

**KMAP GENERAL BULLETIN 13000**

## HCBS Claims Submission

Electronic visit verification (EVV) claims submission information from Amerigroup Kansas Inc, Sunflower State Health Plan Inc, and UnitedHealthcare Community Plan Kansas for home and community based services (HCBS) with third-party liability (TPL) is available on the following pages.

**KMAP**

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593 (in-state)
- 785-274-5990  
8:00 a.m. - 5:00 p.m.  
Monday - Friday



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

The only third-party liability (TPL) claims that the Electronic Visit Visitation (EVV) vendor can process are ones for which you have received a TPL blanket denial. To allow for all other TPL-related claims, when you receive the TPL denial, we will allow you to submit your claims via one of the following methods:

1. Submit an 837, with the TPL document attached, directly to the managed care organization (MCO) via one of their clearinghouses.
2. Submit a claim directly to the MCO using the web claim portal and attaching the TPL document.

Claim submission instructions and MCO clearinghouse information are located in the MCOs provider manual.

### **OR**

1. Submit an 837 with the TPL information completed directly to HPES.
2. Submit a web claim with the information completed directly to HPES.
3. Submit a paper claim, with the TPL document attached, through Front End Billing (FEB), directly to HPES.

## 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.



SUNFLOWER STATE  
HEALTH PLAN

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

### Blanket Denials

The State of Kansas will continue to maintain a standard blanket denial list that will be updated and distributed to all the MCOs for application in their systems. If a blanket denial is available, the provider's claim will be received and processed without coordination of benefits (COB) information being required.

### Services Without a Blanket Denial

If a claim for services for a member with other insurance is submitted via AuthentiCare and no blanket denial is available, the initial claim will be received and denied back to the provider with an explanation code (EX Code) of L6 "Deny: Bill Primary Insurance First, Resubmit with EOB".

### How to Provide COB Information After Denial

- Preferred method: A provider can access the initial claim submitted via the Sunflower State Health secure provider portal. That initial claim can be corrected via the portal by providing the other insurance information and resubmitting that corrected claim.
- A provider can also submit a corrected claim electronically via a clearinghouse by following the appropriate corrected claim processing instructions located in the *Sunflower State Health Billing Manual* on their [website](#).
- If an electronic option is not available to the provider, the provider can submit a paper corrected claim (following the corrected claim instructions in the billing manual) with a copy of the primary payer's explanation of payment to:  
KMAP  
PO Box 3571  
Topeka, KS 66601-3571