



SUNFLOWER STATE
HEALTH PLAN

Home and Community Based Service Provider Submission of Electronic Visit Verification Claims with Third-Party Liability

Blanket Denials

The State of Kansas will continue to maintain a standard blanket denial list that will be updated and distributed to all the MCOs for application in their systems. If a blanket denial is available, the provider's claim will be received and processed without coordination of benefits (COB) information being required.

Services Without a Blanket Denial

If a claim for services for a member with other insurance is submitted via AuthentiCare and no blanket denial is available, the initial claim will be received and denied back to the provider with an explanation code (EX Code) of L6 "Deny: Bill Primary Insurance First, Resubmit with EOB".

How to Provide COB Information After Denial

- Preferred method: A provider can access the initial claim submitted via the Sunflower State Health secure provider portal. That initial claim can be corrected via the portal by providing the other insurance information and resubmitting that corrected claim.
- A provider can also submit a corrected claim electronically via a clearinghouse by following the appropriate corrected claim processing instructions located in the *Sunflower State Health Billing Manual* on their [website](#).
- If an electronic option is not available to the provider, the provider can submit a paper corrected claim (following the corrected claim instructions in the billing manual) with a copy of the primary payer's explanation of payment to:
KMAP
PO Box 3571
Topeka, KS 66601-3571