

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

**CONTRACT REQUIREMENTS INCLUDED IN REVIEW**

Contract Section	RFP Requirement	Contract Requirement
Attachment I - KanCare Claims Processing Requirements  Pricing and Financial Processing Requirements	2.1.3	Identify and calculate payment amounts according to the fee schedules, per diems, Diagnosis related group rates, capitation rates, case management fees, and global rates established by the State.
Attachment J - Encounter Data and Other Data Requirements  Compliance with HIPAA-Based Code Sets	1.1.8	Claim Adjustment Reason Codes (CARC) explain why a claim payment is reduced. Each CARC is paired with a dollar amount, to reflect the amount of the specific reduction, and a Group Code, to specify whether the reduction is the responsibility of the provider or the patient.
Attachment J - Encounter Data and Other Data Requirements  Compliance with HIPAA-Based Code Sets	1.1.9	Remittance Advice Remark Codes (RARC) are used by the MMIS using standard codes defined and maintained by CMS and the National Council for Prescription Drug Programs (NCPDP).  NOTE – Institutional, professional, and dental claims contain CARC and RARC codes, while pharmacy claims contain NCPDP reject codes. RARCs are used in conjunction with CARCs to further explain a payment decision or to relay additional information. NCPDP reject codes are used to document denial reasons for pharmacy claims.

## 2022 KanCare Claims State Contract Review Sunflower Health Plan

### REVIEW TOOL FIELD DEFINITIONS

Seq	MCO ICN	Encounter ICN	Claim type	Pend Code(s) and Pend Code(s) Description <i>(provide copy of pend guidelines/procedures)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments
Number assigned to the line item for ease of discussion.	The internal control number (claim number) assigned by the plan or subcontractor	The claim number assigned to the encounter claim submitted by the plan or subcontractor	The type of claim that was submitted. See the categories below: <ul style="list-style-type: none"> <li>• UB04 - Inpatient, Outpatient, Inpatient Crossover, Outpatient Crossover, Nursing Facility)</li> <li>• CMS1500 - Medical, Medical Crossover, Vision, NEMT</li> <li>• Dental</li> <li>• Pharmacy</li> </ul>	Pend Code: If the claim posted any edits or audits because additional information was required from the provider or a third party or the claim required manual review - list the edit/audit and its description.  If no pend codes, indicate N/A.	The MCO should provide a summary of how the claim processed, from beginning to end, focusing on pricing steps (including those related to TPL and Medicare).  Include one PDF document per ICN that illustrates how the claim was processed. Use examples such as claims processing screen prints, TPL or MCR payment information, pricing reference files, remittance advice, etc. that tells the whole claims processing story.	Review comments provided by the KDHE Reviewer.

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

**CLAIMS SELECTED FOR REVIEW**

Note: The following claims should be locked, and no adjustments performed unless approved by KDHE.

