
DMAS/ KePRO
Prior Authorization Process
for DD and CMHP Waiver and MFP
and ECM Services
April 16, 2009

DMAS/ KePRO Prior Authorization Process

Waiver Services

- **Overview of Prior Authorization Process**
- **Document Submission**
- **iEXCHANGE Demonstration**
- **Program Changes and Updates**
- **Question and Answer Session**

Verifying Eligibility

- **How do I verify recipient eligibility?**

DMAS web-based ARS at: <http://virginia.fhsc.com>

Medicall at 1-800-884-9730 or 1-800-772-9996

- **Eligibility verification avoids unnecessary delays associated with PA submission.**

Providers must submit PA requests for recipient eligible dates under the Medicaid Fee For Service Plan. Service requests for dates outside the recipient's coverage (future dates for on going coverage is an exception**) will be rejected and returned for correction. Check eligibility for each date range requested.**

Submitting PA Requests For Waivers

The service types for Waiver Services covered in this training are:

- **0902 IFDDS Waiver (DD)**
- **0909 Money Follows the Person Program (MFP)**
- **0970 Children's Mental Health Program (CMHP)**
- **0625 Elderly Case Management Program (ECM)**

- When entering cases in iEXCHANGE® please indicate "Review Type" by selecting "**Admission or Retrospective**" review.
- A Retrospective Review is requested when verification of eligibility is received after admission date.

Submitting PA Requests

- **Requests may be submitted via:**
 - **iEXCHANGE**
 - **Fax: 877-652-9329**
 - **Telephone: 888-827-2884 or (local) 804-622-8900**
 - **Mail: KePRO**
2810 North Parham Road, Suite 305
Richmond, VA 23294

Submitting PA Requests

- **Do not send duplicate requests via multiple faxes, iEXCHANGE, phone or mail unless specifically instructed by KePRO to re-send.**

This only causes confusion and slows the process. Please include a contact person, phone and fax number from your agency or facility on all submissions so contact can be made if there are questions.

Submitting PA Requests via Fax

- **PA request fax forms are posted on the DMAS and KePRO websites.**
- **The forms are available in two formats:**
 - (1) a PDF version that providers can download and complete manually.**
 - (2) an editable Word version, that allows providers to save the form and input responses directly on to the form. Use of editable version of the PA request form will expedite processing and is preferred if providers are not using iEXCHANGE.**
- **Please clearly indicate if a submission is an initial request,, change, increase or decrease, transfer or a discharge on the fax forms. Please also include the PA# that needs to be changed or cancelled.**

Submitting PA Requests by Fax or Mail

Fax Form: Use the DMAS 98 for Community Based Care Authorization Requests, Discharges, or Changes to a current PA.

- For retrospective review please indicate date when notification was received of eligibility.
- All relevant clinical information should be included in the “Justification / Needs for Waiver Service” box. The “Additional Comments” box may also be used. Please refer to the DMAS 98 Fax Form Instructions for the specific clinical information required for each service.

iEXCHANGE

- Registration is required @ dmas.kepro.org. Once completed, providers can expect to receive their iEXCHANGE user login and password via email within 10 business days.
- iEXCHANGE can be used to submit requests 24 hours/day, 7 days a week.

For any questions regarding registration, contact KePRO at 888-827-2884 or via e-mail at: ProviderIssues@kepro.org

Submitting PA Requests via iEXCHANGE

- **A step-by-step iEXCHANGE user manual, on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at:**
<http://dmas.kepro.org/default.aspx?page=iexchange>
- **iEXCHANGE is the most efficient and accurate way to obtain a Prior Authorization.**

Information Needed for A New Admission

Please include the following in iEXCHANGE.

- Specific information required for the procedure codes(s) being requested can be located at:
 - Visit our web site <http://dmas.kepro.org/> for required PA Information Sheets – coming soon
- Or completion of questionnaire in iEXCHANGE (if applicable)

WAIVER REQUESTS

■ Admissions

- Initial request for Services
- Enrollment for MFP

■ Discharges

- Need to Submit Case ID or PA # and the procedure code for each service being discharged as well as the reason for the discharge.
- You must complete a new DMAS 98, submitting the DMAS 122/225 is not sufficient.

