KANCARE 2.0 CLAIMS RESOLUTION LOG

Changes in the Gainwell system are identified by 'system updated' or 'system corrected' in the Gainwell System Status column of the KanCare Claims Resolution Log. For system corrections or updates where the KanCare Claims Resolution Log indicates reprocessing is pending, providers have the option to submit corrected claims to expedite reprocessing or to wait for claims to be reprocessed systematically. If the system has not yet been corrected/updated, a date for reprocessing/adjusting claims will be determined once the system correction/update has been made.

Overpayments: Claim adjustments will begin within 90 days of the system being corrected/updated.

Underpayments: Resubmissions/adjustments will be completed on claims processed within 90 days of the system being corrected/updated.

Completed items are available in a separate document.

KMAP fee-for-service activity is reflected on the KMAP Claims Resolution Logs found on the Bulletins page under the Publications tab on the KMAP website.

ssue #	Date Added	Item Reference Number	Affected Area	Comments	Gainwell System Status	MCO System Status	Gainwell / MCO Reprocessing Completion Date	MCO Overpayment / Underpayment
06	4/20/2021	SF-1405	One Care Kansas Providers	error. Members simultaneously enrolled in One Care Kansas with	N/A	SF- 4/2/21	SF- 11/13/21 ETA	0
3	7/9/2021	E2021-038	Policy	TCM Claims are being recouped. Ratelist and Manual Adjustments – May 2021 Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas. Ratelist and Manual Adjustments – June 2021 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 - 6/2/21 SF - 5/14/21 UHC - 5/3/21 ABH - 7/21/21 SF - 6/30/21 UHC - 6/30/21	ABH - Underpayment - 6/22/21 Recovery Letter - 6/30/21 Overpayment - 8/1/21 2nd Project: Recovery Letter - 8/12/21 Overpayment - 9/27/21 SF - Overpayment 8/31/21 Project Completed Underpayment- 6/25/21 UHC - 5/21/21 ABH - Underpayment - 8/7/21 Recovery Letter - 8/9/21 Overpayment - 11/15/21 SF -Overpayment-11/17/21 ETA Underpayment- 8/6/21 UHC - 7/12/21	O/U
2	7/15/2021	E2020-114-A4	Policy	MAT Medicaid Rate - Updates for Drug Related Codes Effective June 18, 2021, retroactive to January 1, 2021, the rates for Medication Assisted Treatment (MAT) drugs/biologics approved for 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 6/18/2021 service dates.	N/A	ABH - 7/16/21 SF - 7/9/21 UHC - 8/20/21	ABH - No claims impacted. SF -8/31/21 UHC - 10/22/21	O/U
2.5	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: APRNs 09/000 (excluding 095) and physician assistants 10/100. Note that 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 1/1/2021 service dates.	N/A	ABH - 8/11/21 SF - 7/16/21 UHC - 6/16/21	ABH - Underpayment - 9/8/21 SF - 11/17/21 ETA UHC - No claims impacted.	O/U
6	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 6/1/2021 service dates.	N/A	ABH - 7/21/21 SF - 7/22/21 UHC - 8/26/21	ABH - No claims impacted. SF - No claims impacted. UHC - 10/22/21	U

