Maine ASO Provider Manual

October 2018

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AN INTRODUCTION TO KEPRO

KEPRO is a specialty healthcare company that offers customized, integrated healthcare solutions across two major areas:

- Disease management
- Behavioral healthcare services.

KEPRO Inc., headquartered in Harrisburg, PA, is a privately-held, specialty healthcare company. Founded in 1992, KEPRO and its 1,800 employees provide a wide range of healthcare solutions to more than 20 million members across the United States and Puerto Rico.

KEPRO has extensive experience developing innovative, collaborative models of utilization management, care management, provider relations and quality improvement which emphasize community partnerships, training, and technical assistance. KEPRO has been highly successful in improving collaboration and coordination among providers, increasing access and improving clinical outcomes while controlling costs. KEPRO is continuing this approach in Maine.

KEPRO has capitalized on its experience to create physical and behavioral healthcare programs that are exceptional in the industry. The use of an integrated approach to total healthcare has allowed KEPRO to be more effective in improving the quality and effectiveness of care.

Today, KEPRO is a pioneer in providing health and disease management services while retaining its position as one of the leading behavioral healthcare organizations in the United States. In fact, KEPRO is the only specialty healthcare company with extensive experience in health management, behavioral healthcare, employee assistance programs (EAP), informatics and quality review/oversight programs.

KEPRO MAINE

In 2007, KEPRO ME was awarded the contract with the State of Maine's Department of Health and Human Services (DHHS) to provide the State with a Behavioral Health Utilization Management System for MaineCare members. Under this Administrative Services Organization ("ASO") agreement, KEPRO is responsible for providing prior authorization, continued stay, and discharge reviews for many behavioral health services. The contract also includes an array of other provider and member services including quality management initiatives, an appeal and reconsideration process, and a KEPRO and DHHS grievance process.

KEPRO was established on the belief that quality and successful outcomes in behavioral healthcare are achieved by providing access to the most appropriate care in the least restrictive setting. Utilizing the full continuum of care, Care Managers monitor the quality of care and provide ongoing clinical review of a member's treatment in collaboration with KEPRO' provider partners.

- KEPRO's goal is:
    - To promote each member's recovery, resiliency, and ability to live in the community of his or her choice.

KEPRO utilizes its proprietary, internet-based authorization system, KEPRO Atrezzo®, which providers use to participate in the Maine Behavioral Health Utilization Review program.

The KEPRO/Maine's Provider Manual

The Manual is designed to inform providers about, and guide and support providers through:

- The processes that KEPRO utilizes to achieve the goals and contractual requirements set by the state for the Administrative Services Organization agreement.
- Understand which programs and services KEPRO has been contracted to support through this agreement.
- The tools and supports available to the Provider to ensure access and continued care to the members of our community.

For any questions or feedback please e-mail: TrainingMaine@kepro.com

KEPRO and Confidentiality

KEPRO, its subsidiaries, and affiliates are committed to ensuring that our privacy practices comply with industry best practices, and as applicable, all federal and state laws and regulations including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). The KEPRO Chief Privacy Officer is responsible for development and implementation of KEPRO privacy policies and procedures.

OFFICE LOCATION

The Maine KEPRO Offices are located at the following address:

- 400 Technology Way
- Suite A
- Scarborough
- ME 04074

OFFICE HOURS AND OBSERVED HOLIDAY

KEPRO is open Monday through Friday: 8:00 am to 6:00 pm.

KEPRO Offices will be closed in observance of the following holidays:

New Year's Day	Labor Day
President's Day	Thanksgiving and Friday after
Memorial Day	Christmas Day
Independence Day	

Should KEPRO/Maine offices close due to inclement weather, a recorded message will notify callers of the available clinical coverage options.

CALL CENTER, CONTACT AND WEBSITE INFORMATION

A. Departments

Department	Description of Services
Provider Relations/ IT Helpdesk	For KEPRO Atrezzo® access, training, and general questions
Switchboard/Intake	For questions about faxes, ITRT and Section 28 Applications
Member Services	For member questions, appeals, member resources or other member concerns
Child Care Management	For Provider access to a child care management staff to discuss clinical review of provider requests.
Adult Care Management	For Provider access to an adult care management staff to discuss clinical review of provider requests.
Appeals	For questions regarding reconsiderations or denials
Katie Beckett	For calls regarding Katie Beckett referrals

B. Telephonic Information

- The KEPRO Toll-Free **Telephone Number** is: 1-866-521-0027
- The following options are available from this number:
    - Option 1: Provider Relations/ IT Helpdesk
    - Option 2: Switchboard/Intake
    - Option 3: Member Services
    - Option 4: Child Care Management
    - Option 5: Adult Care Management
    - Option 6: Appeals
    - Option 7: Katie Beckett
- To accommodate members who does not speak English as a first language, the Maine Office utilizes CTS Language Link to assist member calls.
- The KEPRO Toll-Free E-Fax Number is: 1-866-325-4752

C. KEPRO Maine Website

The following website is available to: www.qualitycareforME.com

- Providers can use the website to access:
  - General information
  - Program updates
  - Member Services
  - Training Resources and User Guides

D. E-mail Information

Provider Relations Direct Email	ProviderRelationsME@KEPRO.com
KEPRO Maine Appeals Direct Email	AppealsME@KEPRO.com
KEPRO Maine Intake Direct Email	IntakeME@KEPRO.com
KEPRO Maine Provider Training Requests	TrainingMaine@KEPRO.com

When sending e-mails:

- In your e-mail communication, please include specific questions and a telephone number where we can reach you during business hours.
- Please note that we are not able to guarantee the confidentiality or security of communication sent to our offices via e-mail.
- Please do not send any information that you would consider confidential using e-mail.
- By providing your e-mail address, you acknowledge the risk and authorize us to respond to you through e-mail.

SECURE E-MAILS TO PROTECT MEMBER INFORMATION (PHI)

A. KEPRO Secure Email:

To secure Protected Health Information (PHI), Personally Identifiable Information (PII), and other sensitive beneficiary data from unauthorized use, it is necessary to ensure that all e-mail communication containing this type of confidential information is secured by encryption, whether or not the KEPRO client has installed technology for such encryption. KEPRO has configured two methods of e-mail transmission that encrypt all e-mail communications from KEPRO to Provider, and facilitates encrypted replies from the Provider to KEPRO.

MANAGEMENT TEAM AND ESCALATION

A. Leadership Listing

Program Director	Robert Noble
Medical Director	Edward Pontius, MD, DFAPA
Clinical Director	Kelly Parnell, LCSW
Operations Manager	Brianna Walton
Clinical Review Supervisor	Allison Parker, LCPC
Quality and Education Manager	Jacklyn A. Belmonte

B. KEPRO Maine ASO Escalation Tree for External Providers and State Staff

KEPRO – Maine ASO
400 Technology Way, Suite A
Scarborough, ME 04074
Office: 866-521-0027
www.qualitycareforme.com

Atrezzo Technical Assistance

- **Provider Relations**
  (866)521-0027, Option 3
  ProviderRelationsME@KEPRO.com
- **Brianna Walton, Operations Manager**
  (866)521-0027 x4380
  bwalton@KEPRO.com
- **Rob Noble, Program Director**
  (866)521-0027 x4373
  rnoble@KEPRO.com
- **Rajeev Mudumba, VP of Operations**
  rmudumba@KEPRO.com

Member Calls

- **Member Services**
  (866)521-0027, Option 1
- **Kelly Parnell, Clinical Director**
  (866)521-0027 x4374
  KParnell@KEPRO.com
- **Rajeev Mudumba, VP of Operations**
  rmudumba@KEPRO.com

