KMAP GENERAL BULLETIN 24230

UPDATED – EVV Claims Processing Guidance

Effective **February 6, 2025,** AuthentiCare will become the sole approved claims entry point for services that require Electronic Visit Verification (EVV). Initial claims for services that require EVV that are not received from AuthentiCare will be denied. Claims will be created from AuthentiCare to cover all services that require EVV, excluding Work Opportunities Reward Kansans (WORK) and Supports and Training for Employing People Successfully (STEPS).

- Claims will be created using the information that comes from a Managed Care Organization (MCO) and Gainwell Fee-for-Service (FFS) (payer) authorizations, caregiver visits, and provider data entry.
- Negotiated rates, up to 12 diagnosis codes, and ordering provider National Provider Identifier (NPI) information will be required on the claim for the services being provided based on data in the authorization file from payers. Providers will select the appropriate diagnosis code for each service line.
- Caregivers will populate the Place of Service (POS) where care takes place when submitting visit information. This will be populated into the claim.

Before confirming a visit in AuthentiCare to be submitted for claims processing, provider administrators will:

- Validate the information contained in the authorization including member, service, start and end dates, diagnosis code, ordering physician, number of approved units, and ensure that service rates are correct. If the claim billed amount is different than the calculated amount, the provider must update with their usual and customary billed amount. The provider is responsible for working with the payer to ensure a proper and accurate authorization is in the AuthentiCare system.
- Validate the visit information submitted by the caregiver.
- Address all critical exceptions found in the rules review process for visits in AuthentiCare by updating the visit information for accuracy, completeness, and attesting to the accuracy of the visit information captured.

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EVV Claims Processing Guidance continued

- Validate the Third-Party Liability (TPL) coverage information on the client record is accurate. If not, the provider will need to submit a request for an update through the Kansas Modular Medicaid System (KMMS) Provider Portal.
- Validate the TPL adjudication information has been correctly entered on the claim for each TPL payer.
- Validate and attest to the entry of all payor information related to TPL.
- Provider is responsible for the entry of TPL payments and Claim Adjustment Reason Code/Remittance Advice Remark Codes (CARC/RARCs) and group codes in AuthentiCare.
- Confirm the visit for billing that will result in AuthentiCare building the claim and submitting it during its daily batch submission process.

Claims adjustments and reprocessing will continue to be submitted through the provider portal.

Note: The effective date of the policy is February 6, 2025. 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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