Questions from ProviderConnect Trainings

The following questions were presented during the ProviderConnect Training sessions on June 12th, 13th, 19th, and 25th.

1) Message attachments—is this available? Attachments are not available

2) EFT- is this identified on the RA? Yes, the check number for EFT payments will show EFT+number.

3) What is the timeout that providers have before being kicked out of Provider Connect? The system will not timeout for at least 15 minutes.

4) How is Medikan identified? SED waiver? The member designators will show this information.

5) Is the provider client number going to show? Yes, it will show in the Provider Client Number field on the claim status screen.

6) Trading Partner Agreement-where do they get their number? The NPI should be used.

7) What is claims department phone number? 1-866-547-6457

8) What is the claims fax number? And, can they fax? 785-575-9345 The claims fax number can be used to submit an EOB, RA, any information attached to a claim, or pertaining to an eligibility file. Claims must be mailed or entered electronically.

9) How do Providers bill Inpatient hospital stay? Inpatient services are billed to EDS. Inpatient screens are billed to KHS.

10) Will they get separate RA's for different NPI's? RA's will be separated by group number.

11) Do we see the dates spend down started? The effective date of the Medicaid eligibility will show when the member became a spenddown (Group 2), or non-spenddown (Group 1), member. The member will remain in one Group for the entire month. The amount that shows is the total amount that is due from the patient, not the remaining amount due from the patient

12) In which loop does the auth plan need the auth number? Per the Companion Guide, it is Loop 2300 in the REF segment.

13) What is the PO Box for submitting claims? KHS; PO Box 1979; Topeka, KS 66603

14) Want to be able to send KMAP number instead of NPI number, did the deadline change? Can both NPI and Legacy be submitted? KMAP IDs (Medicaid Numbers) do not cause an error, but NPI numbers are what should be submitted. NPI numbers are required as the provider identifier.

15) Will ProviderConnect show TPL information for Cenpatico? No. The Title XXI population is not included in the eligibility information received by KHS.

16) Can retro authorizations be entered? Yes

17) Can you send ADG sample 837 and 835 and companion guides? This information has been distributed.

18) Via ProviderConnect, do Providers only see an exception report for 837 files, or ProviderConnect entered claims, with errors? They can view reports for 837 AND claims entered through PC.

19) Is it possible to return one RA if the provider bills under different NPIs? Yes

20) Is it possible to return one RA per NPI the provider bills under? Not currently. KHS is looking into the possibility of being able to separate the RAs.