Clinical Questions

- **Clinical Team**
  (866)521-0027, Option 4
- **Allison Parker, Behavioral Health Supervisor**
  (866)521-0027 x4371
  aparker@KEPRO.com
- **Kelly Parnell, Clinical Director**
  (866)521-0027 x4374
  KParnell@KEPRO.com
- **Rajeev Mudumba, VP of Operations**
  rmudumba@KEPRO.com

Appeals

- **Appeals**
  (866)521-0027, Option 5
  AppealsME@KEPRO.com
- **Brianna Walton, Operations Manager**
  (866)521-0027 x4380
  bwalton@KEPRO.com
- **Rob Noble, Program Director**
  (866)521-0027 x4373
  rnoble@KEPRO.com
- **Rajeev Mudumba, VP of Operations**
  rmudumba@KEPRO.com

Reporting

- **Rob Noble, Program Director**
  (866)521-0027 x4373
  rnoble@KEPRO.com
- **Rajeev Mudumba, VP of Operations**
  rmudumba@KEPRO.com

Training

- **Lana Wichmann, Quality Training Specialist**
  866)521-0027 x4378
  lwichmann@KEPRO.com
- **Rob Noble, Program Director**
  (866)521-0027 x4373
  rnoble@KEPRO.com
- **Rajeev Mudumba, VP of Operations**
  rmudumba@KEPRO.com

QUALITY MANAGEMENT AND IMPROVEMENT

One of the benchmarks of a strong utilization management system is a comprehensive Quality Management plan across member and provider services. This means developing a collaborative process of reviewing, measuring and continually improving the quality of services delivered.

The plan should support ongoing learning, data-based decision making, and rapid identification and resolution of quality problems to ensure that all members receive clinically appropriate, effective, medically necessary, and cost efficient treatment.

SERVICES - OVERVIEW

Since 2007, KEPRO has been serving the Department of Health and Human Services (DHHS) as the administrative organization responsible for Maine's mental health and substance use services. KEPRO Maine reviews and approves services provided through MaineCare, as well as managing additional services to assist citizens of Maine in leading healthier lives.

KEPRO is responsible for providing prior authorization, continued stay, and discharge reviews for many behavioral health services.

KEPRO works with Providers as well as Members in the community and offer support to both through their Clinical Services and Processes.

ACROSS A RANGE OF SERVICES (Service Descriptions/ Service Grid)

Enter Services/ Re-admission
- Referral
- PA or Registration

During Services
- CSRs
- Additional Units

Exiting Services
- Discharge Clients

Provider Services:
- Provider Relations
- Provider Advisory Council
- Training
- Quality Improvement
- Reporting
- Tools
  - Provider Manual
  - Provider Atrezzo Portal Guide
  - Service Grid and Program Guide

Member Services:
- Member Liaison
- KEPRO Member Advisory Council
- Quality Improvement
- KEPRO/Maine Complaint or Grievance Process
- Tools
  - Member Handbook
  - Member Brochure

KEPRO CLINICAL SERVICES AND PROCESSES

Supported by ATREZZO

A. ACTIVITIES DURING THE REVIEW AND UTILIZATION PROCESS

TO ENSURE MEMBER ACCESS TO THE APPROPRIATE LEVEL OF CARE:

- **REFERRALS FOR NEW MEMBERS**
  Referral Questionnaire is completed in Atrezzo.
  Referral is reviewed – approved or not approved.
  If approved:
    - Member is automatically added to the waitlist.
    - First providers to respond is matched.
    - Case is built in Atrezzo via a Prior Authorization. A Case ID is created.
    - Mail the new Case ID's to the relevant Provider.
    - Member enters services with the Provider.

- **MEMBER ENTERS SERVICES/ RE-ADMISSION**
  Provider assesses the consumer needs.
  Provider Completes PA/ Registration with supporting clinical documentation to KEPRO's Atrezzo Platform.
  Provider refers to Daily Report for Outcome.
  The Provider monitor existing service requests and submits additional information if necessary to support the case.

- **KEPRO'S CLINICAL TEAM REVIEWS THE PROVIDER CSRS OR ADDITIONAL UNIT REQUEST AND MAKES A DETERMINATION.**
  Request supporting or documentation if necessary.
  When a KEPRO Care Manager is unable to determine if a provider's service request is medically necessary, the request is referred to a KEPRO Physician Advisor for review.

- **MEMBER RECEIVES SERVICES**
  Provider Completes a CSR/s and or apply for Additional Units in Atrezzo using the Service Grid based on continuous needs assessment.
  Provider refers to Daily Report for Outcome.
  Provider submits additional information if necessary to support the case.
  Monitor existing service requests.
  Track units and/or due dates.
    - Identify when a member's units are ready/low/there is a need to apply for additional units.
    - **Ensure that service requests for additional units are completed timely and in place to assist in the reimbursement process for member care.**
    - Once submitted, monitor and track the submission and approval process completed in KEPRO Atrezzo.
    - Understand the criteria for authorization follow up action and implement these actions:
        - Identify and source supporting information from the member's chart to support the online application and manage care including a Treatment Plan.

- **MEMBER EXITS SERVICES EXITING / TRANSITION TO NEW SERVICE**
  Provider discharge Members and/ enter member into new service and/ refer.

TOOLS AND SUPPORTS

Tools and Supports are used to effectively implement the Review and Utilization process (Register, discharge and/or re-admit members, extend CSRs and request additional units).

Tools:

- KEPRO/ Atrezzo Online System
- KEPRO MaineCare Service Grid
- KEPRO Daily Authorization Report Download
- Other Reports
- Quality Surveys and Audits

Supports

- Provider Relations
- Member Liaison and Council
- Website
- Provider Manual
- Member Handbook
- Training

MAINECARE BILLING

Please note: Providers must obtain a valid Authorization or Certification Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number. In addition, KEPRO does not guarantee payment of services provided.

KEPRO is <u>not</u> contracted with The Department of Health and Human Services to pay claims. DHHS will continue to pay claims using their current processes. KEPRO has partnered with DHHS to ensure accurate assignment of MaineCare billing numbers. KEPRO supplies this number and it appears in the authorization section in KEPRO Atrezzo®.

Questions related to payment of claims should be directed to:

MaineCare Billing and Information Unit: 1-866-690-5585

SERVICES - PROVIDER

<u>Important Notice:</u>
An authorization of services from KEPRO is not a guarantee of payment by MaineCare. Service Registrations are authorized by KEPRO solely in an administrative capacity based on MaineCare member and provider eligibility. Clinical Authorizations are based on provider report. Providers are responsible to ensure they provide services consistent with all MaineCare policy, DHHS licensing, and DHHS contracts in order to be eligible for claims reimbursement by MaineCare.

PLEASE NOTE: *Providers must obtain a valid Authorization Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number*

A. Provider Relations

KEPRO's Provider Relations (PR) Department serves as a key resource for the Provider community.

PR staff assists with:

- Provider education and training activities including the development of Provider-related communications
- Outreach efforts to help educate providers about KEPRO.
- Consultation and technical assistance when a Provider has questions concerning KEPRO Atrezzo®.
- Resetting KEPRO Atrezzo® passwords, and with other minor IT issues.

B. Provider Training

KEPRO is responsible to provide full support and training to providers, including:

- New or ongoing process implementation.
- Educational and informational activities hosted by KEPRO.
- Frequently Asked Questions and other materials to assist Providers (and other stakeholders) in understanding and implementing the ASO Utilization Review Program.
- KEPRO presence at provider and provider association events.
- Web-based options and User Guides posted on www.qualitycareforME.com.

