

KMAP GENERAL BULLETIN 22227

Ending the COVID-19 Public Health Emergency Temporary Waivers

In April 2020, during the COVID-19 public health emergency, the Kansas Medicaid program began offering providers extra time to request a reconsideration, an appeal, an external independent third-party review, and a state fair hearing. Although the COVID-19 public health emergency is still active, the Centers for Medicare and Medicaid Services allows each State to decide when to end the offer of extra time. In Kansas, the last day the Medicaid program will offer the extra time will be on **September 16, 2022**. If the notice of action sent to a provider is dated on or before September 16, 2022, providers may still have the extra time for requests. The notice of action is the first adverse decision sent by Aetna, Sunflower, United, or the Medicaid program prior to a provider requesting a reconsideration, appeal, or state fair hearing.

If the notice of action sent to a provider is dated on or after September 17, 2022, the time periods in which to submit requests will return to the pre-COVID-19 public health emergency time frames as noted below. Providers of health care services to Fee-for-Service (FFS) beneficiaries are designated as FFS providers. Providers of health care services to managed care members are designated as Managed Care providers.

Managed Care Provider Reconsideration:

On and after September 17, 2022, a managed care provider will need to submit a request for reconsideration within 123 calendar days of the date on the Notice of Action/Remittance Advice.

Managed Care Provider Appeal:

On and after September 17, 2022, a managed care provider will need to submit a request for an appeal within 63 calendar days of the date on the Notice of Action/Remittance Advice or Notice of Reconsideration Resolution.

Managed Care Provider External Review:

On and after September 17, 2022, a managed care provider will need to submit a request for an external independent third-party review within 63 calendar days of the date on the Notice of Appeal Resolution.

Managed Care Provider State Fair Hearing:

On and after September 17, 2022, a managed care provider will need to submit a request for a state fair hearing within 123 calendar days of the

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date on the Notice of Appeal Resolution. If the request for a state fair hearing involves a decision by the external independent third-party reviewer, the provider will need to submit a request for a state fair hearing within 33 calendar days of the date on the Notice of External Review Decision.

FFS Provider State Fair Hearing:

On and after September 17, 2022, an FFS provider will need to submit a request for a state fair hearing within 33 calendar days of the date on the Notice of Action/Remittance Advice.

Note: The effective date of the policy is September 17, 2022. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

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