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328	8/10/2021	SF-1406 E2019-019-A2	All Providers	The codes and rates from policy E2019-019-A2 were configured for date of service 3.1.19-3.31.21 in error. This caused claims for the procedure codes on this policy to be paid at the incorrect rate. The issue started on 4/14/21 and was corrected on 6/8/21. The system has been updated as of 6/8/2021 and the claims clean-up is in process.		SF - 6/8/21	SF- Overpayment - 10/12/21 Underpayment- 10/15/21	O/U
330	8/18/2021	E2021-072	Policy	Ratelist and Manual Adjustments – July 2021 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 - 8/27/21 SF - 8/4/21 UHC - 8/4/21	ABH - Underpayment - 9/22/21 Recovery Letter - 10/1/21 Overpayment- 12/3/21 ETA SF - 8/23/21	O/U
							UHC - 9/17/21	
331	8/18/2021	E2017-109-A6	Policy	Increasing WORK Independent Living Counseling Rate A change to the WORK Independent Living Counseling (ILC) rate. Effective with the implementation date for each MCO,	N/A	ABH - 9/20/21 SF - 8/6/21 UHC - 8/13/21	ABH - No claims impacted. SF - 8/23/21 UHC - 9/17/21	O/U
332	8/18/2021	E2019-019-A3	Policy	retroactive to 7/1/2021 service dates. Rate Changes for Physician Administered Drugs – July 2021	N/A	ABH - 8/10/21	ABH - No claims impacted.	O/U
				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 7/1/2021 service dates.		SF - 7/20/21 UHC - 8/20/21	SF - No claims impacted. UHC - 10/22/21	
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 7/1/2021 service dates.	N/A	ABH - 8/5/21 SF - 7/13/21 UHC - 8/20/21	ABH - Underpayment - 9/10/21 Recovery Letter - 9/24/21 Overpayment - 12/10/21 ETA SF - No claims impacted. UHC - 10/22/21	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 Emergency Use Authorization (EUA) will be covered. (HCPCS codes: Q0243, Q0244, M0243, M0244, Q0245, M0245, M0246, Q0247, M0247, M0248) Effective with the implementation date for each MCO,	N/A	ABH - 9/2/21 SF - 7/20/21 UHC - 8/20/21	ABH - 9/17/21 SF - No claims impacted. UHC - 10/22/21	O/U
335	8/18/2021	E2021-040	Daliar.	retroactive to various service dates.	N/A	ABH - 8/5/21	ADII Na alaima imma atad	O/U
,,,,,	0/10/2021	124V21-V 4 V	Policy	MCR-AA Rate Updates – July 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. Effective with the implementation date for each MCO, retroactive to 7/1/2021 service dates.		ABH - 8/3/21 SF - 7/2/21 UHC - 8/20/21	ABH - No claims impacted. SF - No claims impacted. UHC - 10/22/21	
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	N/A	ABH - 8/5/21 SF - 7/12/21	ABH - No claims impacted. SF - No claims impacted.	O/U
				Effective with the implementation date for each MCO, retroactive to 7/1/2021 service dates.		UHC - 8/20/21	UHC - 10/22/21	
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	N/A	SF- 9/7/21	SF-11/17/21 ETA	0
				Non-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.				

