

KMAP GENERAL BULLETIN 17005

UPDATED

Eligibility and Timely Filing

Filing a Claim Prior to Beneficiary Becoming Kansas Medicaid/MediKan Eligible

For timely filing purposes, the provider can file a claim for services provided to a beneficiary whose application for benefits is delayed due to a pending determination of eligibility. The provider can enter the word "PENDING" in place of the beneficiary identification (ID) number on paper claims or enter all 9s on electronic submission. The claim will deny with explanation of benefits (EOB) code 615 which is associated to HIPAA claims adjustment reason code (CARC) 140 (Patient/ Insured health identification number and name do not match) on the remittance advice (RA).

When a beneficiary's eligibility is approved, enter the Medicaid ID number and resubmit the claim with the original internal control number (ICN). When the beneficiary's eligibility is approved, it is the beneficiary's responsibility to notify the provider of eligibility. If the provider believes eligibility has been determined but the provider has not been notified by the beneficiary, eligibility can be checked on the KMAP website (refer to Section 1200 of the *General Introduction Fee-for-Service Provider Manual*), or by calling the Automated Voice Response System (AVRS) or Customer Service.

Note: If the member is a newborn and does not have an ID number, reference the *Hospital Fee-for-Service Provider Manual*, Section 7020, **Newborn Services**, for specific billing instructions.

Claim Reimbursement for Retroactive Medicaid Eligibility

In a limited number of cases, a MediKan or Medicaid beneficiary may become retroactively eligible. Claims previously denied because the beneficiary was not eligible and with dates of service within 12 months can be submitted using the electronic, web-based provider portal (secure website) or paper method for processing.

Once retroactive eligibility has been confirmed, all outstanding claims need to be submitted to KMAP within a year from the date the beneficiary was notified.

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[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
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Customer Service

- 1-800-933-6593 (in-state)
- 785-274-5990
7:30 a.m. - 5:30 p.m.
Monday - Friday

Eligibility and Timely Filing

Claim Reimbursement for Retroactive Medicaid Eligibility (continued)

(This is the sent date on the Notice of Action letter mailed to the beneficiary.) If the dates of service are over 12/24 months old, these claims cannot be adjudicated without receiving timely filing bypass.

If the beneficiary has given the provider a copy of the Notice of Action, this can be attached to the claim. The claim will be sent through regular claims processing and timely filing will be bypassed. If timely filing is bypassed, the EOB code 2038 (Claim Processed in Accordance with Kansas Medical Assistance Timely Filing Policies for Retroactive Eligibility Claims) will be on the RA.

Claims with Dates of Service Not Submitted Within 12 Months or Older than 24 Months

If 12-month timely filing has not been established or the claim is for dates of service older than 24 months, the claim must be mailed to the address below with the following documentation for timely filing bypass review:

- A cover letter explaining the beneficiary has received retroactive Medicaid eligibility
- A copy of the Notice of Action letter, if provided by the beneficiary
Note: If the provider does not have a copy of the Notice of Action, the Timely Filing Coordinator can retrieve the Notice of Action and attach it to the claim for processing.
- Original red claim form

Note: Bypassing timely filing does not guarantee payment of the claim. The claim must meet all other program requirements.

Claims originally filed within 12 months of the sent date on the Notice of Action, but not resolved before the 12-month filing limitation expires, can be resubmitted to Medicaid up to 24 months from the date of service.

Timely filing bypass mailing address

Office of the Fiscal Agent
Timely Filing Coordinator
PO Box 3571
Topeka, KS 66601-3571

Providers can check claim status on the KMAP website or by contacting Customer Service at 1-800-933-6593.

For the changes resulting from this provider bulletin, view the *General Billing Fee-for-Service Provider Manual*, Introduction; Section 5100, page 5-3 through 5-6; Section 5400, page 5-8; Section 5500, page 5-10; and Section 5600, page 5-12.

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Hewlett Packard Enterprise is the fiscal agent of KMAP.