

Member Services Education and Training Presentation

November 2015



- Objectives
 - Part One: **KEPRO and You**
 - Part Two: **KEPRO Utilization Review**
 - Part Three: **Talking with Your Providers**
 - Part Four: **Member Liaison Role**
 - Part Five: **Resources You can Use**



PART ONE

KEPRO and You

What is KEPRO?



- KEPRO, was hired by Maine’s Department of Health and Human Services (DHHS) to review most behavioral health and substance abuse services in Maine.
- KEPRO is an Administrative Services Organization (ASO).
- This means KEPRO is paid by the State to review and help manage behavioral health and substance abuse services.

Why Does KEPRO Matter to Me?



- It is important to understand how KEPRO works to make the best use of your services through MaineCare
- Knowing how KEPRO works, helps you advocate for yourself and for your services

How does KEPRO Review Services?



- KEPRO Care Managers look at clinical information given to KEPRO by providers when they request services for members. They also look at the MaineCare Rules. This process is called “utilization review”.
 - Care Managers are masters level clinicians that have worked for agencies and in private practice through out the State.
 - Clinical Information is your diagnosis, LOCUS, CAFAS, CHAT scores. Your treatment and discharge plans are also included in the information that we look at.

There are three decisions a care manager can make:

1. Authorize or approve: The services asked for by the provider are approved as requested.
2. Authorize or approve with changes: This means the Care Manager has approved the service for a shorter length of time so your services can be reviewed more often. You will receive the same amount of services.
3. Ask one of KEPRO's doctors to review the request: The doctor may decide to approve, approve with changes, partially approve, or deny the services.

PART TWO

Utilization Review

What Does Utilization Review Mean?



- Utilization – means to make use of.
- Review - means to look over.
- When we put those words together “Utilization Review” means making use of the information that we are given to look over.
- KEPRO does this by using the clinical information that we are given and the MaineCare Rules to make a decision about your services.

- DHHS wrote the MaineCare Benefits Manual (MBM). It describes all the services MaineCare members are eligible to receive.
- The MBM outlines the clinical information that you need to receive a service.
- When a Care Manager approves your review they are making sure your clinical information meets MaineCare rules.
- The Care Manager focuses on these five things:
 - Eligibility
 - Medical Necessity
 - Progress
 - Clinically appropriate amount of time
 - Services delivered in the least restrictive setting

- Eligibility refers to the established MaineCare criteria needed for the member to qualify for the given service.
- The Care Manager reviews each case to match the information submitted with the necessary criteria.
- All elements of the stated criteria for each service must be met in order for the member to be determined eligible to receive the service.

- Right Service
- Right Amount of Time
- Right Level of Care
- Consistent with accepted standards of practice

- When you begin any service with a provider you are asked what your goals are or what you want to get out of that service.
- Sometimes these are called Individual Service Plans (ISP) or Treatment Plans.
- Treatment plans are a way of measuring the progress you are making towards your goals. Every few months you have to review and sign your treatment plans with your providers.

Progress continued...

- When Care Managers review services they can tell how much progress you are making by looking at your treatment plans to see if you have met your goals.
- If you are meeting your goals your services may be decreased or your provider may move you to a lower level of care.
- If you are not making progress in your treatment then you and your provider will need to come up with a way to help you meet your goals. You might need different services or a higher level of care.

Least Restrictive Setting

- Your services or treatment should be provided in the least intrusive environment that can effectively and safely address your needs and preferences.
- If your symptoms are very serious you may need to be hospitalized or be in a crisis unit.
- If your symptoms are less severe then you can see someone in your home, the community or their office.

Clinically Appropriate Amount of Time



- Services are approved for specific amounts of time.
- Some services like outpatient therapy are approved for a year at a time.
- Other services are approved for six months or three months.
- There is a grid that Care Managers and providers use from DHHS that tells them the amount of time for each service that KEPRO reviews.

PART THREE

Talking With Your Providers

The Importance of Talking with Your Providers



- Talking with your providers about KEPRO and your services is very important.
- KEPRO knows that you and your provider have a limited amount of time together and you don't want to spend too much time talking about KEPRO.
- You need to be informed about the clinical information that the provider is sending about you to KEPRO.
- A service review can be denied if your provider forgets to submit the right clinical information.

Talking to Your Provider



- Remember these are your services and its ok to talk about them and to know what the provider is submitting to KEPRO.
- Ask your provider to go over the review they are sending to KEPRO. Talk with them about the information and ask why they are putting that information in the review.
- Talking with your provider will make sure that you have a say in your services.

