

Home and Community Based Service Provider Submission of Electronic Visit Verification Claims with Third-Party Liability

If a blanket denial is available, the process for providers does not change.

The State of Kansas will continue to obtain and maintain the TPL blanket denials for HCBS waiver providers. Blanket denial information will be transmitted to AuthentiCare. AuthentiCare will include the TPL information on claims generated in the AuthentiCare system. The claims will be transmitted to UnitedHealthcare and will be processed for payment.

If a blanket denial is not available, the process for claims submission is as follows:

The original claim will be generated through AuthentiCare and transmitted to UnitedHealthcare. Because a blanket denial was not available, no TPL information will be transmitted with the claim and it will deny for TPL information.

When the HCBS provider receives the denial notice on the remittance advice, the provider can resubmit the claim for payment with one of the following options:

1. If the provider is a current KMAP provider and has access to the secure KMAP provider portal, the provider can create a new claim that includes the TPL payment or denial information using FEB.
2. The provider can submit a paper claim with the appropriate explanation of benefits (EOB) information attached to:
KMAP
PO BOX 3571
Topeka, KS 66601-3571
3. The provider can submit an electronic claim (either through the KMAP FEB process or directly to UnitedHealthcare through a claims clearinghouse) with the designated TPL fields appropriately populated.