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
1			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Priced correctly. SHP used CO45 for the full detail billed amount inappropriately.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021, Unified Log 825. Claim was processed before system fix.</p>
2			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Priced correctly. SHP used OA23 appropriately.</p>
3			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>Yes</u></p> <p>1. System update for Claims Filing Indicator Problem Notification Form is outstanding. Unified Log item 777.</p> <p><u>KDHE Preliminary Response 9/16/22:</u></p> <ol style="list-style-type: none"> <li>1. Priced correctly within SHP system</li> <li>2. Not submitted as Medicare Xover on encounter claim</li> <li>3. Medicare payment information not sent on encounter claim</li> </ol>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p>4. Inappropriate usage of CO45. CO45 cannot be used with the full billed amount</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issues outlined in Problem Notification Forms:</p> <ul style="list-style-type: none"> <li>- Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</li> <li>- Claims Filing Indicator – MA, MB and CI sent 1/28/2022. Not yet fixed.</li> </ul>
4			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Priced correctly within SHP system. Appropriate usage of CO45 to reflect the difference between the Billed Amount &amp; Allowed Amount: \$255.63 (Allowed) - \$125.00 (Billed) = \$130.63</p>
5			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u></p> <p>1. The usage of Claim Adjustment Reason Code CO234 is not appropriate. CO45 should be used to reflect the difference between the Billed Amount and the Allowed Amount.</p> <ul style="list-style-type: none"> <li>• CO234: Contractual Obligation - This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.</li> <li>• CO45: Contractual Obligation - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).</li> </ul>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u></p> <ol style="list-style-type: none"> <li>1. Priced correctly within SHP system</li> <li>2. SHP reported CO234 \$(28.09). Appears to be inappropriate usage of CO234 (denial CARC) for this situation. CO45 would have been more appropriate to use to reflect the difference between the Billed Amount &amp; Allowed Amount: \$117.00 (Billed) - \$88.91 (Allowed) = \$28.09</li> </ol> <p><u>Webinar Follow Up 9/30/22:</u> The updated review document doesn't address the CO45 issue.</p>
6			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> QMB/TXIX - Standard TPL Pricing Should be Applied at the Detail. SHP paid for one encounter correctly, however, would question why the second encounter was not covered due to modifier 25 billed. CO45 used incorrectly on details 2 and 3 on encounter.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix. Modifier 25 was determined to not be an issue. Gainwell research showed that while SHP checks for supporting documentation during front end processing, in Fee For Service the documentation submission is validated post payment.</p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
7			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u></p> <p>1. The usage of Claim Adjustment Reason Code CO234 is not appropriate. CO45 should be used to reflect the difference between the Billed Amount and the Allowed Amount.</p> <ul style="list-style-type: none"> <li>• CO234: Contractual Obligation - This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).</li> <li>• CO45: Contractual Obligation - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).</li> </ul> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u></p> <ol style="list-style-type: none"> <li>1. Priced correctly within SHP system</li> <li>2. SHP reported CO234 \$(127.43). Appears to be inappropriate usage of CO234 (denial CARC) for this situation. CO45 would have been more appropriate to use to reflect the difference between the Billed Amount &amp; Allowed Amount: \$185.43 (Allowed) - \$58.00 (Billed) = \$127.43</li> </ol> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</p>
8			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p><u>KDHE Preliminary Response 9/16/22:</u> Claim processed by SHP using the Medicaid rate rather than the Encounter rate. SHP indicated in the documentation this was due to an issue within their system of missing an FQHC identifier and this was corrected within their system. SHP indicated the claim will be reprocessed after this audit is completed. Please provide the following:</p> <ol style="list-style-type: none"> <li>1. When the problem notification was sent to the State</li> <li>2. Start date of problem</li> <li>3. Target date for the system fix</li> </ol> <p><u>Webinar Follow Up 9/30/22:</u> No Problem Notification is needed because the issue was with one provider. The provider file was updated and the Provider Affiliation screen indicates the effective date is 7/1/2021 to pay an encounter rate.</p>
9			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u></p> <ol style="list-style-type: none"> <li>1. The usage of Claim Adjustment Reason Code CO234 is not appropriate. CO45 should be used to reflect the difference between the Billed Amount and the Allowed Amount. <ul style="list-style-type: none"> <li>• CO234: Contractual Obligation - This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).</li> <li>• CO45: Contractual Obligation - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).</li> </ul> </li> </ol> <p>Observation <u>No</u></p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p><u>KDHE Preliminary Response 9/16/22:</u></p> <ol style="list-style-type: none"> <li>1. SHP priced correctly</li> <li>2. Incorrect CARC (234) used on detail 1 on encounter claim. More appropriate CARC would be CO45.</li> </ol> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</p>
10			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u></p> <ol style="list-style-type: none"> <li>1. Place of service 21 (Inpatient Hospital) cannot be billed under the Rural Health Clinic/Federally Qualified Health Clinic provider number and, instead, should have been billed under the group number. See 8-5 of the RHC/FQHC FFS Provider Manual. Note: the group (eff 10/25/2021) was not effective on the date of service of the claim (8/19/2021).</li> </ol> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u></p> <ol style="list-style-type: none"> <li>1. SHP paid at Medicaid rate incorrectly. Their documentation states the Medicaid rate was used because of POS 21 being billed. They consider POS 21 not encounterable. Encounter denied for edit 4270 (provider type and specialty is not valid for procedure)</li> <li>2. SHP documentation shows they used the incorrect search criteria on the KMAP website to determine procedure code coverage. If they would have put the following data in the search criteria fields, then they would have received a results message of "Procedure code not covered for the selected provider type and specialty on the date of service." HCPCS: 99460 Date of Service: 08/19/2021 Benefit Plan: TXIX</li> </ol>



