**Kansas
Medical Assistance
Program**

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HEALTHCONNECT
Kansas

Kansas Medical Assistance Program

2009 Spring Supplemental Billing Packet:
Local Education Agency
Professional Claims

Introduction

The Kansas Medical Assistance Program (KMAP) offers different billing options to all providers. These options are:

- KMAP Web site
- Paper billing

These options give providers different channels for their specific office needs. Each option has its own benefits.

KMAP Web site

- Free
- Fast
- Secure
- Fast response on claim status
- High quality of data

Paper Billing

- Claim form ordering (not supplied by KMAP)
- No front end editing
- Eight to 10 days to process claim
- Usually used by providers if they have no Internet access or if submitting timely filing, adjustments, or claims requiring attachments, i.e. sterilizations

Provider Electronic Solution (PES) is another free billing option offered by KMAP for more information about this billing service please contract your local Provider Representative for more information and training.

https://www.kmap-state-ks.us

Services provided on the KMAP Web site are free of charge.

To use the Web site effectively, the following list of requirements must be met:

Internet Explorer 6.0 (or higher)
> If you do not have Internet Explorer, you can download it from the KMAP Web site.

- **Modem**

- **Phone line, DSL, or cable connection**

- **Internet service provider (ISP)**
  If you do not have an internet service provider, you can contact the EDI help desk to become authorized to use our remote access system (RAS) to connect to the KMAP Web site free of charge. You may contact the EDI help desk at 1-800-933-6593 (press 3#) or at EDI.kmap@eds.com.

Kansas Medical Assistance Program

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Search KMAP

Welcome to KMAP

Kansas Medical Assistance Program Web Site

The KMAP Web site provides health and medical policy information to beneficiaries and providers. Our vision is to connect Kansans with quality healthcare, regardless of their ability to pay.

Beneficiary — The Beneficiary section has information about the Kansas Medical Assistance Program. To get a more detailed listing of topics, click on the Beneficiary tab.

Provider — The Provider section has information geared toward potential or current contracted Medicaid providers. To get a more detailed listing of topics, click on the Provider tab.

KAN Be Healthy — The KAN Be Healthy section provides educational information to assist with program guidelines and regulations, as well as ways to increase program participation. To get a more detailed listing of topics, click on the KAN Be Healthy tab.

NPI Information — The NPI section has information for providers regarding KMAP's implementation of the National Provider Identifier.

Date Last Modified: November 30, 2007

Instructions for Users with Visual Disabilities

To request information on this Web site in an alternate format, please call

1-800-766-9012 (beneficiaries) or 1-800-933-6593 (providers).

DISCLAIMER

This Web site is provided as a convenience to providers and stakeholders of the Kansas Medical Assistance Program. Despite our best intentions to be complete and accurate, due to time lags, discrepancies may sometimes occur and materials on this site may not be consistent or up-to-date with current program guidelines. Normally, other forms of written communications may supersede the Web site materials. With this site, provider bulletins – or the most recently updated pages of this site – should prevail. If in doubt, contact the KMAP Customer Service Center at 1-800-766-9012 (beneficiaries) or 1-800-933-6593 (providers).

KMAP Home Page:

https://www.kmap-state-ks.us

Kansas Medical Assistance Program

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Search KMAP

Welcome to the Provider Home Page

This is the Provider home page of the Kansas Medical Assistance Program (KMAP) Web site. The purpose of this page is to provide information, forms, and tools necessary for providers to assist beneficiaries.

Manuals lists manuals geared to the provider. Providers will have access to current and historical manuals.

Bulletins lists current and historical bulletins for providers.

Enrollment includes Enrollment Forms and Ancillary Documentation.

Provider Agreement renewal: Required for all providers. Additional Information.

The Reference Codes page provides access to current coverage and pricing information.

Workshop Schedule displays the seminar schedule. Materials may be downloaded at any time.

Task Force Meeting Minutes lists minutes from the Provider Task Force Meetings.

EOB Crosswalk provides you a cross reference of HIPAA adjustment reason codes and HIPAA remark codes to KMAP local codes.

National Provider Identifier information page provides you with up-to-date information regarding NPI.

