



State of Kansas Electronic Visit Verification

Agenda:

- 1) Discuss recent EVV Policy & System Updates**
- 2) Share State's Progress on 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

Provider Revalidation

- Update contact information with KMAP through the provider portal. If contact information is outdated, KMAP may not be able to reach you.
- Watch your email or mailbox for a letter from KMAP reminding you to revalidate and follow the instructions to complete revalidation quickly.
- Pay an application or revalidation fee, if applicable.
- Complete revalidation timely or risk a lapse in Medicaid enrollment and claims payment.
- Direct questions to KMAP at 1-800-933-6593.
- Check the effective date of their revalidation in the KMAP provider portal.
- Note: A provider may be affiliated with multiple entities. The entity who originally enrolled the provider with KMAP will receive the revalidation. If a provider is unsure who the owner of their revalidation is, they should email KMAP at kansas-provider-enrollment@gainwelltechnologies.com or call 1-800-933-6593.
- Note: The provider's name must be entered exactly the same during provider revalidation as it was entered during provider enrollment.

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 qualified caregivers based on the service requirements
3. All paid claims to have Electronic Visit Verification
4. All six elements:
 - Type of service performed;
 - Individual receiving the service;
 - Date of the service;
 - Location of service delivery confirmed either through landline or GPS verification
 - Individual providing the service;
 - Time the service begins and ends;

Here is what we are doing to do to meet CMS compliance:

1. Identify providers not using AuthentiCare for EVV covered services – less than 7%.
 - 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. Monitoring EVV transactions for exceptions and web entry.
 - A. Critical exceptions.
 - B. Informational exceptions.
4. Implementing pre-claims matching – build both HHCS and PCS claims from EVV visit information in AuthentiCare in fall of 2024.



Critical Exceptions... **don't file claims until these are addressed**

- 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 using IVR from a phone number that does not match the phone number on record for the client.
- 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