**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p>Provider Type: 08 Provider Specialty: 080 Place of Service: 21</p> <p><u>Webinar Follow Up 9/30/22:</u> SHP quotes the RHC-FQHC KMAP Provider Manual regarding service in a hospital because a rendering individual NPI was submitted. In this information, this does not constitute RHC/FQHC service and may be billed under the individual Medicaid provider number. They cannot bill under the RHC/FQHC provider number.</p>
11			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u> 1. SHP incorrectly denied the professional fee on a State Hospital claim. Problem Notification Form: State Hospital Reimbursement – Prof Fees (96X Rev Code) has been received. Unified Log item 910.</p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Claim priced correctly at per diem rate however SHP denied the Professional fee (detail#3) but MMIS paid the detail at billed amount. As per policy E2016-133, Professional fee revenue code 961 is payable for State Institutions</p> <p><u>Webinar Follow Up 9/30/22:</u> Problem Notification Form, State Hospital Reimbursement – Prof Fees (96X rev code) not being paid was submitted to State.</p>
12			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u> 1. SHP incorrectly denied the professional fee on State Hospital claim. Problem Notification Form: State Hospital Reimbursement – Prof Fees (96X Rev Code) has been received. Unified Log item 910.</p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u></p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p>Claim priced correctly at Per Diem rate however SHP paid details 4 and 5 at \$0.00 with CO 45 for billed amount. As per policy E2016-133-A2, ancillary services are payable for State Institutions at 100% of billed charges.</p> <p><u>Webinar Follow Up 9/30/22:</u> Issues outlined in Problem Notification Forms:  <ul style="list-style-type: none"> <li>- Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</li> <li>- State Hospital Reimbursement – Prof Fees (96X rev code) not being paid was submitted to State.</li> </ul> </p>
13			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Priced correctly. Medicare paid Max allowed. CARC information submitted with documentation. OA 23 used appropriately.</p>
14			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Priced correctly Medicare paid Max allowed. CARC information submitted with documentation. OA 23 used appropriately.</p>
15			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u></p> <p>1. SHP incorrectly denied the professional fee on a State Hospital claim. Problem Notification Form: State Hospital Reimbursement – Prof Fees (96X Rev Code) has been received. Unified Log item 910.</p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u></p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p>Claim priced correctly at per diem rate however SHP denied the Professional fee (detail#4), but MMIS paid the detail at billed amount. As per policy E2016-133, Professional fee revenue code 961 is payable for State Institutions.</p> <p><u>Webinar Follow Up 9/30/22:</u> Problem Notification Form, State Hospital Reimbursement – Prof Fees (96X rev code) not being paid was submitted to State.</p>
16			Dental	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	<p>Finding <u>No</u></p> <p>Observation <u>Yes</u></p> <p>1. There is an encounter build issue. Taxonomy 261QF0400X should have been submitted for the billing provider on the encounter. This would have allowed the encounter to crosswalk to the Federally Qualified Health Center provider number.</p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP appears to have paid an encounter rate above the billed charges. Billing provider on the encounter is a dentist due to taxonomy, documentation states FQHC. No CARC/RARC information submitted in the documentation supplied. Please review and determine if this is an encounter build issue.</p> <p><u>Webinar Follow Up 9/30/22:</u> If taxonomy 261QF0400X would have been submitted for the billing provider, the encounter would have processed under the FQHC. CARC/RARC comment is sufficient. Existing issues outlined in Problem Notification Forms:</p> <ul style="list-style-type: none"> <li>- Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</li> <li>- Claims Filing Indicator – MA, MB and CI sent 1/28/2022. Not yet fixed.</li> </ul>
17			Dental	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and	<p>Finding <u>No</u></p> <p>Observation <u>Yes</u></p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
					other supporting screenshots that tell the claims processing story.	<p>1. SHP did not submit the prior authorization requirements from the provider manual, as requested in the webinar.</p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied detail 2 incorrectly. KMAP would not have denied for PA or medical necessity. CO45 was used incorrectly on the encounter, no CARC/RARC was submitted in their documentation.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix. Dental RA provided shows CARC/RARCs.</p>
18			Dental	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP correctly denied however used CO45 for the entire billed amount inappropriately. KMAP would have denied audit 6472 (limit 1 pano film or intra oral series/36 months). No CARC/RARC information submitted in the documentation supplied.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix. Dental RA provided shows CARC/RARCs.</p>