For special training requests please contact TrainingMaine@KEPRO.com.

C. Quality Improvement

KEPRO strives to improve the quality of mental health and substance use services in Maine.

To ensure quality services to our consumers and client health care needs, KEPRO continuously evaluates all areas of our quality management program for opportunities for improvement.

i. Identifying improvement areas:

Areas for opportunity may be identified through:

- Results of the internal monitoring, data analysis and trending.
- Employee and Provider suggestions, and suggestions from the Quality Management Committees.

When areas of improvement are identified either internally or externally, KEPRO uses a systematic method to plan for performance improvement.

ii. Methodology

Quality improvement projects are designed following **KEPRO's continuous improvement model**. Using this methodology, any problems identified are analyzed to uncover the root cause and plan appropriate actions for improvement. KEPRO utilizes a multi-disciplinary team approach that draws on the expertise of staff across the organization:

- All improvement projects that are clinical in nature will involve at least one senior clinical staff person when judgments are made that may contain a clinical aspect of performance.

iii. The KEPRO Quality Team

KEPRO Maine has a dedicated quality management team to collect and analyze operational data. This team also provides expert analysis and meaningful information to stakeholders in the Maine Behavioral Health ASO in order to measure the success of all efforts and partner to improve the quality of care for MaineCare members.

iv. The role of Providers in Quality Improvement

Provider involvement and participation in the Maine utilization review process:

- Provider feedback is documented, analyzed and reviewed in order to identify trends and areas of possible improvement.

Providers are encouraged to please forward any suggestions or concerns to **rnoble@KEPRO.com**

D. Reports Available to Providers

KEPRO is available to conduct Data Forums with the purpose to:

- Review data together with other providers
- Discuss how data is analyzed and presented
- Talk about areas that can benefit from further analysis
- Use the data to improve services and inform decision making

Examples of data gathered and analyzed include the following:

Bed Occupancy Data

Bed Occupancy data is generated based on the authorization and discharge information entered by providers. Reports pulled from this data show the bed availability for each facility and location or hospital unit.

- Psychiatric Hospital Average Bed Occupancy
- Child Mental Health PNMI Bed Occupancy
- Adult Mental Health PNMI Bed Occupancy

Referral Management Information

This information provides insights on the:

- Number of members waiting for services, by location in the state and by district or provider
- Average number of days members have been waiting
- Longest number of days one member has waited for service

Referral Management Information can be used:

- Where members are unable to find a suitable provider; to improve access to services by matching members to service providers
- By providers to inform the need for new services in a particular area
- By policy makers who wish to understand and plan for the delivery of behavioral health services in our state

Other reports available to Providers:

- SAMHS posts reports about adult services at: http://www.maine.gov/dhhs/samhs/reports.html

- OCFS posts reports about children's services at: http://www.maine.gove/dhhs/cbhs/provider/performance/

SERVICES - MEMBER

KEPRO's Member Services department is committed to providing information to Members and families or caregivers in a respectful and culturally appropriate way, including through telephonic, mailed, and web-based communications.

Member Services also supports Members, guardians or other caregivers in navigating KEPRO's reconsideration and appeal process. KEPRO Health Care has developed a Members Handbook. The handbook is available on-line or by request.

KEPRO Maine does not provide direct services like that of a mental health agency:

- Members work directly with their provider to determine the services or solutions that the member, their child or a loved one needs.
- The provider will then work with KEPRO to receive a service review. KEPRO utilizes guidelines known as Level of Care criteria, as well as, diagnosis, strengths, supports and the treatment plan to make a determination on the provider's request. KEPRO relies on the MaineCare Benefits Manual for all level of care criteria.

KEPRO seeks to involve the Member community, families, advocates and other entities in the decision-making processes as often as possible. Member Services staff also works closely with the MaineCare Member Services Team to resolve Member issues.

MEMBER AND FAMILY OUTREACH

Member Services seeks to foster collaboration among Members, family members and advocates throughout Maine. This is accomplished through the Member Advisory Council, and by attending events relevant to Members and their families.

A. MEMBER HANDBOOK

The Member Handbook includes information about KEPRO's Utilization Review process and how it impacts Members. Instructions for appealing decisions or initiating a grievance are provided in the handbook. The handbook also includes information about how Members can be involved through the Member Advisory Council. The Member handbook is available to Members on http://www.qualitycareforme.com, or in hardcopy by request from KEPRO Member Services.

B. MEMBER LIAISON/ SERVICES

The Member Liaison is available to answer questions or concerns Members may have about the services KEPRO authorizes.

- The Member Liaison serves as a key resource for Members and families during business hours.

- The Member Liaison works as an internal ombudsman for Members in appeal and grievance matters.

The Member Liaison can be reached by calling 1-866-521-0027, Option 3.

KEPRO makes every effort to have translation services available to those Members who need them. KEPRO provides communication for hearing-impaired Members or family members through the Sorenson VRS systems.

C. KEPRO Member Advisory Council

To ensure that Member voices are heard, and that KEPRO addresses Member concerns, KEPRO maintains a Member Advisory Council (MAC). The MAC consists of up to eleven people who live in Maine and includes adults, young people or guardians, and other stakeholders. The goals of the MAC are as follows:

- Review materials
- Support and initiate improvements
- Develop and implement a Members' training program
- Work with KEPRO staff to develop recommendations to improve the Utilization Review Process

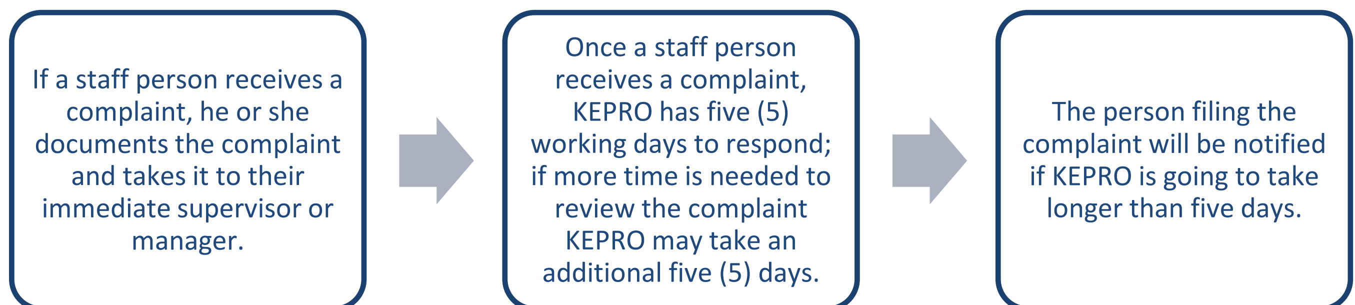
D. Quality Improvement

KEPRO strongly promotes Member involvement and participation in the Maine utilization review process. The Member Advisory Council, which meets quarterly, participates with KEPRO staff in developing recommendations to improve the effectiveness of the utilization review processes.

E. KEPRO/Maine Complaint or Grievance Process

KEPRO/Maine is committed to responding to all provider or Member complaints promptly and efficiently. Complaints may come to any staff person, and be concerned with a variety of issues.

The following process describes the steps staff will take to insure complaints are acted upon by the appropriate manager or administrator.



Please note that a complaint does not include adverse decisions made by KEPRO staff in the utilization review process. Adverse decisions are handled by the formal appeal and grievance process

SERVICES - CLINICAL

KEPRO's Clinical Services department provides Utilization Review and Management for services areas identified by DHHS. Utilization Management is the evaluation of the medical necessity, appropriateness, and efficiency of behavioral health services as identified by contract with the State of Maine.

