



State of Kansas Electronic Visit Verification

Agenda:

- 1) Discuss recent EVV Policy & System Updates**
- 2) Share State's Plan for Compliance and Adoption**
- 3) Review EVV Exceptions**
- 4) Open up the call for 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. The State of Kansas has implemented a fully compliant EVV program.



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.

Changes for March 20 Release

1. New service codes added for the STEPS program:

STPSS5125U3

STPSS5125U5

STPST2025U3

2. Service code HCFES5125UA is being disabled in AuthentiCare.

3. Activity codes are no longer required for the following:

HCFES5135UD

HCDDT1000TD

HCFES5125UD

BIH2014

HCDDT1000

BIH0004

4. The following Services have had their activity codes changed to List 1:

HCFES5125

HCFES5130

HCFES5135

Changes for March 20 Release

5. Alerts will be sent to provider and MCOs to notify them if an acute observation is made during a visit. The provider or MCO can then open the exception report to find visits with the exception of acute observation alert.
6. The enablement of “Learn Mode” to automatically capture GPS coordinates to a member address (primary or provider added) after 20 check-in and or check-out events. This will turn on the "out of geofence" exception when applicable.
7. Updates to Roles and rights:
 - Modifications to the Representative Role benefiting FMS providers.
 - Search Payer History added to provider administrator role. Ability to look up payment information.
8. Remittance data from MCOs will begin to populate to AuthentiCare weekly. Providers will no longer need to upload 835s to AuthentiCare.

Changes Planned for the May Release

1. Changes to IVR- set the service selections #s to be static and referenceable. This will make easier for Caregivers to enter IVR responses.

Plan for Compliance and Adoption

- The State of Kansas will work with caregivers, providers, MCOs and state staff to comply with CMS expectations on EVV.
- These expectations for EVV covered services include:
 1. All paid claims to have approved authorizations
 2. All services to be delivered via qualified caregivers based on the service requirements
 3. All paid claims to have electronic visit verification
 4. All visit records to include:
 - Type of service performed.
 - Individual receiving the service.
 - Date of the service.
 - Location of service delivery either through landline or GPS verification.
 - Individual providing the service.
 - Time the service begins and ends.

Plan for Compliance and Adoption

Steps to meet CMS compliance:

1. Identify providers not using AuthentiCare for EVV covered services.
 - A. Providers should expect follow up from KDHE EVV project team to help address any reasons for non-compliance.
2. Identify caregivers not using member landlines when using IVR.
3. Begin monitoring EVV transactions for exceptions and excessive web entry.
 - A. Critical exceptions
 - B. Informational exceptions
4. Implement pre-claims matching and build both HHCS and PCS claims from EVV visit information in AuthentiCare in fall of 2024.

Critical Exceptions

- Indicates the authorization was exhausted (authorized units consumed) because of this claim.
- All authorized units were used before this claim was calculated.
- A visit for the same member, provider, service, date of service and time already exists in the system.
- Activity code is missing from claim where service requires code entry.
- All data needed to calculate the claim is not available. Usually means that the check-in time or check-out time is missing. If an authorize exception occurs, it will trigger the calculate exception as well.
- The provider is not eligible to deliver services based on their start and/or end dates or status.
- The worker is not eligible to deliver services based on their start and end dates or active/inactive status.
- The claim has been filed for a service that this provider does not provide.
- The client is not eligible to receive services based on their eligibility start and/or end dates.
- The third-party liability information is missing for this claim.
- The claim was filed by checking in or checking out from a phone number that does not match a landline phone number on record for the client.

Informational Exceptions

- The claim was filed by checking in or checking out from a phone number that exists in the system but isn't the phone number on record for the client named in the claim.
- The claim is for a service the worker is not authorized to provide.
- The check-in or the check-out location does not match the client's learned location for the selected address.
- If remaining monthly authorized units are at 20% or fewer at check-in or at check-out, the worker hears (IVR) or sees (Mobile) the remaining hours and minutes across all workers to the end of the month.
- Indicates the authorization was exhausted (authorized units consumed) because of this claim.
- The client is not eligible to receive services based on their eligibility start and/or end dates.
- The third-party liability information is missing for this claim.

Thank you/Questions



Need more information?

1) EVV Page at KanCare website:

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

or

2) Email us at:

KDHE.EVV@ks.gov