19			Dental	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u></p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p>SHP correctly denied, however used CO45 for the entire billed amounts inappropriately. KMAP denied for 4321 and 5010. No CARC/RARC information submitted in the documentation supplied.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix. Dental RA provided shows CARC/RARCs.</p>
20			Dental	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied correctly, however used CO45 for the entire billed amounts inappropriately. KMAP denied also for similar edits. No CARC/RARC information submitted in the documentation supplied.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issues outlined in Problem Notification Forms:  <ul style="list-style-type: none"> <li>- Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</li> <li>- Claims Filing Indicator – MA, MB and CI sent 1/28/2022. Not yet fixed.</li> </ul> Dental RA provided shows CARC/RARCs.</p>
21			Pharmacy	N/A	RxClaim ID. Paid claim based on Medicare copay. This was a coordination of benefit (COB) claim. The primary claim assessed a copay and the sample claim covered the copay. Pharmacy submitted Other Patient-Payor Responsibility (OPPR) \$1.21 and Other Coverage Code (OCC) 8. Based on the payment methodology for OCC 8 Medicare Part D Patient Responsibility, Sunflower reimbursed the OPPR	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Claim processed correctly at \$1.21 as per Part D Copay guidelines.</p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
					amount of \$1.21. Please refer to supporting documentation for claim system screenshots.	
22			Pharmacy	N/A	RxClaim ID. Paid claim based on U&C. The pharmacy submitted a Usual & Customary (U&C) of \$6.39, which was less than Ingredient Cost (IC) + Dispensing Fee (DF) and NADAC + Dispensing Fee. IC (\$3.80) + DF (\$10.50) = \$14.30. NADAC (\$0.64) + DF (\$10.50) = \$11.14. Based on the NADAC lesser of reimbursement methodology, U&C was paid. Please refer to supporting documentation for claim system screenshots.	Finding <u>No</u>  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> Claim processed correctly at \$6.39 as per Pharmacy pricing logic.
23			Pharmacy	N/A	RxClaim ID. Rejected claim. This claim rejected at point of sale for NCPDP Reject 70 - NDC/Product/Service Not Covered because TIZANIDINE HYDROCHLORIDE 4MG TAB NDC 29300-0169-15 is Medicare Part D Covered = Y. Since member has Medicare, this NDC is required to be covered by Medicare. Please refer to supporting documentation for claim system screenshot.	Finding <u>No</u>  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> SHP rejected the claim correctly with NCPDP Reject code 70 and the NDC is covered by Medicare.
24			Pharmacy	N/A	RxClaim ID. Rejected claim. This claim rejected at point of sale of NCPDP reject 7M - Discrepancy Between Other Coverage Code And Other Coverage Information because the pharmacy submitted this COB claim with an Other Coverage Code (OCC) of 2, when they should have submitted an OCC of 8 and OPRR for Medicare Part D Patient Responsibility billing. Please refer to supporting documentation for claim system screenshot.	Finding <u>No</u>  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> SHP rejected the claim correctly as there is a discrepancy in other coverage code. The member is eligible for Medicare and the NDC is covered by Medicare. So, the provider should submit the claim as a Part D Copay claim.
25			Pharmacy	N/A	RxClaim ID. Rejected claim. This claim rejected at point of sale for NCPDP Reject 70 - NDC/Product/Service Not Covered because QUETIAPINE FUMARATE TAB 300 MG NDC 68001-	Finding <u>No</u>  Observation <u>No</u>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
					0183-03 is Medicare Part D Covered = Y. Since member has Medicare, this NDC is required to be covered by Medicare. Please refer to supporting documentation for claim system screenshot.	<u>KDHE Preliminary Response 9/16/22:</u> SHP rejected the claim correctly with NCPDP Reject code 70 and the NDC is covered by Medicare.
26			CMS 1500	N/A	Claim was received via ATMS and was processed following the outlined process in the attached document "Claims Process". Also attached is the claim log that was used to process the claim as well as the batch report that was provided to the TP after	Finding <u>Yes</u> 1. The supporting documentation does not explain how the invoice maps to the encounter. This information is needed to validate the encounter build, pricing and provider payment.  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> The encounter billed units and amounts are not matching with the transportation invoice attached (26.pdf). For example, MMIS received detail#1 T2003 with billed amount \$48.30 and units as 2. This resulted MMIS to price at \$5 only whereas SHP allowed is \$48.30. The trip invoice is showing the billed amount as \$47.15 and units as 33.  <u>Webinar Follow Up 9/30/22:</u> The RA shows a Cost Adj with no CARC. It states Adjustment(s) – Technology Rebate: \$0.10).
27			CMS 1500	N/A	Claim was received via ATMS and was processed following the outlined process in the attached document "Claims Process". Also attached is the claim log that was used to process the claim as well as the batch report that was provided to the TP after processing via the TP portal.	Finding <u>Yes</u> 1. The supporting documentation does not explain how the invoice maps to the encounter. This information is needed to validate the encounter build, pricing and provider payment.  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> The encounter billed units and amounts are not matching with the transportation invoice attached (26.pdf). The trip invoice showing \$11.10, but encounter claim received with billed amount of \$22.20.