Medical Necessity or Medically Necessary services are those reasonably necessary medical and remedial services that are:

1. Provided in an appropriate setting.
2. Recognized as standard medical care, based on national standards for best practices and safe, effective, quality care.
3. Required for the diagnosis, prevention and/or treatment of illness, disability, infirmity or impairment and which are necessary to improve, restore or maintain health and well-being.
4. Covered by MaineCare (subject to age, eligibility, and coverage restrictions as specified in other Sections of this manual as well as Prevention, Health Promotion and Optional Treatment requirements as detailed in Chapter II, Section 94 of the MaineCare Benefits Manual).
5. Performed by enrolled providers within their scope of licensure and/or certification.
6. Provided within the regulations of the MaineCare Benefits Manual.

A. CLINICAL SERVICES STAFFING

Clinical Services consists of the Medical Director, Physician Advisor Network, Clinical Manager, Clinical Intake Team Lead, and Care Managers.

This team includes Maine-based independently licensed clinicians who have experience in the mental health and substance abuse fields. The clinical team provides utilization review, consultation, and training to behavioral healthcare providers throughout Maine.

B. SERVICES THAT KEPRO REVIEWS

KEPRO currently reviews the following services:

MaineCare Section 13 – Targeted Case Management for Children and Adolescents/Young Adults (Behavioral Health, Developmental Disabilities, Chronic Medical Care Needs)

- Services are provided to identify the medical, social, educational and other needs of the eligible member, identify the services necessary to meet those needs, and facilitate access to those services. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation.

MaineCare Section 17 – Community Integration Services (CI)

- Community Integration Services include the identification, assessment, planning, linking, monitoring, and evaluation of services and supports needed by a member who fulfills the eligibility requirements.

MaineCare Section 17 – Assertive Community Treatment (ACT)

- Assertive Community Treatment provides individualized intensive integrated services that are delivered by a multidisciplinary team of practitioners and are available twenty-four (24) hours a day, every day, three hundred and sixty five (365) days a year. ACT services are delivered primarily in the community and in an office based setting.

MaineCare Section 17 – Daily Living Support Services (DLSS)

- Daily Living Support Services provide personal supervision and therapeutic support to help members develop and maintain the skills of daily living. The services help members remain oriented, healthy, and safe. Without these supportive services, members would most likely be unable to retain community residence and would require crisis intervention or hospitalization.

MaineCare Section 17 – Skills Development

- Skills Development Services are teaching-based services that assist members to strengthen their independence by learning the skills necessary to enter into community resources, including connecting with natural supports needed to achieve their specific goals.

MaineCare Section 17 – Day Support Services

- Day Support Services centers on training designed to help the member in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills.

MaineCare Section 17 – Specialized Group Services

- Specialized Group Services consist of education, peer, and family support, offered in a group setting, to assist the members to focus on recovery, wellness, meaningful activity, and community residence.

MaineCare Section 17 – Community Rehabilitation Services

- This service is designed to assist members in developing the skills necessary to live independently in their community and promote recovery. Services are Prior Authorized by DHHS or its authorized agent and must meet the clinical and rehabilitation needs of the member. Services include a combination of Community Integration, Daily Living Support Services, Skills Development Services, and Medication Administration.

MaineCare Sections 28 Rehabilitative and Community Support Services – Community Based and School Based

- The Home and Community Based Benefit for members with Intellectual Disabilities or Autistic Disorders gives members eligible for this Benefit the option to live in their own home or in another home in the community thus avoiding or delaying institutional services. The Benefit is offered in a community-based setting as an alternative for members who qualify to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Benefit supplements, rather than replaces supportive, natural personal, family, work, and community relationships and complements. It does not duplicate other MaineCare services.

MaineCare Sections 45 & 46 Inpatient-General Hospital & Private Psychiatric Facility Services Inpatient

- Hospital Services are services provided to a patient who has been admitted to the hospital and is receiving room, board and professional services in the hospital on a continuous twenty-four (24) hour per day basis.

MaineCare Sections 45 Intensive Outpatient Therapy (IOP)

- The provider shall provide an intensive and structured service of alcohol and drug assessment, diagnosis, including co-occurring mental health and substance abuse diagnoses, and treatment services in a non-

residential setting aimed at members who meet ASAM placement criteria level II.1 or level II.5. IOP may include individual, group, or family counseling as part of a comprehensive treatment plan. The provider will make provisions for the utilization of community resources to supply member services when the program is unable to deliver them. Each program shall have a written agreement with, or, shall employ, a physician and other professional personnel to assure appropriate supervision and medical review and approval of services provided.

MaineCare Section 65 – Crisis Residential Services

- Crisis Residential Services are individualized therapeutic interventions provided to a member during a psychiatric emergency to address mental health and/or co-occurring mental health and substance abuse conditions for a time-limited post-crisis period, in order to stabilize the member's condition.

MaineCare Section 65 – Outpatient Services

- Outpatient Services are professional assessment, counseling and therapeutic medically necessary services provided to members, to improve functioning, address symptoms, relieve excess stress and promote positive orientation and growth that facilitate increased integrated and independent levels of functioning. Services may be provided in individual, family, and/or group format.

MaineCare Section 65 – Provided By An Educational System

- Day Treatment services provided by an educational system, providing medically necessary services for MaineCare members in a school setting.

MaineCare Section 65 – Psychological Services

- Psychological Services are services provided to a member in agreement with a plan of care by an individual in private practice who meets the licensure requirement for the diagnosis and treatment of mental, psychoneurotic, or personality disorders.

MaineCare Section 65 – Family Psycho Educational Treatment

- Family Psycho educational Treatment is a service provided to members in multi-family groups and single-family sessions. Clinical components include engagement sessions, psycho educational workshops and ongoing supportive sessions centered on solving problems that interfere with treatment and rehabilitation.

MaineCare Section 65 – Children's Assertive Community Treatment Services

- Children's Assertive Community Treatment (ACT) service is a 24 hour, 7 days a week intensive service intended to facilitate discharge from inpatient psychiatric hospitalization or to avoid impending admission to a psychiatric hospital. It may also be used to facilitate discharge from a psychiatric residential facility, or prevent the need for admission to a crisis stabilization unit.

MaineCare Section 65 – Children's Home and Community Based Treatment (HCT)

- This treatment is for members in need of mental health treatment based in the home and community who need a higher intensity of service than outpatient, but a lower intensity than Children's ACT.

MaineCare Section 65 – Medication Management Services

- Medication Management Services are services that are directly related to the prescription, dispensing and/or monitoring of medications intended for the treatment and management of mental illness.

MaineCare Section 65 - Substance Abuse Services

- Substance Abuse Services are professional substance abuse assessment, counseling and therapeutic medically necessary services provided to members. Services may include individual, family and group therapy. "Affected others" may be addressed and similar professional therapeutic services as part of an integrated Individualized Treatment Plan.

MaineCare Section 67 – Nursing Facility Services

- Nursing Facility Services are professional nursing care or rehabilitative services for injured, disabled, or sick persons. These services are provided on a daily basis in a nursing facility ordered by and provided under the direction of a physician. These services are also less intensive than hospital inpatient services.

MaineCare Section 92 – Behavioral Health Homes

- A Behavioral Health Home Organization (BHHO) is a community-based mental health organization, that is licensed in the state of Maine, has been approved by MaineCare to provide Section 92 services for members (both adults and children) eligible for such services, and that satisfies the additional provider requirements and standards set forth herein.