WAIVER REQUESTS

- **Completion of DMAS 98**

- **Page 1:** Name, Age, Gender, Name of Service Provider, Service Provider ID (Must be 10 Digits), Diagnosis, Clinical or additional information in Blocks 15 & 16. name of referring Provider when applicable and referring Provider ID.
- **Page 2:** List type of service requested by use of the procedure code, modifier(if applicable), Hours/ units, frequency, cost (when applicable), SOC date, End date.
- **Providers must submit request to the designated preauthorization contractor within 10 business days of initiating care or within 10 business days of receiving verification of Medicaid eligibility from the local DSS, unless otherwise specified in the DMAS Provider Manual.**

DD Waiver

- PA Service Type is 0902 for DD Waiver Services
- Procedure Codes for DD Waiver:
 - T1019(Agency Directed Personal Care)
 - S5126(Consumer Directed Personal Care)
 - T1005(Agency Directed Respite)
 - S5150(Consumer Directed Respite)
 - T1002(Skilled Nursing Services-RN)
 - T1003(Skilled Nursing Services-LPN)

DD Waivers

- S5165 (Environmental Modifications) TH1
- T1999 (Assistive Technology)
- 97537 (Day Support)
- H2024 (Supported Employment)
- 97139 (Therapeutic Consultation)
- H2011 (Crisis Stabilization)
- H0040 (Crisis Stabilization)
- S5111 (Family Caregiver Training)
- S5160 (Personal Emergency Response System-PERS)

TH1

Remove S5165, T1999

Tony Hines, 7/9/2009

DD Waivers

- S5135 (Companion Care)
- S5136 (Companion Care: Consumer Directed)
- H2025 (Pre-vocational Services)

CMHP (Children's Mental Health Program)

- PA Service Type is 0970
- Procedure Codes- (Children's Mental Health Program)
- H2015 (Transition Coordination)
- H2014 (In Home Residential Support)
- T1005 (Agency Directed Respite)
- S5150 (Consumer-Directed Respite)
- S5165 (Environmental Modifications)

TH2

TH2

remove S5165

Tony Hines, 7/9/2009

CMHW (Children's Mental Health Program)

- 99199U4- (Environmental Modifications – Maintenance Cost Only) TH3
- 97139- (Therapeutic Consultation)
- S5111- (Family Caregiver Training)
- S5136- (Companion Care-Consumer Directed)
- S5135-(Companion Care- Agency Directed)

TH3

remove 99199u4
Tony Hines, 7/9/2009

DD Waiver and CMHP

BEFORE SUBMITTING YOUR PA REQUEST

- The ISP(Individual Service Plan) must be approved by DMAS prior to request being submitted to KePRO.
- The recipient must be enrolled in the waiver by DMAS.

DD Waiver and CMHP

SUBMITTING YOUR PA REQUEST

- KePRO must receive the approved POC from DMAS before they can review a request for services.
- All requests received prior to KePRO's receipt of the DMAS approved ISP will be pended for 14 business days and then rejected at the end of that time period.

MFP (Money Follows the Person)

- PA Service Type is 0909 for MFP Services
- Please be sure to state/confirm that the client meets MFP criteria, for enrollment.
 - Refer to Waiver Services Manuals, Appendix E for specific program requirements/criteria.

MFP (Money Follows the Person)

- H2015 -Transition Coordination,
 - Only available when the recipient is in a NF or Long-Stay Hospital at enrollment and will be transitioning to EDCD Waiver in the community. Service may be authorized for a maximum of 60 days.
- For T2038 – Transition Services
 - The transition coordinator/case manager must submit the request for transition services. The patient must be a resident of a NF or Long stay hospital. This service is automatically authorized for a 9 month period.

ECM

- PA Service Type is 0625 for ECM
- Procedure Code is T1016 – (Case Mgmt)
- The recipient must be 60 years of age or older.
- Recipient must be dependent in at least 2 ADL's
- Must have an unmet need that requires case management intervention or coordination of services. Authorization is from 2 – 6 months.
 - Maximum units per month is 31

ECM

- Authorization can not start prior to the date of the recipient signature on the POC.
- Request must include locality area in which the recipient resides and the information from the UAI screening (ADL dependencies).
- Reauthorization must be requested prior to the end of the current PA.
 - Must include summary of case management services to date
 - Reason for continued services
 - Information from the most recent POC.

