



Dear Providers:

As we move forward with the KanCare transition and providers begin to submit claims, many natural questions and concerns have been raised. We would like to assist with providing some additional information about the claim and authorization processes to help address provider questions and concerns and to make the transition process as smooth as possible.

Claim Submission and Timeline

We encourage all providers to submit claims for January dates of service as soon as possible rather than waiting for your regular billing cycle. The submission of at least a few claims will allow us to verify that your claims are flowing through the process correctly.

Providers may submit claims electronically through a claim clearinghouse. Our payer ID for KanCare is 96385. Providers (both contracted and non-contracted) who bill on a HCFA 1500 claim form may also submit directly through the UnitedHealthcare provider portal once the provider is loaded in the UnitedHealthcare claim system and has established a user name and password on the secure website. You may also submit paper claims to the following address:

KMAP
P.O. Box 3571
Topeka, KS 66601-3571

If you continue to submit claims through the state’s Front End Billing (FEB) process, the claims follow this general claim timeline:

- The claims will be received and loaded into our system within 24 – 48 hours of your submission through the FEB
- You will be able to see your claims in our web portal approximately 3-4 days from your FEB submission.
 - You will not be able to check the paid status of your claims on the KMAP website for dates of service on or after 1/1/2013.
 - Participating and non-participating providers can check claim status on UHCOnline.com after you create a user name and password on the secure website.
 - Providers must be loaded in the claim system to create a user name and password.

	FEB	Clearinghouse	MCO Portal HCFA1500 only	Claim Status on MCO Web Portal Appears As
Claim Submission	-	-	-	-
Claim Transferred	1 day*	1 day	Immediate	-
Claim Reviewed	1-10 days	1-10 days	1-10 days	Pending – viewable approx. 3 days after claim transferred
Payment/Denial Determination	1 day	1 day	1 day	Paid/Denied
EFT Transaction (If applicable)	1 day	1 day	1 day	Paid/Denied
Check Cut (If applicable)	1 day	1 day	1 day	Paid/Denied
Check Delivered	1-3 days	1-3 days	1-3 days	Paid/Denied
Total Processing Time	4-17 days	4 17 days	3-16 days	Paid/Denied

*Claim Transferred referred to claims being transferred from EVV (where applicable) to HP and then from HP to UnitedHealthcare.

- Your Provider Advocate can assist you with setting up your user name and password on our website, and can provide training on how to check member eligibility and claim status.

You may also contact our Provider Call Center at 877-542-9235 for assistance with claim status.

During the transition period, your claims will initially be placed in a pending status because we are manually reviewing all claims for accuracy. This is a temporary process to minimize denials that we will discontinue once we are confident we have identified and addressed early claims issues.

Issues with Viewing Claim Status Online

Some providers have reported their inability to view certain claims on our web portal in a timely manner. We did experience a technical error where a number of claim files were not loaded in our claim system in a timely manner. Claims that should have loaded on January 10th were not loaded until January 16th. The reason for the error has been identified and corrected. We apologize that providers were not able to see these first claims in a timely manner. Going forward, you should be able to view your claims approximately 3 days after they have been transferred to UnitedHealthcare. Please note, this did not impact any nursing facility claims. If at any time you cannot view a claim in accordance with the timeframes above, please contact your Provider Advocate and they will assist you.

Authorizations

We will continue to honor current authorizations and plans of care through the 90 day transition period. As new service needs arise, we ask all providers to seek authorization only for those services that are listed on our prior authorization list. The list can be found in Chapter 4 of our Provider Administrative Guide on www.uhccommunityplan.com.

Residential (or custodial) nursing facility stays do not require prior authorization, nor do bed holds. Post-acute nursing facility admissions meeting the Medicare guidelines do require notification if KanCare is the primary insurance. In cases where Medicare or any other plan is primary, prior authorization through UnitedHealthcare is not needed.

New service requests for home and community based services require authorization. Authorizations for these services will be provided by the member's care coordinator.

Nursing Facility Billing

The revenue codes to bill for room and board to UnitedHealthcare for KanCare members include:

101 – to be billed for Medicaid nursing facility stays

120 – to be billed for post-acute stays that meet the Medicare guidelines for skilled care

When patient liability is involved, providers should bill the full billed amount on their claim and should not reduce the billed amount by the patient liability. UnitedHealthcare will reduce the paid amount by the patient liability when we process the claim.

Provider Communications

Provider communication is critical as we work through this transition together. To facilitate communication of time sensitive information, we will communicate with you via email, continued postings on our issues log (found on www.uhccommunityplan.com) and through your Provider Advocate. If we do not have an email address on file for the appropriate contacts within your facilities and organizations, please contact your Provider Advocate.

We will also continue to post important provider information on our website at www.uhcommunityplan.com so please visit our site often. Our Provider Administrative Guide is also available at this location.

Provider Advocates

The Provider Advocates are your first contact for assistance and support. The contact information for our long term care Provider Advocate team is:

For Nursing Facilities – call 888-823-8751

- Carol Buckner is the Manager of Provider Relations for nursing facilities
- Michelle Sims is the Provider Advocate for nursing facilities.

For Home and Community Based Service Providers

- Shandy Ricketts – 316-794-2252 – Central/SE Region
- Tamara Sands – 620-227-2498 – Western Region
- Krista Hayes – 913-333-4103 – NE Region
- The HCBS Provider Territory Map is posted on our website at www.uhcommunityplan.com. Click on For Health Care Professionals at the top of the page and select Kansas from the drop down box and scroll down to the Kansas Provider Contacts section.

We are committed to working with you through this transition. Please contact us if additional information is needed or if we can assist you in any way.