Talking to Your Provider



KEPRO asked some members what makes it easy to talk to their providers. Here are some of their comments:

- “When I feel respected, and my opinion matters”.
- “When my provider really listens to me”.
- “When my provider takes time, so I don’t feel rushed”.
- “When I trust my provider”.

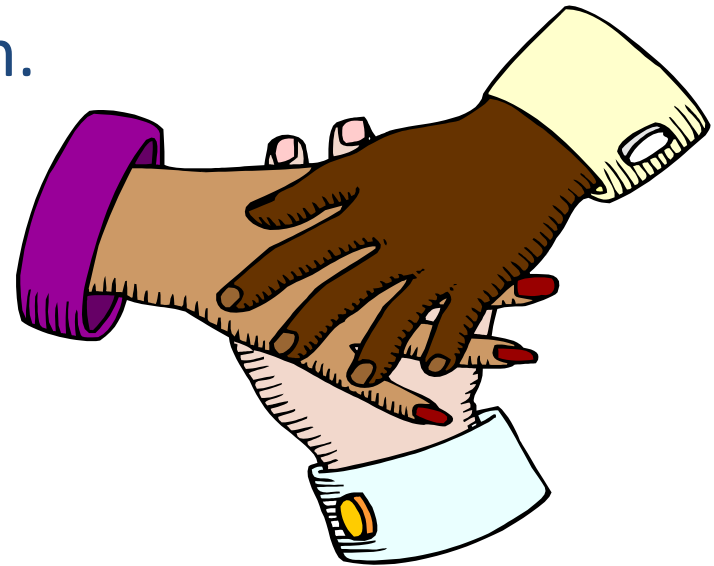
Talking To Providers

We also asked some members what makes it hard to talk to their providers. Here are their comments:

- “When my provider is not listening to me”.
- “When my provider gets my records mixed up with someone else’s”.
- “My provider wants to put me in services that I don’t think I need or want.”
- “My provider doesn’t return my phone calls”.
- “My provider is always late for appointments”.

Talking to Your Providers

- Even though at times it might be hard to talk with your providers the more you do it the easier it becomes.
- It is a team effort to provide your services. We need you to be a part of that team.



PART FOUR

Member Liaison Role

Member Liaison Role



- Member Liaison position is part of KEPRO Management Team
- Member Liaison will answer Member calls to KEPRO
- Member Liaison explains the process of appeal for Members
- Member Liaison accepts Member comments to improve KEPRO services
- Member Liaison chairs the KEPRO Member Advisory Council (MAC)

Member Advisory Council



- KEPRO Member Advisory Council consists of MaineCare Members, families or guardians
- Member Advisory Council reviews documents for readability
- Member Advisory Council reviews performance data
- Member Advisory Council advises KEPRO on ways to improve quality
- Member Advisory Council provides feedback to KEPRO – from perspective of Members

PART FIVE

RESOURCES YOU CAN USE

Call KEPRO Member Services if you:

- Receive a letter from KEPRO
- Have any questions or comments about KEPRO
- Would like KEPRO Member Services to visit your group or organization to talk about KEPRO.

The toll free number is 1-866-521-0027, Option 3.

For the deaf or hard of hearing our TTY number is

207- 239-3252 or please use Sorensen Voice

Response Services.

DHHS Eligibility Specialist



Call a DHHS Eligibility Specialist if you:

- Do not receive your MaineCare card.
- Have questions about financial eligibility.
- Become pregnant or have a baby.
- Lose your MaineCare card or someone steals your card.
- Move, or have family members or other people move in or out.
- Get or lose other health insurance.
- Get or lose a job.
- Have questions about your monthly premiums.

Call MaineCare Member Services if you:

- Have questions about your benefits.
- Have questions about co-payments, or get a bill from a provider.
- Need help finding a provider who takes MaineCare.
- Need help finding transportation to a provider.

MaineCare Member Services' number is 1-800-977-6740, Option 3. If you are deaf or hard of hearing and have a TTY machine, call 1-800-977 6741.

- Another resource for members is KEPRO's Member Handbook. The Handbook can be found at the following web address:
- http://www.qualitycareforme.com/documents/KEPRO_member_handbook.pdf
- Printed copies may be requested by contacting KEPRO' Member Services toll-free at 1-866-521-0027, Option 3

Thank you from all the people who put together this training for participating.