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						Webinar Follow Up 9/30/22: The RA shows a Cost Adj with no CARC. It states Adjustment(s) – Technology Rebate: \$0.10).
28			-CMS1500	Refer to MCO claim Processing Summary column -	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	Finding ___ Observation ___  <u>KDHE Preliminary Response 9/16/22:</u> Claim denied correctly as non-covered service with CARC code 96 but SHP grouped it as CO (Contractual Obligation) and HIPAA remark N216 whereas MMIS processed it as PR (Patient Responsibility) group and HIPAA remark N174.  KDHE discontinued review of this ICN.
29			-CMS1500	Refer to MCO claim Processing Summary column -	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	Finding ___ Observation ___  <u>KDHE Preliminary Response 9/16/22:</u> Claim denied correctly as non-covered service with CARC code 96 but SHP grouped it as CO (Contractual Obligation) and HIPAA remark N216 whereas MMIS processed it as PR (Patient Responsibility) group and HIPAA remark N174.  KDHE discontinued review of this ICN.
30			-CMS1500	Refer to MCO claim Processing Summary column -	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	Finding ___ Observation ___  <u>KDHE Preliminary Response 9/16/22:</u> Claim processed correctly. MMIS denied as non-covered service, but SHP denied for lack of Prior Authorization.



**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						KDHE discontinued review of this ICN.
31			CMS 1500	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	Finding <u>No</u>  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> Claim processed correctly. The allowed amounts, cutbacks and CARC code/groups match between MMIS and SHP.
32			CMS 1500	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	Finding <u>No</u>  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> Claim processed correctly. The allowed amounts, cutbacks and CARC code/groups match between MMIS and SHP.
33			CMS 1500	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	Finding <u>No</u>  Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> SHP denied the claim correctly with CARC code 22.
34			CMS 1500	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	Finding <u>No</u>  Observation <u>Yes</u> 1. SHP incorrectly denied the service as non-covered. Problem Notification Form: Non Vision TPL Policies Loaded by Envolve Vision has been received. Unified Log item 913.  <u>KDHE Preliminary Response 9/16/22:</u> MMIS processed the claim with 'Pay and Chase' whereas SHP denied with CARC code 22 for Other Insurance (TPL). Provide explanation of why the Pay and Chase process was not used for this claim.