MaineCare Section 93 – Opioid Health Homes

- A group of providers that furnishes services based on an integrated care delivery model focused on whole-person treatment including, but not limited to, counseling, care coordination, medication-assisted treatment, peer support, and medical consultation for individuals who have been diagnosed with an opioid dependency. An OHH is a team of providers that have completed an application and been approved by the Department to provide OHH services

MaineCare Section 97 – PNMI Adult and Child & ITRT

- A Private Non-Medical Institution (PNMI) is defined as an agency or facility that is not, as a matter of regular business, a health insuring organization, hospital, nursing home, or a community health care center, that provides food, shelter, personal care, and treatment services to four or more residents in single or multiple facilities or scattered site facilities.

MaineCare Section 97 – Intensive Temporary Residential Treatment Services (ITRT)

- Intensive Temporary Residential Treatment Services (ITRT) are defined as child care facility private non-medical institution model of service services for children with mental retardation, autism, severe mental illness, and/or emotional disorders, who require twenty-four (24) hour supervision to be safely placed in their home and community. ITRT must be provided in the least restrictive environment possible, with the goal of placement as close to the child's home as possible. Families must remain as actively involved in their child's care and treatment as possible. The purposes of ITRT are to provide all services to both treat the mental illness/disorder and to return the child to his/her family, home and community as soon as possible. ITRT provide twenty-four (24) hour per day, seven (7) days per week structure and supportive supervised living environment and active behavioral treatment, as developed in a treatment plan. This environment is integral to supporting the learning experiences necessary for the development of adaptive and functional behavior to allow the child to live outside of an inpatient setting. ITRT are also subject to rules in MBM, Chapter III, Section 97, and Appendix D.

- Grant Funded Services—Community Integration (CI), Assertive Community Treatment (ACT) and Daily Living Support Services (DLSS)

Any community provider who bills MaineCare for these services is eligible to request grant funding for a consumer who does not have MaineCare coverage for these services. The eligibility requirements are that same as the eligibility requirements for Section 17 services.

- Baxter Fund Services with KEPRO – Maine

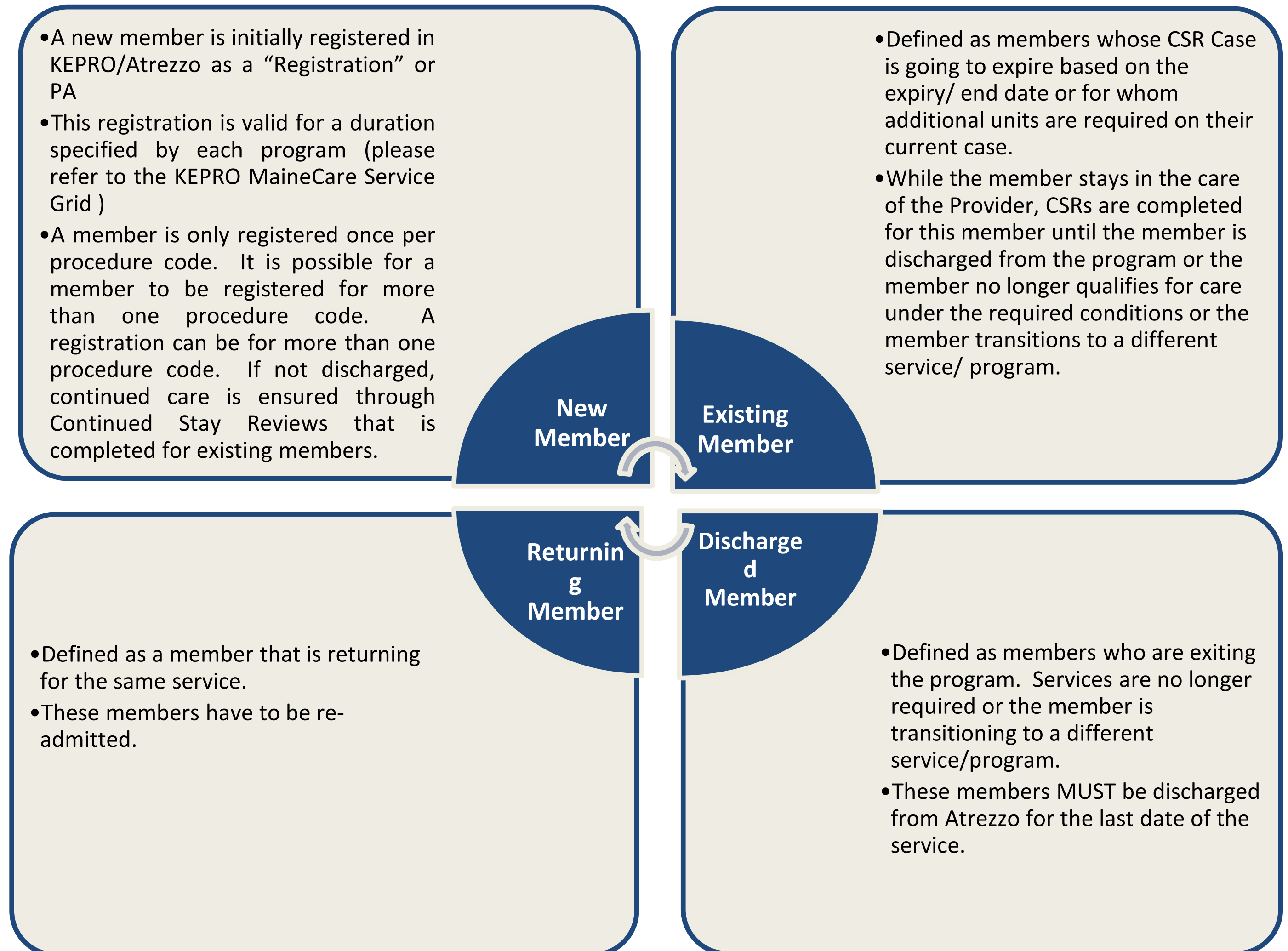
  Baxter Fund (Safe Harbor) services are outpatient mental health services for Baxter Fund Class Members.

CLINICAL PROCESSES

The following section describes KEPRO's clinical processes and includes:

- An overview of the Utilization Review processes and how the processes supports the Member Cycle
- The use of Atrezzo to support the clinical processes

A. Utilization Review Processes, Atrezzo and the Member/ Member Life Cycle



Utilization Review is the process by which clinical information is reviewed and evaluated using the MaineCare Policy in order to assess whether recommended treatment or services are:

- Medically necessary
- Quality and outcome focused
- Delivered in the least restrictive setting possible
- For a clinically appropriate amount of time

KEPRO's Utilization Review (UR) processes include:

- Referral
- Prior Authorization Review
- Registration
- Grant Funded Review
- Continued Stay Review
- Discharge Review

B. THE USE OF KEPRO ATREZZO® TO SUPPORT CLINICAL PROCESSES

KEPRO utilizes its proprietary, internet-based authorization system, KEPRO Atrezzo®, which providers use to participate in the Maine Behavioral Health Utilization Review program. Atrezzo is HIPAA and ICD-10CM/PCS compliant.

i. THE KEPRO/MAINE'S ATREZZO PORTAL GUIDE

- An Atrezzo Portal Guide has been developed as a tool to guide providers through step by step instructions on submitting different types of service requests.
  - The guide is available on our website.
  - To access the guide please select the following link: http://www.qualitycareforme.com/media/2156/181008-maine-aso-atrezzo-portal-guide.pdf

The Guide is intended to be used as a reference guide and support Providers to:

- Register and Create Users
- Create a Prior Authorization (hereafter referred to as a PA) or Registration.
- Request Additional Units on an existing case subject to expire in the future.
- Submit a Continued Stay Review (hereafter referred to as CSR).
- Discharge a member.
- Readmit a member.