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340	9/2/2021	E2021-084	Policy	Ratelist and Manual Adjustments – August 2021 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 -9/15/21 SF - 8/30/21 UHC - 8/31/21	ABH - Underpayment - 10/10/21 Recovery Letter - 10/11/21 Overpayment - 12/10/21 ETA SF - Overpayment 11/17/21 ETA Underpayment- 9/29/21 Project complete UHC - 9/27/21	O/U
341	9/10/2021		RHC/FQHC	Claims paid in error when RHC/FQHC Providers billing COVID vaccine administration codes.	N/A	UHC - 9/27/21	UHC - 12/31/21 ETA	O
342	9/16/2021	E2021-094	Policy	Ratelist and Manual Adjustments, Policy Routine Maintenance – September 2021 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 - 10/8/21 SF - 9/21/21 UHC - 9/2/21	ABH - Underpayment - 11/7/21 Recovery Letter - 11/9/21 Overpayment - 1/15/21 ETA SF - Overpayment 12/5/21 ETA Underpayment- 11/17/21 Project ETA UHC - 10/8/21	O/U
343	9/16/2021	E2014-066-A23	Policy	Managed Care Organizations -Guidance for CLIA Monitoring or Laboratory Claims Medicaid KanCare MCO's will require providers to submit the CLIA number on lab claims in accordance with current CLIA regulations. Effective with the implementation date for each MCO, retroactive to 3/20/2020 service dates.	n N/A	ABH - 9/17/21 SF - 7/1/21 UHC - 7/1/21	ABH - Pending SF - 12/31/21 ETA UHC - 11/26/21 ETA	O/U
344	9/27/2021	E2021-082	Policy	Managed Care Floor Rates for State Institutional Alternative (SIA) Rate update for South Central Kansas Regional Medical Center. The rate is established for reimbursement covering all KanCare/Medicaid eligible beneficiaries only. If the beneficiary 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 FMAP percentage. If a claim is billed for a non-KanCare/Medicaid eligible member, the claim should be denied. Retroactive to provider enrollment effective date.		ABH - 9/17/21 SF - 8/27/21 UHC - 11/12/21 ETA	ABH - No claims impacted. SF - No claims impacted. UHC - Pending	O/U
345	10/6/2021	E2020-170-A9	Policy	Covid Vaccine Pfizer and Moderna Third Dose A third dose or booster dose of the Pfizer Biontech and Moderna Covid 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 8/13/2021 service dates.	N/A	ABH - 10/7/21 SF - 9/27/21 UHC - 9/27/21	ABH - Underpayment - 11/3/21 SF - No claims impacted UHC - 11/12/21 ETA	O/U
346	10/6/2021	E2021-050-A1	Policy	7-1-2021 PRTF Mid-Year Rate Adjustment – Correction This policy enacts the mid-year per diem rate adjustment for Psychiatric Residential Treatment Facilities (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 7/1/2021 service dates.	N/A	ABH - 10/13/21 SF - 9/16/21 UHC - 10/7/21	ABH - Underpayment - 11/10/21 ETA SF - 11/19/21 ETA UHC - 11/19/21 ETA	O/U

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347	10/6/2021	E2021-050-A2	Policy	7-1-2021 PRTF Mid-Year Rate Adjustment – New Facility	N/A	ABH - 11/20/21 ETA	ABH - Pending	O/U
				This policy enacts the mid-year per diem rate adjustment for Psychiatric Residential Treatment Facilities (PRTF). For the dates of service on and after July 1, 2021, the rates for each PRTF in Kansas is listed on the attachment to this policy. This policy is to add a new facility, EmberHope, effective 7/19/2021. Effective with the implementation date for each MCO, retroactive to 7/1/2021 service dates.		SF - 10/4/21 UHC - 10/7/21	SF - No claims impacted. UHC - No claims impacted.	
348	10/6/2021	E2008-061-A11	Policy	2021 Updates to the Medicare Guidelines for Unacceptable Diagnosis Codes Effective with date 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 10/1/2021 service dates.	N/A	ABH - 10/4/21 ETA SF - 10/19/21 UHC - 9/18/21	ABH - No claims impacted. SF - No claims impacted. UHC - No claims impacted.	O/U
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 Managed Care Organizations. 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 1/1/2020 service dates.	I .	ABH - 10/7/21 SF - 11/1/21 ETA UHC - 10/6/21	ABH - Underpayment - 11/5/21 ETA SF - 12/15/21 ETA UHC - 11/12/21 ETA	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 10/1/2021 service dates.		ABH - Pending SF - 10/7/21 UHC - 11/12/21 ETA	ABH - Pending SF - No claims impacted. UHC - Pending	O/U
351	10/13/2021	E2019-019-A4	Policy	Rate Changes for Physician Administered Drugs – October 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 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 10/1/2021 service dates.		ABH - 11/19/21 ETA SF - 10/11/21 UHC - 11/12/21 ETA	ABH - Pending SF - No claims impacted. UHC - Pending	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 PTP PRA and NCCI PTP OPH files related to 4th quarter 2021 NCCI (National Correct Coding Initiative). CMS revised some PTP edits for the vaccine administration codes. Effective with the implementation date for each MCO, retroactive to 10/1/2021 service dates.	N/A	ABH - 10/25/21 SF - 12/30/21 UHC - 10/11/21	ABH - Pending SF - No claims impacted. UHC - 11/26/21 ETA	O/U

