



Prior Authorization for Intensive In-Home Services Through KePRO



October 2008

Overview of Presentation

- Information about KePRO
- Method of Submitting a PA request for Intensive In-Home (IIH) services
- Helpful Hints for a successful submission
- Questions

Keystone Peer Review Organization (KePRO)

- Innovative healthcare management solution company
- Owned by the Pennsylvania Medical Society
- More than 20 years of experience
- Multiple state and federal contracts
- Contractor for Fee for Service Medicaid Services in Virginia

Submitting a Request via iEXCHANGE

- The preferred method is the iEXCHANGE® web-based program
- Registration required
- Information may be found by going to the KePRO website <https://dmas.kepro.org> For questions call 1-888-827-2884 or email at ProviderIssues@kepro.org

Slide 4

a6

Discussion: Expect to receive your iEXCHANGE user login & password by email within 10 business days. The advantage of using this method is that the provider can f/u by iEXCHANGE to communicate with KePRO electronically regarding any details of the case & verify PA status.

ahall, 11/16/2007

Additional Methods of Submission

Requests may also be submitted via

- Fax 877-652-9329
- Telephone 888-827-2884 or
804-622-8900 (local)
- Mail to:
KePRO
2810 North Parham Rd, Suite 305
Richmond, VA 23284

Intensive In-Home Prior Authorization Request Form

KePRO & DMAS now require that any Medicaid Provider submitting Prior Authorization Requests using their National Provider Identifier (NPI) or Atypical Provider Identifier (API) to provide a 9 digit Zip code. If you do not know your 9 digit Zip code, please visit <http://zip4.usps.com/zip4/welcome.jsp>

Fax: 1-877-OKBYFAX (877-652-9329) Phone: 1-888-827-2884



<input type="checkbox"/> Initial Request <input type="checkbox"/> Extension <input type="checkbox"/> Retro Authorization Request <input type="checkbox"/> Transfer																			
1) Admission Date: [REDACTED]	2) Enrollee Last Name: [REDACTED]	3) Enrollee First Name: [REDACTED]	4) Enrollee Medicaid Number: [REDACTED]																
5) Requested Start Date: [REDACTED]	6) Date of Birth (mm/dd/yyyy): [REDACTED]	7) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	8) Provider Contact Person: [REDACTED]																
9) Provider Name: [REDACTED]	11) Provider Address (including 9 digit Zip Code): [REDACTED]	12) Provider Phone Number: [REDACTED]																	
10) Provider NPI/API#: [REDACTED]		13) Provider Fax Number: [REDACTED]																	
14) DSM IV DIAGNOSTIC CODES: (* Required)		15) CURRENT MEDICATIONS:																	
Axis I * [REDACTED] Axis II * [REDACTED] Axis III [REDACTED] Axis IV [REDACTED] Axis V (GAF): Current: [REDACTED] Highest in last year: [REDACTED]		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Medication</th> <th style="width: 15%;">Dosage</th> <th style="width: 15%;">Frequency</th> <th style="width: 30%;">Compliant?</th> </tr> </thead> <tbody> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> </tr> </tbody> </table>		Name of Medication	Dosage	Frequency	Compliant?	[REDACTED]	[REDACTED]	[REDACTED]	Y <input type="checkbox"/> N <input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Y <input type="checkbox"/> N <input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Y <input type="checkbox"/> N <input type="checkbox"/>
Name of Medication	Dosage	Frequency	Compliant?																
[REDACTED]	[REDACTED]	[REDACTED]	Y <input type="checkbox"/> N <input type="checkbox"/>																
[REDACTED]	[REDACTED]	[REDACTED]	Y <input type="checkbox"/> N <input type="checkbox"/>																
[REDACTED]	[REDACTED]	[REDACTED]	Y <input type="checkbox"/> N <input type="checkbox"/>																