The MMIS Login section transfers you to the Kansas Medical Assistance Program (KMAP) Secured Web site where authorized providers can inquire about their claims and verify member eligibility quickly and easily. For information on obtaining an ID see Frequently Asked Questions.

Rights to Appeal documents your rights to appeal a denial notice.

Automated Voice Response System call flow.

MS-DRG to CMS-DRG Crosswalk provides a cross reference of the MS-DRG to a CMS-DRG for payment under the CMS-DRG.

Date Last Modified: January 15, 2008

KMAP Provider Home Page:

For Secured Site logon click on MMIS Login

Kansas Medical Assistance Program

KMAP Main   Login   Help   Forgot Password?

Wednesday 30 January 2008 09:06 am

Welcome to KMAP's Secure Web Site!

The Kansas Medical Assistance Program's (KMAP's) secure Web site is intended for providers, clerks and billing agents. Access to this site requires a personal identification number (PIN) for initial access or a user ID and password. For information on obtaining a PIN, please see Information on obtaining PIN below.

This site gives you the opportunity to view claim status inquiry, claim summary, prior authorization inquiry and claim payment summary. Also, you may receive messages from the Kansas Health Policy Authority (KHPA) that apply specifically to you. Whether you are already a member or a first-time user, please enter the required information below to enter our secure Web site.

This Web site is compatible with Microsoft Internet Explorer version 5.0 and higher only. You may download Internet Explorer from the following location:

Already a member?
Log on to KMAP's secure Web site.

User Name
Password

Log On

First time here?
If you have received a PIN letter, you may set up your account now.

Log On ID
PIN

Log On

Information for obtaining PIN?
If you have not completed an application, please select and complete an application from the Provider Enrollment Applications page that matches your practice or business.

If you have completed the application and have not received the PIN letter or lost the PIN letter, please call the KMAP Customer Service Center at 1-800-933-6593 between 7:30 a.m. and 5:30 p.m. Central Standard Time, Monday through Friday.

Note: If you have never logged on or have forgotten your password, contact the KMAP Customer Service Center to obtain your user name and password. You can then enter this information in the Already a Member section and click **Log On**. This information is case sensitive and must be entered exactly as it was created.

The system will prompt you to change your password every 30 days for security purposes.

Your account will be disabled if you do not log on in 90 days or if you mistype your password three consecutive times. To reactivate your account, the contact person associated with the user name must call the KMAP Customer Service Center.

Kansas Medical Assistance Program

Main   Claims   Eligibility   Pricing   Trade Files   EDI   Account   Mail-box   Help   Logout

Wednesday 22 October 2008 2:51 pm   Search KMAP

Provider:

Provider Name:

NPI:

Provider Agreement renewal: Required for all providers. Additional Information

- Switch Provider Number
- Claim Submission
- Claim Inquiry
- Eligibility Verification
- Pricing & Limitation information for Procedures, Diagnosis, Drugs, and Revenue Codes
- Workshop Schedule
- Rights to Appeal
- RA Banner Search
- Payment Inquiry
- NPI Search

If you want to appeal any notice of denial, you may file a request for a fair hearing before an impartial hearing officer. To request a fair hearing, you must file a written request with the Office of Administrative Hearings, 1020 S. Kansas Avenue, Topeka, KS 66612 within 30 days of the written notice. If KHPA mailed this notice of denial to you, K.S.A. 77-531 allows you an additional three days to file such a request.

Your most recent Paper Remittance Advices:

Filename	Date Downloaded
20081022_100099400A.pdf	
20081018_100099400A.pdf	
20081017_100099400A.pdf	
20081001_100099400A.pdf	
More...	Help

To receive RAs not listed here, you may submit a request to have them mailed to your current address. You will need to indicate the provider ID and RA date in order for us to process your request.

The main Provider menu appears after you log on and view your global messages. From here, you can click any of the links on the window to access the corresponding pages.

The first option, Switch Provider Number, only appears if your clerk ID is associated with more than one provider number. This link gives you the ability to switch between provider numbers. If you use more than one provider number, it is very important to validate which provider number you are working under when submitting claims. Submitting claims under the wrong provider number could result in denied claims.

