JANUARY 2026

KMAP GENERAL BULLETIN 26006

EVV Authorization Modification Requests Form

Effective with dates of service on or after January 22, 2026, AuthentiCare will add the Electronic Visit Verification (EVV) tool feature to offer providers the opportunity to complete an Authorization Modification Request form in AuthentiCare. Details entered in the request will populate to a report for the Managed Care Organization (MCO).

1. **Submit an Authorization Correction Requested by a Provider**:
   Definition of Correction – A correction would be a request to modify something on an Authorization that does not match the completed PCSP data.

   Examples of a Correction:
   - Rates do not match
   - Provider ID does not match
   - Units do not match
   - Start or end dates for services do not match
   - Diagnosis or Service codes do not match
   - Ordering provider does not match

   Provider Process to request a Correction – The EVV tool will soon have a feature to complete the modification request form in AuthentiCare which will then populate into a report for the MCO.

   MCO Process Timeframe for MCOs – Must meet CMS authorization timelines. Day One would be the first business day following receipt of the form.

2. **Authorization Change Requested by the Provider:**
   Definition of a Change – A request to modify a PCSP and resulting authorization due to changes in the members health status.

   Examples of a Change:
   - Need more Units than the original PCSP
   - Need different services not called out on the PCSP

Provider Process to Request a Change – The provider and the MCO will need to use their contracted process for changing an authorization.

KMAP
Kansas Medical Assistance Program
- Bulletins
- Manuals
- Forms

Customer Service
- 1-800-933-6593
- *7:30 a.m. - 5:30 p.m.*
  Monday - Friday

EVV Authorization Modification Requests Form continued

3. **Authorization Cancellation Requested by the Provider:**
   Definition of a Cancellation – The provider determines there is no longer a need for an authorization for a member for the service noted. This would be done to clean up existing authorizations.

   Provider Process to Request a Cancellation – The provider and the MCO will need to use their contracted process for cancelling an authorization.

   MCO Process Timeframe – Must meet CMS authorization timelines.

Note: The effective date of the policy is January 22, 2026. 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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