

KMAP GENERAL BULLETIN 12115

KanCare Front End Billing

KanCare FEB is a free service to assist providers, billing agents, and clearinghouses participating in KanCare.

Effective January 1, 2013, the Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) in cooperation with Hewlett-Packard Enterprise Services (HPES) is pleased to announce the KanCare Front End Billing (FEB) solution. KanCare FEB is a free service to assist providers, billing agents, and clearinghouses participating in KanCare. The KanCare FEB option allows entities to continue submitting UB-04, CMS-1500, and dental KanCare claims directly to HPES just as Kansas Medicaid claims are currently submitted or to submit claims electronically to each managed care organization (MCO). Pharmacy point-of-service claims are excluded from the FEB service.

HPES will forward claims the same day to the beneficiary's KanCare MCO based on the beneficiary's assignment. FEB allows providers to continue submitting their Kansas Medicaid claims to HPES even after the program converts to KanCare on January 1, 2013. Providers, clearinghouses, and billing agencies who currently submit claims to HPES may continue to do so on January 1 without making changes to their billing systems.

Providers who continue to send electronic claims to HPES will receive a notification from HPES that their claims have been forwarded to the appropriate MCO through the ASC X12, Health Care Claim Acknowledgment (277), and a plain text batch submission report. Upon receiving claims from HPES, the MCO will process the claim through final adjudication and communicate this to the billing entity. KanCare FEB will allow providers to continue creating claims for submission as they currently do through the following methods:

- Provider Electronic Solution (PES) software
- ANSI ASC X12N 837 Health Care Claims (837) transaction
- Web-based provider portal (secure website)
- Paper

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- [Bulletins](#)
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Customer Service

- 1-800-933-6593 (in-state)
- 785-274-5990
8:00 a.m. - 5:00 p.m.
Monday - Friday

KanCare Front End Billing continued

There will not be a change in how HPES currently handles the electronic COBVA submissions received. HPES will continue to receive the electronic COBVA claims from Medicare. The KanCare FEB service will automatically forward COBVA claims to the beneficiary's KanCare MCO based on the beneficiary's KanCare assignment.

Effective January 1, 2013, all paper claims are to be submitted to HPES regardless of the KanCare MCO beneficiary assignment. If the provider submits a paper claim directly to the KanCare MCO, the MCO will forward the paper claim to HPES. The MCO will send the provider a letter with instructions to send future paper claims directly to HPES.

Effective February 1, 2013, paper claim submissions to the MCOs will be returned to the provider without being forwarded to HPES. All paper claims are to be submitted through the FEB process and mailed to:

**KanCare
P.O. Box 3571
Topeka, KS 66601-3571**

All Nonemergency Medical Transportation (NEMT) services for fee-for-service beneficiaries require prior authorization (PA). To obtain PA for NEMT services, complete the CNEMT PA form on the [Forms page](#) of the KMAP website.

Note: This applies to fee-for-service beneficiaries only. All claims for KanCare beneficiaries will be filed to their applicable MCO plans.

Watch the KMAP website for a future publication of FEB frequently asked questions.

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HP Enterprise Services is the fiscal agent of KMAP.