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p><u>Webinar Follow Up 9/30/22:</u> Problem Notification Form, Non Vision TPL policies loaded by Envolve Vision, was submitted to State.</p>
35			CMS 1500	N/A	The supporting documentation PDF that is being provided contains the claims processing system screenshots, EOP, claim image, check image, and other supporting screenshots that tell the claims processing story.	<p>Finding <u>No</u></p> <p>Observation <u>Yes</u> 1. SHP incorrectly denied the service as non-covered. Problem Notification Form: Non Vision TPL Policies Loaded by Envolve Vision has been received. Unified Log item 913.</p> <p><u>KDHE Preliminary Response 9/16/22:</u> MMIS processed the claim with 'Pay and Chase' whereas SHP denied with CARC code 22 for Other Insurance (TPL). Provide explanation of why the Pay and Chase process was not used for this claim.</p> <p><u>Webinar Follow Up 9/30/22:</u> Problem Notification Form, Non Vision TPL policies loaded by Envolve Vision, was submitted to State.</p>
36			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied duplicate but the CARCs sent on the encounter don't match, OA18 – duplicate and then CO45. KMAP denied duplicate.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
37			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied duplicate but the CARCs sent on the encounter don't match, OA18 – duplicate and then CO45.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</p>
38			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u></p> <p>1. Remittance Advice Remark Code N479 appears on the remittance advice; however, it was not submitted on the encounter.</p> <ul style="list-style-type: none"> <li>• N479: Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).</li> </ul> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied correctly for other insurance. KMAP would have denied for other insurance also. CARC appears to be accurate, however it states a RARC should also be provided and no RARC was submitted on the encounter. Documentation shows N479 but not the encounter.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form (Encounters: CAS Segment Errors) sent 8/16/2021. System change was implemented 12/15/2021. Claim was processed before system fix.</p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
39			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	Finding <u>No</u> Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> SHP denied correctly. The procedure code is not in group 4417 and KMAP denied edit 4061 (POS limited for telemedicine services).
40			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	Finding <u>No</u> Observation <u>No</u>  <u>KDHE Preliminary Response 9/16/22:</u> SHP denied correctly. KMAP denied edit 4397 for MUE. The only difference is SHP used CO222 and KMAP would have used CO273 which is specific to MUE editing. Documentation shows denied with RARC N640 with 222 which is specific to MUE.  <u>Webinar Follow Up 9/30/22:</u> SHP sent documentation of CARC 222 and RARC N640. Both are related to Exceeding the number/frequency within time period. SHP processed correctly.
41			CMS1500	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	Finding <u>Yes</u> 1. The encounter was submitted incorrectly with Claim Adjustment Reason Code CO45. No documentation was submitted to address error. <ul style="list-style-type: none"> <li>• CO45: Contractual Obligation - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability).</li> </ul> Observation <u>No</u>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						<p><u>KDHE Preliminary Response 9/16/22:</u> SHP documentation indicates MCO ICN. Documentation should be for.</p> <p><u>Webinar Follow Up 9/30/22:</u> Documentation corrected for claim . Encounter submitted incorrectly with CARC CO45 for entire billed amount. SHP RA indicate OM (Adjustment to Previously Submitted Claim). Needs to include the Problem Notification for CAS Segment Errors for CO45.</p>
42				Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied correctly, modifier QK is a denial modifier. CARC and RARC are appropriate.</p>
43				Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>Yes</u></p> <p>1. SHP denied the claim instead of processing under the QMB Benefit Plan on file for the date of service.</p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied correctly. Used CARCs OA23 \$70.85 and CO16 \$4.15 which was Medicare Coinsurance appropriately. KMAP would have denied audit 6543 (Allow 1 Unit Air Pressure Pad per 365 Days). In the evidence, they show E0197 as Not Found but KMAP shows this covered since 7/1/2018.</p> <p><u>Webinar Follow Up 9/30/22:</u> SHP submitted information from KMAP DME Provider Manual where it states rental is not covered for this code. Upon checking KMMS, this procedure does not appear to be covered with RR modifier billed under TXIX, but the bene has</p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						TXIX and QMB. QMB <b>does</b> show it covered for all PT/PS when billed with modifier RR so claim should have been allowed under QMB. Audit 6543 is dispositioned to Pay for QMB Benefit Plan and MCR Allowed > 0 and any remaining amount should have been considered for payment.
44				Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>Yes</u></p> <p>1. System update for Claims Filing Indicator Problem Notification Form is outstanding. Unified Log item 777.</p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied as duplicate and used the appropriate CARCs. Beneficiary is QMB also so encounter should have been submitted as a crossover. Should have been submitted with a Filing Indicator of MB.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form, Claims Filing Indicator – MA, MB and CI, sent 1/28/2022. System not yet fixed.</p>
45				Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> SHP denied for timely filing using appropriate CARC</p>
46				Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Claim paid out \$0 correctly. Medicare paid and left no PR. SHP Allowed more than KMAP (\$87.82). CARCs are appropriate.</p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
47			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u> Claim paid out \$0 correctly. Medicare paid more than Allowed Amount. SHP Allowed less than KMAP (-\$10.32). SHP allowed amount \$ 9823.25 / KMAP allowed amount \$9,833.57. CARCs are appropriate.</p> <p><u>Webinar Follow Up 9/30/22:</u> The KMAP allowed amount listed above is prior to the 2.14% payment reduction. KMAP would have considered \$9,623.13 for payment. SHP allowed more than KMAP after payment reduction.</p>
48			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>Yes</u></p> <p>1. System update for Claims Filing Indicator Problem Notification Form is outstanding. Unified Log item 777.</p> <p><u>KDHE Preliminary Response 9/16/22:</u> Claim was paid correctly by SHP. Encounter denied 4257 and 4227 because it was not billed as a crossover claim. Should have been submitted with a Filing Indicator of MA. CARCs are appropriate.</p> <p><u>Webinar Follow Up 9/30/22:</u> Existing issue outlined in Problem Notification Form, Claims Filing Indicator – MA, MB and CI, sent 1/28/2022. System not yet fixed.</p>
49			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	<p>Finding <u>No</u></p> <p>Observation <u>No</u></p> <p><u>KDHE Preliminary Response 9/16/22:</u></p>