For any questions or feedback please e-mail: TrainingMaine@kepro.com

ii. Terminology in Atrezzo

- A Provider creates a Registration/PA
- A CSR (Continued Stay Review) is extended from an existing case (based on end date)
- A Provider requests additional units (to add to an existing case that has not yet expired – based on end date).
- A Provider submits a new case (CSR) for a case that will reach the expiry date, before the units are exhausted.
- A Provider ends services to a member through a discharge for the last date of service.

iii. Uses of KEPRO Atrezzo® for Providers

To participate in the Maine Behavioral Health Utilization Review program:

- Submit service requests
- Verify authorization numbers
- Look up the status of a submitted/pending case
- Check Authorization start and end dates and units approved.

iv. Access to Atrezzo

- All providers that work with KEPRO must register for a KEPRO Atrezzo® account.
- Organization users with a Group Admin or Admin role have the ability to add and remove user accounts and change passwords.
- To login to KEPRO Atrezzo:

  Follow the provider links at www.qualitycareforME.com

  OR

  Enter the following URL into the title bar of you:
  https://atrezzo.KEPRO.com/account/login.aspx

v. KEPRO Atrezzo® Help

- The KEPRO Maine Provider Relations team is available to answer any questions about the KEPRO Atrezzo® application.
  - Provider Relations can be reached by calling toll-free 1-866-521-0027, Option 1, or by email at ProviderRelationsME@KEPRO.com

UTILIZATION REVIEW PROCESSES

The following is a *general description* of each of KEPRO's Utilization Review processes. Some services have unique or specific requirements.

A. Referral

The Referral is an administrative submission of data which allows KEPRO to collect data required by DHHS. Data is used to monitor and initiate quality improvement activities concerning waiting lists and unmet needs. Providers complete a Referral for a new member for a specific service. Please refer to the ASO MaineCare Funded Service Grid to determine which service request you should complete.

The Referral and Matching Process:

Order	Role	Flow/ Screenshot	
1	Provider e.g. Case Manager	Referral Questionnaire is completed in Atrezzo	
2	Clinical Reviewer	Referral is reviewed by the Case Manager	
		Approved	Not Approved
3	Clinical Reviewer	Member is automatically added to the waitlist	Denial Letter Issued
4	Clinical Reviewer	Waiting list sent out to Providers	
5	Provider (first Provider to respond)	First providers to respond is matched	
		Build the Case in Atrezzo via a Prior Authorization. A Case ID is created	
5	Intake	Mail the new Case ID's to the relevant Provider	

CLIENT: Enters Services
PROVIDER: Provides services, completes service requests as required

B. Prior Authorization (PA)

A Prior Authorization is completed in order to obtain authorization to bill for the service.

The PA includes:

- Request for authorization start and end dates
- Requested units
- Required clinical documentation based on service requirements

Providers complete a Prior Authorization or Registration for a new member for a specific service. Please refer to the ASO MaineCare Funded Service Grid to determine which service request you should complete.

KEPRO Care Managers use the Prior Authorization (PA) Review process to review the clinical data submitted by Providers to ensure requested services meet the clinical need of the member and that the member is clinically eligible for the services. Prior Authorization Requests must include the intake/referral information available at the time of the request.

If the KEPRO Care Manager needs additional clinical information to make a determination, the request will be placed in **Pending** status in Atrezzo and a reason included. A note to the Provider is attached to the case and is also available in the Daily Authorization Report. The Provider has up to seven (7) calendar days to respond to KEPRO with the requested information. *Cases not responded to in seven (7) calendar days may be closed or sent to the Physician for review.*

Once KEPRO authorizes a service, the authorization information is conveyed to the Provider via KEPRO Atrezzo® in the Daily Authorization Report within 24 to 72 business hours of the Prior Authorization Review submission.

The authorization information includes:

- Authorization Start and End Dates
- Number of Authorized Units
- Authorization Number which allows the provider to bill MaineCare
    - ***PLEASE NOTE:*** *Providers must obtain a valid Authorization Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number.* ***An Authorization Number does not guarantee payment.***

Please refer to the KEPRO Maine Atrezzo Portal Guide for detailed instructions on how to create a PA in Atrezzo.

C. Registration

Providers complete a Prior Authorization or Registration for a new member depending on the service. Please refer to the ASO MaineCare Funded Service Grid to determine which service request you should complete.

Registrations are an ***administrative submission*** of data that is not clinically reviewed by KEPRO clinical staff. Providers are not able to request more units, or longer time periods than those in the Service Grid for Registrations.

Providers submit a Registration when starting services for a specific member and service. The Registration allows providers to obtain:

- Authorization Start and End Dates
- Authorized units
- Authorization Number which allows the provider to bill MaineCare
    - ***PLEASE NOTE:*** *Providers must obtain a valid Authorization Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number.* ***An Authorization Number does not guarantee payment.***

Once a service has been authorized the authorization information will be conveyed to the Provider via KEPRO Atrezzo® in the Daily Authorization Report. Authorization information is sent within 24 to 72 business hours of submission of the Registration.

Please refer to the KEPRO Maine Atrezzo Portal Guide **for detailed instructions on how to create a Registration in Atrezzo.**

D. Continued Stay Review (CSR)

Continued Stay Reviews are submitted for members, whose case near expiration date.

Providers submit a Continued Stay Review (CSR) when a member's situation requires ongoing treatment and their case are nearing the expiration date.

A new CSR is required *each time* a Provider wishes to continue beyond the current authorization request (and end date). Multiple CSRs may be required for a single treatment episode depending upon the length of the episode.

An authorized CSR includes:

- Authorization Start and End Dates
- Number of Authorized Units
- Required clinical documentation based on service requirements

If the KEPRO Care Manager needs additional clinical information to make a determination, the request will be placed in **Pending** status in Atrezzo supported by a reason that will be included in the note. A note to the Provider is attached to the case and is also available in the Daily Authorization Report. The Provider has up to seven (7) calendar days to respond to KEPRO with the requested information. Cases not responded to in seven (7) calendar days may be closed or sent to the Physician for review.

PLEASE NOTE**: *If the member is not MaineCare eligible during the requested authorization period, a* ***Courtesy Continued Stay Review *(CCSR) must be submitted as a placeholder. Once the member becomes MaineCare*

eligible, please contact Provider Relations at 1-866-521-0027 Option 1 to have the review changed to a Continued Stay Review.

Please refer to the KEPRO Maine Atrezzo Portal Guide **for detailed instructions on how to create a CSR in Atrezzo.**

E. Request Additional Units

Initially the member receives the standard amount of units (See ASO MaineCare Funded Service Grid) which is expected to last the duration of the case.

a. To request additional units, clinical information must be obtained to justify and support the request.

b. The number of additional units in this request should last through the duration of the case (until the expiration date).

Please refer to the KEPRO Maine Atrezzo Portal Guide **for detailed instructions on how to request additional units in Atrezzo.**

F. Discharge Review

Providers must discharge members from services through KEPRO Atrezzo®.

When a provider discharges a member, it is important that the member be discharged from each authorized service. If a member is authorized for multiple services at an agency but only ending one service, the provider discharges the member from that service only.

The provider must submit a **Discharge Review** to KEPRO no later than *5 (five) calendar days* after discharge from service.

The discharge date should be the last date of service provided to the member; not the date you are entering the discharge into Atrezzo.