You can elect to have Web RAs which are available the first Monday immediately following the previous Friday's claim processing deadline. Click link below Filename to add feature.

By choosing Claim Submission, you will be able to choose the Professional claim type. Click **Professional** to access the Professional claim form.

Billing Information

- Previous ICN: This field auto populates.

- Timely Filing Override ICN: Enter the internal control number (ICN) of the original claim to document timely filing for claims 12 months past the Date of Service (DOS). This field is not required but could result in claims with a date of service older than 12 months to deny for timely filing if this field is not completed. When entering a timely filing ICN, the ICN on the previously submitted claim must match on billing provider ID, beneficiary ID, and DOS; otherwise the claim will deny for timely filing. Please be sure you are entering the correct timely filing override ICN accordingly.

- Provider ID: This field auto-populates based on the user. This provider number will be considered the billing provider number.

- NPI: This field auto-populates based on the user. This NPI will be considered the billing provider number.

- Beneficiary ID: Enter the KMAP beneficiary ID number.

- Last Name: This field auto-populates based on the beneficiary ID.

- First Name: This field auto-populates based on the beneficiary ID.

- Date of Birth: This field auto-populates based on the beneficiary ID.

- Patient Account #: Optional – Enter the beneficiary's account number with your facility.

- Signature on File: Enter Yes if the provider's signature is on file.

For quicker navigation through the claim form, use your **TAB** key.

Service Information

- From Date: This field auto-populates based on the information entered in the detail portion of the claim.

- Thru Date: This field auto-populates based on the information entered in the detail portion of the claim.

- POS: Optional. Place of Service (POS) required at detail only.

- Accident Related Cause(s) 1, 2, 3: Leave blank. This information is not required for LEAs.

- Accident Date: Leave blank. This information is not required for LEAs.

- Diagnosis: Enter the appropriate diagnosis code without decimals. Tab to insert a new line if you need to enter multiple diagnosis codes. DO NOT use decimals when reporting diagnosis. When more than one diagnosis code is entered, a scroll bar appears to the right of the diagnosis code values. You may use the scroll bar to see all diagnosis codes entered.

- Hospitalization Dates Related to Current Service: Leave blank. This information is not required for LEAs.

-

Charges

- **Total Charges**: The total charges are auto calculated based on the charges entered in the detail section.

TPL

- **TPL Paid Amount:** Leave blank. This information is not required for LEAs.

- **Carrier Denied**: Leave blank. This information is not required for LEAs.

- **From Date of Service**: Leave blank. This information is not required for LEAs.

Medicare Crossovers

Crossover

Medicare Paid Date	
Co-Insurance	0.00
Deductible	0.00
Psych Amount	0.00
Allowed Amt	0.00
Paid Amt	0.00

- **Medicare Paid Date:** Leave blank. This information is not required for LEAs.

- **Co-Insurance:** Leave blank. This information is not required for LEAs.

- **Deductible:** Leave blank. This information is not required for LEAs.

- **Psych Amount:** Leave blank. This information is not required for LEAs.

- **Allowed Amount:** Leave blank. This information is not required for LEAs.

- **Paid Amount:** Leave blank. This information is not required for LEAs.

Detail

- **Item:** This field auto-populates.

- **From DOS:** Enter the From DOS.

- **To DOS**: Enter the To DOS.

- **POS:** Select the appropriate POS from the drop-down box.

- **Procedure:** Enter the appropriate procedure code.

- **Modifiers:** Enter any modifiers for the procedure code. You can enter up to four modifiers.

- **NDC Information:** Leave blank. This information is not required for LEAs.

- **Diag. Cross-Ref:** Enter the diagnosis reference indicator. For instance, if the principle diagnosis code applies to this detail line, enter 1. If the secondary diagnosis in the list of diagnoses you entered in the Diagnosis field under Service Location applies to the detail line, enter 2.

- **Units**: Enter the total number of units.

- **Charges**: Enter the total charge amount corresponding to the service you are billing for this particular detail.

- **EPSDT/Family Planning:** Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Kan Be Healthy (KBH). Choose an appropriate value from the drop-down box.

