral Health Clinics (CCBHCs) rates were established according to the CCBHC Demonstration grant criteria requiring a MEI adjustment in non-rebasing demonstration years for each CCBHC. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 2/3/2026 Sunflower - 1/1/2026 UHC - 1/1/2026	Healthy Blue - 6/30/2026 Sunflower - No claims impacted. UHC - No claims impacted.	O/U
895	2/24/2026		Professional & Institutional	Claims for newborns were being rejected in error when billed under the mothers's ID. Issue was discovered and corrected within 48 hours of 2/16/2026. All claims have been identified and reprocessed.	N/A	Healthy Blue - N/A	Healthy Blue - 2/18/2026	U
896	2/26/2026	E2026-013	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – January 30, 2026 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Effective with the implementation date for each MCO, retroactive to various dates.	N/A	Healthy Blue - 2/19/2026 Sunflower - 2/17/2026 UHC - 2/12/2026	Healthy Blue - 4/10/2026 Sunflower: 6/29/2026 Payment Project 6/24/2026 Recovery Project UHC - 3/6/2025	O/U
897	2/26/2026	E2021-154-A32	Policy	CCBHC Specialty Designation Prospective Payment System – Rate Setting by Center –Required MEI Adjust Rates have been corrected for the following Certified Community Behavioral Health Clinics (CCBHCs). **Iroquois Center for Human Development** 610 East Grant Greensburg, KS 67054 **Kanza Mental Health & Guidance Ctr** 909 South Second St., Box 319 Hiawatha, KS 66434 **Sumner Mental Health Center** 1601 West 16th St, Box 607 Wellington, KS 67152 Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 3/6/2026 Sunflower - 2/5/2026 UHC - 2/12/2026	Healthy Blue - 4/30/2026 Sunflower - 3/17/2026 UHC - 2/20/2026	O/U
899	3/13/2026	97535/97537	Professional	NCCI edits prohibit billing CPT codes 97535 and 97537 (Cognitive Therapy) on the same day as G0151 (Physical Therapy) and G0152 (Occupational Therapy). UHC was instructed to bypass the NCCI edit and no longer deny claims.	N/A	UHC - 3/8/2026	UHC - 4/23/2026	U
900	3/12/2026	SF-1425		Sunflower was incorrectly end dating some members eligibility when KanCare eligibility updates were received. This caused some claims to reject and/or deny in error for no member eligibility. The Sunflower enrollment team is updating the eligibility files for impacted members to correct the error.	N/A	Sunflower - 3/26/2026	Sunflower- 6/16/2026	O/U
902	3/25/2026		Professional	Targeted Case Management procedure code T1017 is set up as a floating/rolling calendar year vs a standard calendar year January-December causing a reduction in units or claim denials.	N/A	Healthy Blue - 3/9/2026	Healthy Blue - 4/9/2026	U
903	3/25/2026		Pharmacy	Due to a spenddown transaction issue with Pharmacy claims related to member's that have the Medically Needy plan(Spenddown). Member's could have been charged an incorrect	N/A	Healthy Blue - 3/6/2026	Healthy Blue - 4/16/2026	O/U
904	3/27/2026	E2025-126-A1	Policy	DRG Weights and Rates for January 2026-Update Update to the DRG weights and rates which will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to January 01, 2026 discharge dates.	N/A	Healthy Blue - 4/1/2026 Sunflower - 2/27/2026 UHC - 3/29/2026	Healthy Blue - 4/20/2026 Sunflower - No claims impacted. UHC - 4/10/2026	O/U
905	3/27/2026	E2020-114-A12	Policy	OUD Treatment Medicaid Rate -Updates for January 2026 Annual update to the rates for Opioid Use Disorder (OUD) Treatment drugs/biologics approved for OUD treatments. Effective with the implementation date for each MCO, retroactive to January 01, 2026 service dates.	N/A	Healthy Blue - 3/13/2026 Sunflower - 3/5/2026 UHC - 4/6/2026	Healthy Blue - 4/15/2026 Sunflower - 5/6/2026 UHC - 5/27/2026	O/U

KanCare 3.0 Closed Claims Resolution Log

Issue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	Managed Care Organization (MCO) System Status	Managed Care Organization (MCO) Reprocessing Completion Date	MCO Overpayment / Underpayment
906	3/27/2026	E2014-061-A11	Policy	Non-Coverage of Facility Charges (G0463) Effective retroactive to February 1, 2026, G0463 will no longer be a covered KMAP service for hospitals listed on attachment 3 to this policy and all out of state hospitals. G0463 should only be billed as a reimbursable service by hospitals when physicians/practitioners utilize hospital space for their clinic services and that space is considered a provider-based department of the hospital. This primarily applies to rural settings where the physician/practitioner travels to different cities/towns and uses a hospital department room to see patients. G0463 should not be used for services provided in hospital owned clinics. Effective with the implementation date for each MCO, retroactive to February 01, 2026 service dates.	N/A	Healthy Blue - 3/18/2026 Sunflower - 3/13/2026 UHC - 3/23/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
