

# insider

A KEPRO QUARTERLY NEWSLETTER • VIRGINIA MEDICAID SERVICE AUTHORIZATION • FALL 2010

## Electronic Service Authorization Requests are Strongly Encouraged for Waiver Program Services

In an effort to move toward a “paperless” system and to streamline the service authorization (SA) process, all providers who submit SA requests to KePRO are strongly encouraged to do so using Direct Data Entry (DDE) via KePRO’s web based iEXCHANGE® system. Look for the DMAS Memo dated September 15, 2010 informing Outpatient providers of the process for submitting electronic SA requests to KePRO, DMAS’ service authorization contractor. Virginia Medicaid providers have been successfully submitting requests to KePRO via iEXCHANGE® since 2006. There is a high level of satisfaction with this submission method, and few problems have been reported.

All information for review of a service authorization request, changes to existing cases, and additional information may be submitted to KePRO using iEXCHANGE.®

Waiver Service Types:

- 0625 - Elderly Case management

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- 0900 - Elderly and Disabled with Consumer Direction (EDCD)
- 0902 - DD Waiver (IFDSS)
- 0909 - Money Follows the Person
- 0920 - HIV/AIDS
- 0960 - Technology Assisted Waiver
- 0970 - Children’s Mental Health Program (CMHP)
- Providers are expected to understand DMAS requirements noted in DMAS Waiver program Manuals.

### iEXCHANGE® - KePRO’s Electronic Service Authorization Request System

iEXCHANGE® is easy to learn. You can access learning modules online anytime, 24/7. Just go to our web site: <http://dmas.kepro.org>, click on the training tab, then click on the iEXCHANGE®. Select the appropriate training module. You can also visit the calendar to check for live training webinars.

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### New change to Waiver Program instituted on September 1, 2010:

- Pend response turn around time for all Waiver providers was reduced from 14 business days to 5 business days.

## Electronic Service Authorization Requests *continued from page 1*

**Note:** iEXCHANGE® has a default 30 minute time out that is controlled by the system owner, MEDdecision, and can't be changed. However, there is a simple workaround when you are entering lengthy notes. The 30 minute timer is reset when you hit the *Next Step* button or *Preview Changes* on Preview page.

The following is a listing of the online iEXCHANGE® trainings KePRO provides, along with a brief description and guide that will help you with trainings:

- **Register for iEXCHANGE®:** This is a brief module for first time users only. The module instructs providers how to register for an iEXCHANGE® log in ID and password. This is required for all users who have not yet registered.
- **Account Administrator Module 1:** This module is for all account administrators. It provides an overview of iEXCHANGE®, as well as step by step directions for establishing your account profile.
- **Account Administrator Module 2:** This module is for all account administrators. It provides step by step instructions for setting up submitting providers, frequent users, frequent procedure codes, and frequent diagnoses.
- **How to Submit an Initial Outpatient Case:** This module is for all users. It provides step by step instructions for submitting an Outpatient case using iEXCHANGE®. It is especially useful for Waiver Programs, Outpatient Rehab, Imaging, DME, and Home Health service types.
- **How to Submit Additional Information, Recertification and Retrospective Requests, and Discharges:** This module, for all users, provides an overview of how to manage a case,

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including submitting additional information, continued stay requests, discharges, and what to do if you receive an error on your case. It is useful for all service types.

To learn more about iEXCHANGE®, attend one of our live provider training webinars at: <http://dmas.kepro.org>. KePRO will provide several iEXCHANGE® online trainings each month. You can access a calendar of dates and times for the various training modules on our web site, under the training calendar link, or you may call one of our Customer Service Representatives for training information.

### **iEXCHANGE® Registration**

During the iEXCHANGE® registration process, all providers are prompted to create a user name and password for the Provider Portal. Upon completing iEXCHANGE® registration, you will receive an email advising you to retrieve your iEXCHANGE® log in information from the Provider Portal.