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						Claim was priced correctly. KMAP denied duplicate to a paid encounter that SHP denied. CARCs are appropriate.
50			CMS1450	Refer to MCO claim Processing Summary column	Please see narrative included in each PDF document that outlines the processing of each claim and supporting documentation of all items requested.	Finding <u>No</u> Observation <u>No</u> <u>KDHE Preliminary Response 9/16/22:</u> Claim was priced correctly. KMAP denied duplicate to a paid encounter that SHP denied. CARCs are appropriate.
51						Finding <u>Yes</u> 1. The supporting documentation does not explain how the invoice maps to the encounter. This information is needed to validate the encounter build, pricing and provider payment. 2. The invoice provided indicates the date of service of 1/21/21 was cancelled; however, SHP paid this date of service.  Observation <u>No</u>  <u>KDHE Review 9/30/22:</u> KMAP posted edit 3003 for PA. KMAP would have only paid \$0.30 per mile but SHP paid \$0.40 per mile. No remittance advice attached to documentation. SHP paid the billed charge so would not expect any CARC/RARC.
52						Finding <u>Yes</u> 1. The supporting documentation does not explain how the invoice maps to the encounter. This information is needed to validate the encounter build, pricing and provider payment.  Observation <u>No</u>  <u>KDHE Review 9/30/22:</u>