PLEASE NOTE: ***For Bed tracking purposes, Hospitals and PNMI residential or crisis units are required to submit discharge reviews within 24 hours.***

Please refer to the KEPRO Maine Atrezzo Portal Guide **for detailed instructions on how to submit a Discharge in Atrezzo.**

SUBMISSION GUIDELINES, MANAGING TIMELINES AND THE GAP RULE

- A provider's request for service review and authorization (other than Section 21 services) may be submitted in Atrezzo for KEPRO's review for up to ten calendar days prior to the service start date.
    - For example: an authorization starting 7/29/18 can be submitted on 7/19/18

- If a review request is submitted after the service start date, then the review request can only be backdated to cover authorized services up to a maximum of five calendar days from the date Atrezzo receives the authorization review request submission.
    - For example: an authorization submitted on 7/19/18 can be backdated for a start date of 7/14/18
- Any submission with a gap of more than five calendar days from the preceding authorization end-date, will result in an error message and require that the provider submit a new request in Atrezzo. This will generate a new authorization number for billing purposes

  The following Atrezzo Error Message will appear:

  Error: No Gaps In Services Allowed. If a Gap Exists, a New Case Must Be Created.

    - **<u>To clarify:</u>** The Atrezzo submission process change for all services reviewed by KEPRO is that a member's authorized service period (start and end dates) must not include any gaps in service. A gap is a span of dates that were not authorized and therefore not included in the Atrezzo authorization. If there has been any gap in authorization, a new registration or a prior authorization number is required in the Atrezzo portal.
- If a member does not have MaineCare at the time of service, a courtesy review is required as a placeholder in Atrezzo and allows for a determination of medical necessity.
    - If the member is deemed medically eligible, in the event the member becomes MaineCare eligible, then the approved services can be covered by MaineCare.
    - If a courtesy review is not entered into the portal at the time of service, then the review request can only be backdated up to a maximum of five calendar days from the date of submission. Please note that courtesy reviews are not available for Opioid Health Home services.

  Please contact KEPRO Provider Relations with questions at: 1-866-521-0027.

- *****Please note the five (5) calendar day window does not apply to <u>Hospitals</u>, <u>PNMI residential</u> or <u>crisis units.</u> Hospitals must submit reviews within 72 hours of starting services, and PNMIs must submit reviews within 24 hours of starting services. This is to ensure the bed capacity is accurate.***
- Atrezzo provides the capability to set up authorizations ahead of time without submitting them. This allows for upcoming authorizations to prepopulate cases pending submission. Cases can therefore be prepared prior to the 10 day submission time and submitted during the 10 day submission time.

RECOMMENDATIONS IN TERMS OF INTERNAL PROVIDER PROCESSES THAT SHOULD BE IN PLACE AND IMPLEMENTED TO SUPPORT ACCESS TO SERVICES

- Monitor existing authorizations
    - Track unit and/or due dates.

- Identify when a client's units are ready/low/needing to apply for additional units.
- Understand the criteria for authorization follow up action.
- Understand and implement follow up actions:
    - Including fields to be completed on the tracking tool.
    - Be able to identify and source supporting information from the client's chart in the Electronic Health Record System (hereafter referred to as EHR) to support the online application and manage care.
        - Extract the Treatment Plan out of EHR to attach to KEPRO authorizations.

UTILIZATION REVIEW PROCESSES: TOOLS AND SUPPORTS

A. KEPRO, MAINE – ASO SERVICE GRID

The Service Grid contains the behavioral healthcare services KEPRO is contracted to review. There are two service grids; one for MaineCare Funded Services and one for Grant Funded/Non MaineCare Funded Services.

The service grids are divided into the sections of MaineCare policy that KEPRO reviews. Each section includes the following information:

- Billing procedure codes
- Length of billable unit per service
- Types of authorizations required for service(s)
- Maximum number of units and length of time available per initial authorization
- Maximum length of time available for subsequent authorizations

KEPRO's Service Grid shows which processes are required for what services. The Service Grid is regularly updated, and the most recent version of the Grid can be found at:
http://www.qualitycareforme.com/resources/manuals-forms/

For more information about how to interpret the service grid, call Provider Relations at 1-866-521-0027, Option 1.

B. KEPRO DAILY AUTHORIZATION REPORT

The KEPRO Daily Authorization Report is a customized report in Atrezzo. The report communicates important clinical and billing information from KEPRO to Providers. Atrezzo allows for the report to be exported into a range of file formats e.g. MS Word, PDF, MS Excel.

The outcome of Registrations, PAs and CSRs - new submissions or changes to existing cases - are retrieved via the daily download. The Daily Authorization Report conveys notes from Care Managers, Physicians, and Provider Relations staff, and includes authorized timeframes and units, which is vital to billing staff as it provides the authorization numbers needed to bill MaineCare for services. The Daily Authorization Report is available the day after new information is updated in Atrezzo®.

The report is only available to those who have a Group Admin + Reports or Admin + Reports user role.

Important*: Providers must ensure the information from the Daily Authorization Report is conveyed to both clinical and billing staff within their agencies.* Providers are responsible to follow up on denials and pending authorizations.

A Provider can expect to receive feedback on a submission in Atrezzo within 72 business hours.

For more information about the Download Notifications call Provider Relations at 1-866-521-0027, Option 1.

STATUS CODES AND DEFINITIONS

Status codes and descriptions tell providers the status of authorization requests. For example, status codes and descriptions tell providers if their request has been submitted to KEPRO, if a KEPRO care manager needs more information, and if the request has been approved or denied. Listed below are status codes and definitions. Status codes and definitions are contained in the Daily Authorization Report and within each case in KEPRO Atrezzo®.

Status Codes	Description
Approved - Authorized	The request has been authorized as requested
Approved - Appeal Overturned	Case has received an overturned decision from the Fair Hearing Officer (A Fair Hearing occurs after an appeal has been filed with KEPRO by the member/legal guardian)
Approved - Modified Request	Changes were made to the case
Approved - Partial Approval	Partial Authorization and Partial Denial. The physician has authorized part of the request, but has denied another part of the request. (Typically, this means a shortened time frame or fewer units than what was originally requested)
Approved - Physician Approved	Physician has authorized the request as is.
Approved - Physician Modified Request	Physician has made a change to the request before authorizing it.
Approved - Recon Approved	Physician approved the reconsideration
Approved - Recon Overturned	Physician did not approved the reconsideration
Approved - Recon Partially Overturned	Physician made changes to the authorization after discussion with the provider (This could be done before or after a denial)
Approved - Under Appeal	The Member has requested an appeal and the case is currently in the appeal process
Denied - Insufficient Information	The review has been denied as the Provider failed to follow-up with a KEPRO Care Manager in the specified time frame
Denied, Physician Denied	Physician has denied the authorization request.
Denied - Recon Denial Upheld	Physician has upheld the denial during the reconsideration process
Pending, Additional Info – Pend	Case is on hold for more information from the Provider. The information KEPRO needs displays in your messages

	and in your Daily Authorization Report. Pending requests are time sensitive -- it is very important to respond to pending requests to avoid your case being closed or being sent to the Physician for review.
Pending - Physician Review – Pend	A KEPRO Care Manager has asked the Physician to review the case
Void - Duplicate Request	Closes duplicate cases
Void - Entry Error	Closes a case that was entered in error
Void – Non Concurrent Service Request	Closes a case in which the Member is already receiving a non-concurrent service with the same or different organization.
Void – Request for services cancelled	Closes a case for services never provided to Member

KEPRO is unable to correct data entry errors on any case that has been escalated to the doctor level of review OR any case that has been Renegotiated by a Care Manager. By this level of review the case has been evaluated at least one other time and providers have had the opportunity to discuss needed corrections with either KEPRO Care Managers or Provider Relations staff. Once the case has reached this level of review it has entered a legal process and there will be no more changes or corrections made to either dates or units.