Submitting Additional Information

- **To submit additional information on a pended case:**

Via iEXCHANGE-

Providers may submit additional **information** through iEXCHANGE by choosing "add to comments". (NOTE: The "extend case" feature is used when requesting additional days of coverage). Whenever a provider adds to comments, this puts the case back in the nurse review queue.

FAX / PHONE-

Providers may receive a KePRO notice requesting additional information. Please submit this information by following the instructions provided on the "additional information request". Please label the document as additional information.

Tips For Successful Requests

- Submit correct API/NPI # for the procedure code being requested.
- Only one service provider API/NPI # can be submitted per request.
- Be sure to include the required information from all required forms.
- Refer to DMAS 98 instructions, questionnaires and PA required information checklists or the specific provider manual for specific information.

Submitting an Appeal

- **All appeal requests are to be submitted in writing to:**

Director Appeals Division

Department of Medical Assistance Services

600 East Broad Street, Suite 1300

Richmond, VA 23219

Case Number/Medicaid Number/PA Number

- **Medicaid ID number consists of 12 digits**
(example-123456789012)
- **KePRO Case Number consists of 9 digits with one dash** (example-07000-0000).
- **PA number generated by First Health is 11 digits**
(example-12345678901).
- **Without the correct number of digits, it will take longer to process the request.**

Case Number

- **A case number is generated after a prior authorization has been submitted.**
- **The case number is different from the PA number.**
- **The case number is used for tracking the case through the KePRO system.**
- **The prior authorization number is posted on iEXCHANGE and sent via fax for all submissions.**

Receiving a PA Number from First Health

- **Obtain the PA number from determination letters sent by First Health.**
- **PA notification letters are sent to the provider “mail to” address on file with the Provider Enrollment Unit**
- **If there is no "Mail to" address, the letter goes to the service address.**
- **Providers who wish to change their “mail to” address may do so by contacting:**

First Health Services – Provider Enrollment Unit (PEU)

PO Box 26803

Richmond, VA 23261-6803

Phone: 1-888-829-5373 (in state toll-free)

1-804-270-5105 Fax: 1-804-270-7027

Receiving a PA Number from First Health

- **Medicall at 1-800-884-9730 or 1-800-772-9996**
- **You may obtain the PA number from the web-based ARS at: <http://virginia.fhsc.com>**
- **The ARS system is easy to use. It is accessible to anyone with an internet-connected PC and a web browser.**
- **New users must register for ARS online at: <http://virginia.fhsc.com/>. Users will receive a phone call from First Health Services Corporation (within 72 hours of registration) with instructions.**

Retroactive Reviews

- **Providers must submit all required information to KePRO within 10 business days of initiating care or within 10 business days of receiving verification of Medicaid Eligibility from the local DSS (DMAS 122 / 225), or as otherwise specified in the provider manuals.**
- **These “retro reviews” can also be submitted via iEXCHANGE, phone, fax, or mail and should include only the required clinical documentation.**
- **Be sure to submit the information from the 122 / 225, including the date the DMAS 122/225 was received.**

Submitting Changes to an Existing Case

- **If you are requesting a discharge – please request under the existing case number to be discharged. Do not request a new case.**
- **If you are requesting a change (increase or decrease) in units or hours please request under the existing case number, do not open a new case for these types of requests.**
- **Requesting or creating new cases in place of updating existing cases only delays processing time and causes duplicate and overlapping date errors.**

Overlapping Dates with the Same Provider

- **For on-going prior authorizations, check your files and verify the dates that have been authorized, denied or pended before submitting your request.**
- **Submit your request using the correct begin and end dates.**
- **If your new PA request overlaps with an approved or denied existing PA, your new request will be rejected and returned to you to correct the beginning and/or ending dates. (overlap will be due to the same recipient, same provider type, same service, same or overlapping dates)**

Program Changes and Updates

Check the Medicaid Memos and Manuals online at:

www.dmas.virginia.gov

Click on the link to Providers Services

or

<http://dmas.kepro.org>

References

<http://dmas.kepro.org>

Children's Mental Health Program Manual

Individual and Family Developmental Disabilities Waiver Services Manual

Pre-Admission Screening Manual

MFP (Money Follows the Person) : Waiver Manuals Appendix E

or Appendix C for MR Waiver

Elderly Case Management Manual

Questions?
