



State of Kansas Electronic Visit Verification

Agenda:

- 1) Introductions
- 2) What is not changing with EVV Claims Processing Updates
- 3) What has already changed in EVV Claims processing
- 4) What changes are being made ready for deployment?
- 5) What are the responsibilities of the provider?
- 6) When do these Claims Processing changes take effect?
- 7) Provider Questions

What is Electronic Visit Verification

Electronic visit verification (EVV) utilizes mobile-based technology to validate caregiver visits by capturing visit data as required by section 12006 of the 21st Century Cures Act. KDADS first implemented EVV for Home and Community Based services were implemented December 3, 2023.



Electronic Visit Verification (EVV) Systems Must Verify:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the service;
- Time the service begins and ends.

The State of Kansas also requires:

- Caregiver Observations
- Place of Service Codes

What is not changing in EVV Claims processing?

1. MCOs must submit authorizations in a timely manner
2. Providers must review and accept authorizations before visits can be matched to Authorizations.
3. Caregivers must have visits captured in State of Kansas EVV system before Claims are submitted.
4. Providers must review, clear any critical exceptions and approve visits before claims can be submitted.
5. The list of services that require EVV are posted on the KanCare website and is subject to change. Changes are communicated through provider bulletins

6. When new TPL payers are identified, providers should email. Mail or call the information in to the TPL team.
 - Email: KSXIX-TPL-Request@gainwelltechnologies.com
 - Fax: (785) 274-5918
 - Customer Service: (800) 766-9012
 - Mail: PO Box 3571, Topeka Kansas 66601

7. Medicaid is still the payer of last resort.

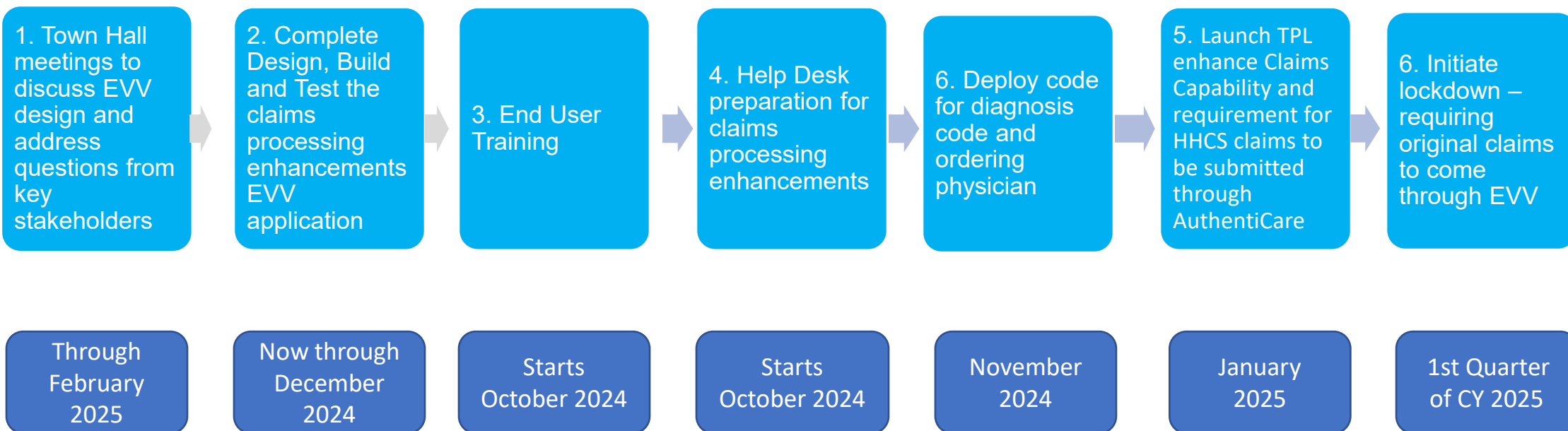
What has already changed in EVV Claims processing?

1. MCOs must include negotiated rates when submitting authorizations.
2. Providers may reach out to State of Kansas for support if authorizations are not being received in a timely manner from the MCOs and they already tried to get support from the MCO.
3. Caregivers must capture all required information including activities and place of service codes.
4. Providers must review visits, clear any critical exceptions and approve visits before claims can be submitted.
5. Payments are being brought into AuthentiCare from MCOs.

What will be changing in EVV Claims processing?

1. MCO authorizations will include diagnosis codes and ordering physician information (when applicable).
2. Adding in enhanced TPL data into AuthentiCare for Providers to review and add to the 837P claim
3. Giving providers the ability to update the claim amount based on TPL.
4. All initial claims for EVV Covered services must be submitted through AuthentiCare. This includes HHCS, HCBS-PCS.
5. All *original* claims for EVV required services submitted outside of Authenticare will be denied. Claim adjustments will be filed through the K-Map web portal or MCO Portals.

Next Steps ...



Thank you/Questions





Need more information?

EVV Page at KanCare website:

<https://www.kancare.ks.gov/providers/training-resources/electronic-visit-verification>

[Electronic Visit Verification | KanCare \(ks.gov\)](#)

or

1) Email us at:

KDHE.EVV@ks.gov