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353	10/20/2021	E2021-087	Policy	Synagis - Policy Update Nationally, there is a pre-season increase in 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-	N/A	ABH - Pending SF - 10/8/21 UHC - 8/27/21	ABH - Pending SF - No claims impacted. UHC - No claims impacted.	O/U
				19 pandemic. The Respiratory Syncytial Virus (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 PCR tests, as reported on the CDC website. Website link: https://www.cdc.gov/surveillance/nrevss/rsv/state.html				
				Effective with the implementation date for each MCO, retroactive to 8/1/2021 service dates.				
354	10/20/2021	E2021-065	Policy	ICD-10 Changes – Annual 2021	N/A	ABH - Pending	ABH - Pending	O/U
				Additions, revisions and deletions related to ICD-10 2019 surgical procedure and diagnosis codes will be made according to		SF - 10/19/21	SF - No claims impacted.	
				Program Manager determinations. Effective with the implementation date for each MCO, retroactive to 10/1/2021 service dates.		UHC - 11/19/21 ETA	UHC - Pending	
355	10/20/2021	E2020-146-A10	Policy	Addendum for Dental Codes D7961 & D7962	N/A	ABH - 10/7/21	ABH SkyGen - 10/22/21	O/U
				HCPCS D7960 was end dated and replaced with 2 separate CDT		SF - 12/10/21 ETA	SF - Pending	
				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.		UHC - 11/12/21 ETA	UHC - Pending	
				The following dental codes will be covered: • D7961 • D7962				
				Effective with the implementation date for each MCO, retroactive to 1/1/2021 service dates.				
356	11/3/2021	E2021-122	Policy	Ratelist and Manual Adjustments – October 2021	N/A	ABH - 11/28/21 ETA	ABH - Pending	O/U
				Adjustments to the rates for each Nursing Facility and Nursing Facility for Mental Health in Kansas.		SF - 10/28/21 UHC - 10/22/21	SF - Overpayment 1/2/22 ETA Underpayment- 12/2/21 ETA	
				Effective with the implementation date for each MCO, retroactive to various service dates.			UHC - 11/26/21 ETA	
357	11/3/2021		All Providers	Claims that were submitted with a code from the TPL Non-Covered list that is only listed for BCBS or Tricare tabs were being denied for EOBs not being present on the claim.	N/A	ABH - 10/5/2021	ABH - Pending	U
358	11/5/2021		Lab Providers	A claims project will be created to adjust affected claims. CLIA editing not applied to professional claims as expected.	N/A	UHC - Pending	UHC - Pending	0
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359	11/10/2021	E2014-114-A5	Policy	Coverage of Revenue Code 0220 (Special Charges Revenue code 0220 will be covered	N./A	ABH - Pending SF - Pending	ABH - Pending SF - Pending	O/U
				Effective with the implementation date for each MCO, retroactive to 1/1/2018 discharge dates.		UHC - 10/18/21	UHC - Pending	
360	11/10/2021	E2021-083	Policy	RHC/FQHC Prospective Payment System (PPS) Rate Change	N./A	ABH - 11/2/21	ABH - Pending	O/U
				The Prospective Payment System (PPS) rates will be increased		SF - Pending	SF - Pending	
				by the Medicare Economic Index (MEI) rate of 1.4% for 2020/2021 for all Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHCs).		UHC - Pending	UHC - Pending	
				Effective with the implementation date for each MCO, retroactive to 10/1/2021 service dates.				
361	11/10/2021		RHC/FQHC	The updated The updated rates starting in January 2021 were not updated correctly with Skygen, causing RHCs & FQHCs to be paid the wrong rates.	N/A	ABH SkyGen - 9/27/2021	ABH SkyGen - 10/7/21	U