16) Enrollee Last Name: [REDACTED]	17) Enrollee First Name: [REDACTED]	18) Enrollee Medicaid Number: [REDACTED]
<p>19) Current Symptoms/Behaviors : <i>For the initial review, please provide a narrative of the behaviors exhibited in major life activities by the client over the past 30 days that warrant the requested level of care (Identify frequency, intensity and duration of each behavior). For continued stay this information should come from the most current 30 day progress report. (Identify frequency, intensity and duration of each behavior, and progress/tack of progress towards treatment goals).</i></p> <p>[REDACTED]</p>		
20) Projected Discharge Date: [REDACTED]	21) Face-to-Face Assessment completed within 7 days of admission? (For Initial review only) Yes <input type="checkbox"/> No <input type="checkbox"/>	22) Individual Service Plan (ISP) completed within 30 days of the initiation of services? Yes <input type="checkbox"/> No <input type="checkbox"/> ISP has dated signature of Qualified Mental Health Provider? (For first Extension request) Yes <input type="checkbox"/> No <input type="checkbox"/>

Fax Forms Used for Submission

- PA request fax forms have been revised and simplified to facilitate the PA process and are posted on the DMAS and KePRO websites.
- Use the **Intensive In-Home Prior Authorization Request Form (DMAS 366 revised 7/1/08)** for your requests.

For requests for start date prior to July 1, 2008

- The new form and requirements are only in effect for dates of service requested on/or after July 1, 2008.
- 2 Versions:
 - 1) An editable Word version
 - 2) A PDF version that providers can download and complete manually

Providers must submit a PA request for Intensive In-Home Services:

- Initial request should be submitted **on or before** the start date being requested. Providers are encouraged to submit by week 10 of the 12 weeks not requiring PA.
- Continued stay reviews should be submitted before (no earlier than 30 days) or on the start date being requested.
- If received after this time frame, dates submitted will be denied as untimely.
- Retroactive requests for authorizations will not be approved with the exception of retroactive Medicaid eligibility for the recipient. The request for authorization should be submitted no later than 30 days from the date the provider was notified of Medicaid eligibility.

What happens if demographic information is missing?

- The case will be pended for insufficient information.
- A fax notification will be sent to the provider.
- Provider will have until 11:59 PM the next business day from notification to submit the information to KePRO or the case will be voided.

What happens if clinical information is missing on an IIH request?

- Case will be pended for additional information
- Provider will be notified through iEXCHANGE® & fax notification
- The provider will have until 11:59PM the third business day following notification to submit.
- If KePRO does not receive a response within this timeframe, the request will potentially be denied.

a1

Discussion: Do not submit additional information after a case has been denied. If additional information is available that potentially could assist with the recipient's denial being overturned, the provider has a right to an appeal. Please provide contact information when submitting by iEXCHANGE as well as fax number.

ahall, 1/8/2008

Helpful Submission Points for IIH Services

- For any IIH recipient with service dates starting on or after July 1, 2008, the first 12 weeks do not require prior authorization
- After July 1st use new fax form and Do NOT send attachments (ISP)
- Complete the fax form in its entirety(all dates)
- When responding to a request for additional information, use only the reply form that accompanies the additional information notice and address the questions specifically

Helpful Submission Points for IIH Services

- Make sure to include all requested dates (refer to the fax form)
- Please be sure to include the correct contact information – Name and Phone Number.
- Continued stay reviews should be submitted before (no earlier than 30 days) or on the start date being requested.

Helpful Submission Points for IIH Services

- Use iEXCHANGE
- When submitting via iEXCHANGE make sure to identify service type as 0650.
- When submitting via iEXCHANGE please be sure to use correct procedure code of H2012

Helpful Submission Points for IAH Services

- Do not submit additional information on a denied case. Providers have the right to appeal any adverse decision on their request. Appeals are to be submitted in writing to:

Director, Appeals Division

Department of Medical Assistance Services

600 East Broad Street, Suite 1300

Richmond, VA

Resources

- KePRO Website <https://dmas.kepro.org>
- DMAS website www.dmas.virginia.gov
- For any questions regarding the submission of PA requests please contact KePRO at 888-827-2884 or 804-622-8900

Questions

Thank you!