UTILIZATION REVIEW PROCESSES: PHYSICIAN REVIEW, ADVERSE DECISIONS, NOTIFICATIONS, RECONSIDERATIONS, AND APPEALS

The following section discusses physician reviews, adverse decisions (including denials), decision notification to Providers and Members, reconsiderations, and the appeal process.

A. PHYSICIAN REVIEW PROCESS

When a KEPRO Care Manager is unable to determine if a provider's service request is medically necessary, the request is referred to a KEPRO Physician Advisor for review. The physician has three (3) days to decide. Based upon the clinical information available, the KEPRO Physician Advisor may:

- Authorize the service as requested (Approved – Physician Approved)
- Authorize service at the current level of care but shorten the end date, and prorate units accordingly (Approved – Physician Modified Request)
- Renegotiate with the Provider. The Doctor and Provider agree on a change to the service (Approved – Recon Partially Overturned)
- Authorize part of the requested service and deny part of the requested service (Approved – Partial Approval)
- Deny the requested service entirely (Denied – Physician Denied)

KEPRO may fully or partially deny a service request for several reasons:

- Clinical information submitted does not meet MaineCare Rules
- Clinical information submitted suggests a different level of care than requested

- There was not enough clinical information submitted to make a determination about whether the request was clinically appropriate and met MaineCare Rules

i. NOTIFICATIONS

- For all Physician Advisor decisions, the provider is notified immediately via KEPRO Atrezzo®.
- For adverse decisions (denials and partial authorizations/partial denials) or change in service requests (renegotiations), the Member or guardian is sent written notice of the decision via the U.S. mail within one business day of the Physician Advisor's decision
- For adverse determinations related to Hospital requests, the Hospital is required to provide notification to Members
- For adverse decisions only (denials and partial authorizations/partial denials), notification is also made available to DHHS/CBHS for members under age 21

Denial Letter

The **Denial Letter** to the Member contains:

1. Demographic information regarding the Member
2. Service Type
3. Dates and Units of service denied
4. Provider's Name
5. Statement of clinical rationale used in denying requested care
6. Information on how to request reconsideration and/or file an appeal with KEPRO
7. Links to free legal assistance

Partial Authorization/Partial Denial Letter

The **Partial Authorization/Partial Denial Letter** to the Member contains:

1. Demographic information regarding the Member
2. Service Type
3. Dates and Units of service approved
4. Dates and Units of service denied
5. Provider's Name
6. Statement of clinical rationale used in denying requested care
7. Information on how to request reconsideration and/or file an appeal with KEPRO.
8. Links to free legal assistance

Change in Service Request (Renegotiation)

The **Change In Service Request (Renegotiation) Letter** to the Member contains:

1. Demographic information regarding the Member
2. Service Type
3. Dates and Units of service approved

Confirmation of Appeal Letter

The **Confirmation of Appeal Letter** to the member contains:

1. Demographic information regarding the Member
2. Service Type
3. Date of appeal request

4. Information regarding the hearing process
5. Links to free legal assistance

B. Reconsiderations and Appeals

i. Provider Options following Adverse Decisions

When a Provider receives notification of a denial or partial authorization/partial denial, the Provider has the following options:

1. **Request a Reconsideration**
   For all adverse decisions (denials or partial authorizations/partial denials), a provider may ask KEPRO to "reconsider" the denial or partial authorization/partial denial. Provider may submit additional information to an Appeals Specialist at the time of reconsideration request, which will then be reviewed by a second physician advisor.

2. **Continued Stay Review**
   For partial authorizations/partial denials that are not under appeal, provider may submit a Continued Stay Review near the end of authorized time and/or units. If that request is also denied, the provider can still ask for a reconsideration of the denied request.
   PLEASE NOTE: *The member or the member's representative can ask for an appeal at any point in this process.*

ii. Member Options Following an Adverse Decision:

When a Member is notified of a denial or partial authorization/partial denial, the Member has the following options:

1. **Request a Reconsideration**
   For all adverse decisions (denials or partial authorizations/partial denials), the Member or the Member's representative may ask KEPRO to "reconsider" the denial or partial authorization/partial denial as long as the Provider has not already requested reconsideration.

2. **Continued Stay Review**
   For partial authorizations/partial denials that are not under appeal, the Member or the Member's representative may speak to their Provider about submitting a **Continued Stay Review** near the end of authorized time and/or units. If that request is also denied, the Member or Provider can still ask for a reconsideration of the denied request.

The Member or the Member's legal guardian can request an appeal at any point in this process by contacting KEPRO Member Services or MaineCare Member Services. Requests for appeal must come from the Member or the Member's legal guardian.

iii. Reconsideration Request Process

Providers may request reconsideration of a denial or partial authorization/partial denial. Requests for reconsideration of a decision *must be made by a provider within 60 calendar days of the date of the denial or partial authorization/partial denial letter.*

1. Reconsiderations may be requested by contacting KEPRO's Appeals and Grievance Specialist by email at AppealsME@KEPRO.com by calling 1-866-521-0027, Option 6; or by mailing the request to:

   Appeals and Grievance Specialist
   KEPRO
   400 Technology Way, Suite A
   Scarborough, ME, 04074

2. The Appeals and Grievance Specialist collects all the available information and refer the reconsideration to a KEPRO Physician Advisor for review. This Physician Advisor is a licensed, board-certified psychiatrist, and/or board-certified in addiction psychiatry or certified by the American Society of Addiction Medicine (ASAM). KEPRO will ensure the physician involved in the determination and review of the reconsideration request will not have been previously involved in the case.

3. Depending upon the service, the physician makes a decision regarding the reconsideration request within three (3) business days.

KEPRO provides a report on reconsideration requests to DHHS on a monthly basis, or more frequently as requested. Reports to DHHS may include summaries of the number of reconsiderations by provider type, setting of care, age, and documentation as to the outcomes of reconsiderations.

iv. Member Appeal Process

MaineCare members, in compliance with all rules and regulations, retain the right to file appeals with the Department of Health and Human Services (DHHS), Office of MaineCare Services, for up to sixty (60) days from date of receipt of the notice of denial or partial authorization/partial denial.

For the KEPRO previously authorized services to remain in place, the request must be a Continued Stay Review, and the member must appeal the decision within ten (10) calendar days of receiving notification. See the KEPRO Member Handbook for more detailed information. The Handbook can be found online at www.QualityCareforME.com.

Appealing an Adverse Decision

As noted above, a member or provider can ask KEPRO for reconsideration of a denial or partial authorization/partial denial within sixty (60) calendar days. If two reviews by KEPRO physicians result in two denials, the member may choose to appeal.

- Most appeals start with KEPRO Member Services. A Member or guardian calls KEPRO Member Services and requests an appeal. *Appeals must be requested by the Member or guardian; a provider cannot ask for an appeal.*

1. The Member or guardian can contact KEPRO's Member Services department by calling 1-866-521-0027 option 3; or by mailing a letter signed by the Member to:

   Appeal Request
   Attn: Appeals Department
   KEPRO
   400 Technology Way, Suite A
   Scarborough, ME 04074

2. After talking with Member Services, if the Member or guardian decides to appeal the KEPRO decision (also called "requesting a fair hearing"), Member Services will start the appeal process on behalf of the Member.

3. If for any reason the Member does not want to file the appeal through KEPRO, he or she can request an appeal through *MaineCare* Member Services.

   - The Member or guardian can call MaineCare Member Service's toll-free number (1-800-977-6740, TTY/TDD 1-800-977-6741, or use Sorenson) and ask to appeal KEPRO's decision (request a fair hearing)

   - The Member or guardian can also write to them at the following address:
     DHHS Office of MaineCare Member Services
     11 State House Station
     Augusta, ME 04333-0011