- **Rendering Physician: NPI Required.**

- **Rendering Physician NPI:** Enter the rendering/performing provider's NPI number. For group provider's (Cooperatives and Interlocals) this is the individual USD NPI number. For nongroup provider's (schools who provider their own special education service and no other schools) this NPI is the same as the billing NPI.

- **EPSDT:** Choose the appropriate referral value for the claim if applicable.

- **Add and Remove Buttons:** Use to add or remove detail lines as needed.

- **Click Submit when claim is complete.**

Claim Inquiry

- Click **Claim Inquiry**.

- If known, enter the beneficiary ID number in the Beneficiary ID field.

- Select the appropriate Claim Status from the drop-down box: Any Status, Denied, Paid, or Suspended.

- If the patient account number is known, enter it in the Patient Acct. # field. Must have been entered on the claim to allow for search criteria.

- Click the appropriate **Date Type** button.

- If known, enter the ICN in the ICN field.

- Enter the from DOS in the From Date field and the through DOS in the Thru Date field.

- Click **Search**.

- Most recent claim paid, allows providers to sort claims to view the most recent paid claims based on search criteria. This helps providers determine which ICN can be adjusted.

- To open the Internet claim, click the **ICN** in the ICN column. The claim details display in a separate window.

The recommended search criteria is to enter the beneficiary ID #, from date and through date. Providers should not attempt to use all search criteria when attempting to locate a claim.

Criteria

Beneficiary ID		Claim Status	Any Status ▾
Patient Acct. #		Date Type:	◉ Date of Service ○ Warrant Date
ICN		From Date	01/01/2008 Thru Date 01/31/2008
Most Recent Paid Claim:	☐		

[Search]

ICN	Beneficiary ID	Patient Acct. #	From Date	Thru Date	Warrant Date	Billed Amount	Warrant Amount	Status
6008142000020			20070525	20080501	20080523	100.00	0	Denied
6008142000021			20070525	20080501	20080523	100.00	25.24	Paid
2008091000463			20080101	20080103	20080402	4151.62	0	Denied
6008046000020			20080101	20080101	20080220	200.00	110.00	Paid
2008091000461			20080101	20080103	20080402	4151.62	748.61	Paid
5008212940006			20080101	20080103	20080802	4151.62	701.67	Paid
6008207000009			20080102	20080109	20080726	16840.00	0	Denied
6008207000012			20080102	20080109	20080726	16840.00	0	Denied
6008207000013			20080102	20080109	20080726	16840.00	10187.79	Paid
6008071000003			20080103	20080103	20080312	50.00	25.24	Paid
5008071801018			20080103	20080103	20080312	20.00	20.00	Paid
6008172000059			20080105	20080105	20080625	100.00	0	Denied
6008172000060			20080105	20080105	20080625	100.00	0	Denied
6008172000061			20080105	20080105	20080625	100.00	0	Denied
6008172000062			20080105	20080105	20080625	150.00	0	Denied
6008046000021			20080105	20080105	20080220	200.00	200.00	Paid
6008157000069			20080116	20080128	20080606	230.00	0	Denied
6008157000070			20080116	20080128	20080606	241.00	0	Denied
6008157000071			20080116	20080128	20080606	240.00	0	Denied
6008156000016			20080116	20080127	20080605	120.00	0	Denied

Previous   Next

Resubmit Claim – Denied Claims Only

- Access the denied claims from the **Claim Inquiry** window using the Claim Status field.

- Once you identify the denied claim to correct, open the claim by single clicking on the corresponding ICN link.

- The claim will display and allow you to change the information as needed.

- Once you have entered the correct information, **TAB** to exit the corrected field and click **Re-Submit**.

Adjust Claim – Paid Claims Only *Once the adjustment is processed, KMAP will create either an underpayment or overpayment based on the changes made to the claim by the provider. The underpayment or overpayment will appear on a future remittance.*

- Access the paid claims from the **Claim Inquiry** window using the Claim Status field.

- Once you identify the paid claim to adjust, open the claim by clicking on the corresponding ICN link.

- Make any corrections, **TAB** to exit the corrected field, and click **Adjust**.

You cannot adjust a previously adjusted claim.

You cannot adjust a claim that is more than 24 months old.