

Medicaid Billing

Direct Deposit Payment Process

Monday	Tuesday	Wednesday	Thursday	Friday
	<p>By 10:00 am, Greenbush uploads the Remittance Advice (RA) from the prior week's claim submissions into the Greenbush Health Google Drive (except on holidays).</p>		<p>Greenbush submits claims to Kansas Medicaid (KMAP) (except Thanksgiving and during Winter Break). The following Thursday KMAP will pay submitted claims.</p>	
	<p>The RA shows Paid and Denied claims and the RA date equals the deposit date.</p>			<p>Greenbush sends an Invoice and Activity Summary payable to Greenbush Learning Tree Institute.</p>
	<p>The LEA or Tiny-K network downloads the RA(s) from the Greenbush Health Google Drive and makes it available to your business office contact. The last page of the RA will show the PAID amount that will be deposited on the date of the RA.</p>		<p>KMAP will deposit the PAID amount into the designated account for the LEA or Tiny-K network as MMIS-KANSAS.</p>	
	<p>Tiny-K Networks may have two RAs each IF they are logging both Fee for Service and Targeted Case Management Services.</p>		<p>Your Business Office Contact will use the RA to confirm the deposit is for Fee for Service, and if a Tiny-K network, Targeted Case Management.</p>	<p>Greenbush sends an Invoice and Activity Summary showing the amount payable to Greenbush Learning Tree Institute.</p>
	<p>LEGEND</p> <ul style="list-style-type: none"> Greenbush LEA/Tiny-K KMAP 			

The Medicaid Clerk will have the user login for the Greenbush Health Google Drive. They can provide that information to other users in your agency who may need access.
 See reverse side for Summary Activity and Invoice Mailing dates and sample of Remittance Advice.

Expected 2019-2020 Medicaid Activity Summary and Invoice Dates:

2019		2020	
July 12 (<i>estimated</i>)	July 26	January 10	January 31
August 16	August 30	February 14	February 38
September 13	September 27	March 13	March 27
October 11	November 1	April 10	May 1
November 15	*	May 15	May 29
December 6	December 20	June 12	June 26

**Only one payout in November due to the holiday*

SAMPLE RA

PROVIDER ID: _____ PROVIDER NPI: _____ TAXONOMY CODE: _____
 PROVIDER NAME: _____ STATE OF KANSAS MEDICAL ASSISTANCE PROGRAM
 SUMMARY REMITTANCE ADVICE AS OF 12/12/2019 RA # _____ PAGE # _____

		CLAIMS DATA			
	CURRENT NUMBER	CURRENT AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT	
CLAIMS PAID	1	76.00			
CLAIM ADJUSTMENTS	0	0.00			
TOTAL CLAIMS PAYMENTS	1	76.00			
CLAIMS DENIED	0				
CLAIMS IN SUSPENSE	0				

		EARNINGS DATA	
		CURRENT AMOUNT	YEAR-TO-DATE AMOUNT
PAYMENTS:			
CLAIMS PAYMENTS		76.00	
PAYOUTS		0.00	
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE		0.00-	
OUTSTANDING FROM PREVIOUS CYCLES		0.00-	
NON-CLAIM SPECIFIC		0.00-	
NET PAYMENT		76.00	
NET EARNINGS		76.00	

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 SRS mailed this notice of denial to you, K.S.A. 77-531 allows you an additional three days to file such a request.