907	4/15/2026		CCBHC	Certified Community Behaviorial Health Clinic (CCBHC) claims are rejecting for multiple place of service. Healthy Blue is requeuing claims that rejected weekly until the system configuration is completed.	N/A	Healthy Blue - 5/31/2026	Healthy Blue - 5/31/2026	U
908	4/17/2026	E2024-123-A6	Policy	DRG Weights and Rates for January 2025-Update Update to the DRG weights and rates which will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to September 03, 2025 discharge dates.	N/A	Healthy Blue - 3/31/2026 Sunflower - 3/25/2026 UHC - 4/26/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
909	4/17/2026	E2025-126-A2	Policy	DRG Weights and Rates for January 2026-Update Update to the DRG weights and rates which will be used for inpatient claims processing for all hospitals. Effective with the implementation date for each MCO, retroactive to January 01, 2026 discharge dates.	N/A	Healthy Blue - 3/31/2026 Sunflower - 3/25/2026 UHC - 4/19/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
910	4/17/2026	E2019-019-A24	Policy	Rate Changes for Physician Administered Drugs – April 2026 Physician Administered Drugs (PADs) with pure codes that are submitted for reimbursement under the medical benefit that do not have a Medicare Part-B rate will be priced as indicated on the policy attached spreadsheet. Part B drugs without a Medicare Part B rate are priced at WAC. This is the 2nd quarter update for 2026. Effective with the implementation date for each MCO, retroactive to April 01, 2026 service dates.	N/A	Healthy Blue - 05/1/2026 Sunflower - 4/4/2026 UHC - 5/15/2026	Healthy Blue - 6/29/2026 Sunflower - 5/12/2026 UHC - 6/15/2026	O/U
912	5/15/2026	SF-1426		Authorizations Match Tool malfunctioned and incorrectly counted authorization units, resulting in an exceeded authorization denial. The Authorization match tool also incorrectly matched the wrong auth to the wrong claim, resulting in exceeded authorization denials.	N/A	SF - 1/20/2026	SF- 9/10/2026	O/U
913	5/21/2026		Hospice	Nursing facility raters were not updated timely causing Hospice claims billed for procedure code T2046 to pay at the wrong rate.	N/A	Healthy Blue - 5/19/2026	Healthy Blue - 7/28/2026	U
915	7/1/2026		HCBS	New BI waiver code 97129 was not configured correctly within our internal authorization system. Providers were unable to see authorizations in Authenticare and unble to bill procedure code 97129.	N/A	Healthy Blue - 5/28/2026	Healthy Blue - 5/31/2026	U
918	7/17/2026	E2026-052	Policy	Partial Hand Prosthesis Code Update – L6028 According to CMS guidance, codes L6000, L6010, and L6020 will no longer be valid on or after April 1, 2026. These codes are currently covered; however, they will be replaced by L6028. Kansas Medicaid only covers L6028 for QMB only. Effective with the implementation date for each MCO, retroactive to April 01, 2026 service dates.	N/A	Healthy Blue - 7/6/2026 Sunflower - 6/23/2026 UHC - 7/6/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
920	7/17/2026	E2026-004	Policy	Coverage of A0998 Ambulance and Treatment, No Transport Effective on and after July 1, 2026, A0998 will be covered at a Medicaid Rate of $250.00 for PT/PS 26/260. This allows EMS providers to receive reimbursement for treatment rendered in response to an emergency call to a member's home or other location, when transportation to the hospital emergency room (ER) was not provided. Effective with the implementation date for each MCO, retroactive to July 01, 2026 service dates.	N/A	Healthy Blue - 6/11/2026 Sunflower - 7/1/2026 UHC - 7/6/2026	Healthy Blue - No claims impacted. Sunflower - No claims impacted. UHC - No claims impacted.	O/U
922	8/5/2026		Professional and Hospital	Claims are being denied for diagnosis codes incorrectly reported. Healthy Blue is doing daily claim sweeps to keep claims from denying incorrectly.	N/A	Healthy Blue - 8/14/2026	Healthy Blue - 8/17/2026	U
923	8/5/2026		HCBS	Claims are denying incorrectly for MUE (Medically Unlikely Edit) when procedure code 97129 is billed. Healthy Blue is doing claim sweeps to capture claims that denied incorrectly.	N/A	Healthy Blue - 8/23/2026	Healthy Blue - 9/11/2026	U
925	9/3/2026		Professional	Evaluation and Management procedure codes denying for noncovered servce	N/A	Healthy Blue - 9/3/2026	Healthy Blue - 9/16/2026	U