**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

Seq	MCO ICN	Encounter ICN	Claim Type	Pend Code (s) and Pend Code Description <i>(provide copy of pend guidelines/procedures. If no pend codes indicate N/A.)</i>	MCO Claim Processing Summary <i>(provide supporting documentation)</i>	Reviewer Comments <i>(KDHE Use Only)</i>
						KMAP posted edit 3003 for PA. The documentation states Total Cost = \$101.10 but encounter billed amount is \$134.00. No remittance advice attached to documentation. SHP paid the billed charge so would not expect any CARC/RARC.
53						<p>Finding <u>Yes</u></p> <p>1. The supporting documentation does not explain how the invoice maps to the encounter. This information is needed to validate the encounter build, pricing and provider payment.</p> <p>Observation <u>No</u></p> <p><u>KDHE Review 9/30/22:</u> KMAP posted edit 3003 for PA. No remittance advice attached to documentation. SHP paid the billed charge so would not expect any CARC/RARC.</p>

## 2022 KanCare Claims State Contract Review Sunflower Health Plan

### SUPPORTING DOCUMENTATION

**Instructions:** This section contains the list of ICNs under review. The MCO will enter the file name of the supporting documentation provided to KDHE. Documentation must be provided in a PDF, Word or Excel file type and should be placed on the **KDHE SFTP site** <https://moveit.kdheks.gov/>) in the folder titled, “KanCare”. When you log in, you will be taken directly to your respective MCO folder. Within that folder, select “2022” and post the supporting documentation files to the “Claims” folder.

Seq	MCO ICN	MCO File Name	MCO Comments <i>(as needed)</i>
1		U070KAE00380	
2		U123KAP00148	
3		U195KAE08405	
4		U245KAE11201	
5		U292KAE05813	
6		U007KAE11954	
7		U111KAE11691	
8		U193KAE09114	
9		U287KAE07505	
10		U301KAE12009	
11		U047CKE00431	
12		U015CKE05242	
13		U119CKE00037	
14		U217CKE00016	
15		U351CKE01016	
16		Remittance Statement Supporting Documentation_1	
17		Remittance Statement Supporting Documentation_2	
18		Remittance Statement Supporting Documentation_3	
19		Remittance Statement Supporting Documentation_4	
20		Remittance Statement Supporting Documentation_5	
21		Sample 21 – ICN 7021126025642	
22		Sample 22 – ICN 7021189119874	
23		Sample 23 - ICN 7021002000009	
24		Sample 24 – ICN 7021173086657	
25		Sample 25- ICN 7021315132881	
26		26	
27		27	
28		U032KAE08864	
29		U167KAE06531	
30		U167KAE06488	
31		Sample 1 documentation Sample 31 EOP	
32		Sample 32 documentation Sample 32 EOP	
33		Sample 33 documentation	
34		Sample 34 documentation	
35		Sample 35 documentation	
36		U047KAE05812	
37		U078KAE00761	
38		U099KAE11050	
39		U147KAE09034	
40		U168KAE00383	
41		U193KA607030	
42		U224KAE00466	
43		U265KAE03391	

**2022 KanCare Claims State Contract Review  
Sunflower Health Plan**

<b>Seq</b>	<b>MCO ICN</b>	<b>MCO File Name</b>	<b>MCO Comments (as needed)</b>
44		U320KAE06965	
45		T360KAE00581	
46		U057KAE01355	
47		U140KA500553	
48		U305KAE07126	
49		U321KAE03411	
50		T360KAE00581	
51		7021056004204	
52		7021125067522	
53		7021252114108	

**Example:**

<b>Seq</b>	<b>MCO ICN</b>	<b>MCO File Name</b>	<b>MCO Comments (as needed)</b>
1		20210121100122-sup_doc	