### **Suggestion:**

Create a user name that relates to your company name or individual name. First initial, last name is always easy to remember and most

likely meets provider network log in requirements! User names, such as family member names and birthdays, are easily forgotten and can cause issues with security.

Always provide a contact name and number so we may contact you if we have any questions.

### **Provider Portal Enhancements**

In order to continue moving toward a paperless process, KePRO is pleased to announce that beginning October 1, 2010, providers will be able to access all KePRO letters through the KePRO web portal, as well as through the fax process. This is a new feature of KePRO's web based portal. Previously, the KePRO portal allowed access only to iEXCHANGE®. Although optional, once registered, it will give providers immediate access to all KePRO generated letters which can alleviate issues concerning missing faxes.

In order to access these letters through the portal, you must be a registered provider. If you are not a registered provider, we encourage you to access our portal and click on *First Time Registration*. Required items for registration include:

- o Enter NPI number
- o Last readmission date/or 1099 year to date
- o Address as it appears on the readmission
- o Create user name and password to access provider portal
- o Enter in Contact Select Service Types.

Included in this enhancement are letters for:

- o Insufficient Information
- o KePRO Denial Letter
- o General Information
- o Out of State Letter.

## Quotes from KePRO/DMAS Staff

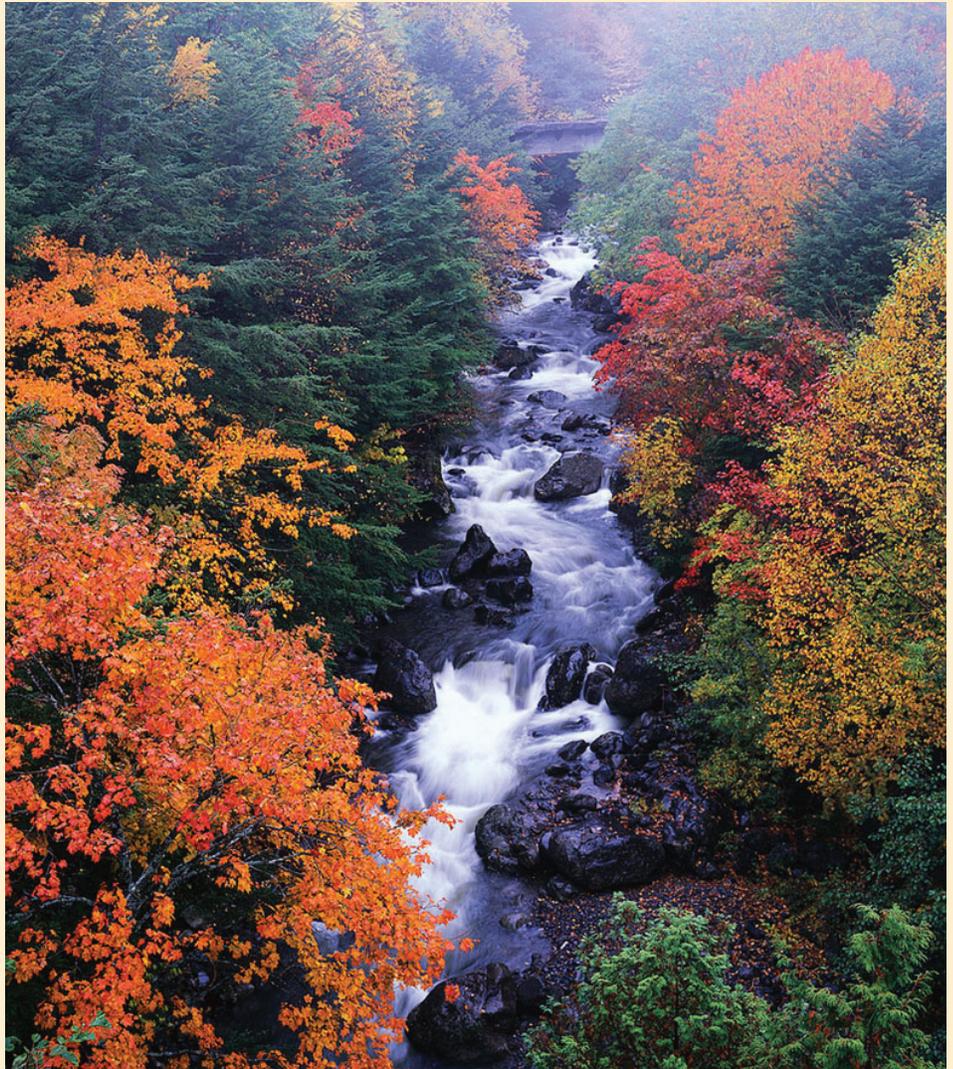
### From DMAS Waiver Staff:

*“The utilization of the iEXCHANGE® system for SA request submissions will assist with streamlining the submission process and will provide real time verification of KePRO’s receipt of your request. Additionally, this system will enable providers to view the status of their request at any time, as well as verifying existing authorizations, which may negate the need to submit a new request.”*

### From Tony Hines, RN, KePRO Virginia Operations Manager

*“We feel the addition of this enhancement will mitigate issues with providers not receiving faxed letters. We will continue to fax these letters, but we encourage all providers to register so that they can have an additional point of contact to obtain information on their service request.”*

KePRO will hold online training sessions on accessing these letters in late September. You can click on [Training Calendar](#) and/or [First Time Registration](#) on this page.



## Reminders & Helpful Hints

### Updated iEXCHANGE® Questionnaires Coming in October 2010

KePRO and DMAS Waiver staff have re-engineered iEXCHANGE® questionnaires. We have updated these questions to allow for simpler answers and to provide a list of services to select from, such as skilled needs, etc. We believe that careful and complete responses to these new questionnaires will reduce the need to request additional information. Try it, you’ll like it!

- Providers should always notify KePRO when a client is discharged

within an authorized time period to end date their authorization.

- Providers should submit their change requests and/or extensions on existing cases using iEXCHANGE®. Do not submit the request as a new case, as this will cause a new Case ID and service authorization number to be generated.
- Please provide reference dates for the clinical information you provide with Initial Recertification reviews, e.g., did the events you are describing happen a week ago, or on the Start of Care date, etc.?

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## Reminders & Helpful Hints

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- Providers should not submit requests with dates that overlap their previous authorization, as those requests cannot be processed. If additional changes, such as increase/decrease of hours, are needed within previously authorized dates of service, the provider must specify the start date the change is to be effective, and the reason why more or less hours are needed. This is called a change request. Recertification/Extension requests should start with the next day after the previous authorization ended.

### Waiver Providers

When submitting Waiver Service requests, please review the following, in detail, prior to submission:

- If hours over the cap are requested, add functional status from the current DMAS 99. Hours must add up between supervising Aide in home and when Primary Caregiver is out of the home and Supervisor is being requested. Provide name of backup person when personal care is requested. Composite scores need to be included with Level of Care A, B, and sometimes for Level C.
- DD Waiver requests require both Referring and Servicing Provider NPI number.
- Make sure to provide valid phone/fax numbers. Missing numbers or incorrect clinical office designation can delay a receipt of request for additional information.
- Use iEXCHANGE® to submit additional information, or to respond to a KePRO Reviewer's request for clarification.



- Check the member's Medicaid eligibility at <https://www.virginiamedicaid.dmasvirginia.gov/wps/portal>.
- The member's Medicaid eligibility might change and you may not know until you check the system. The recipient can be switched to Medicaid MCOs or fee-for-service, or Medicaid coverage may have ended. Check for ALL other insurances. Ask the recipient or caregiver!
- Submit requests in a timely manner to avoid reduction in authorized treatment services. This includes requests for additional information, for which you would receive a faxed letter notifying you of the due date.
- Paint a clinical picture! Consider what you're submitting with each request.

### Reminders

- When cases are pended for additional information, the provider needs to respond to the specific information requested within the stated guidelines to prevent further delay or denial of the request (additional information turnaround time is 5 business days).

### Retro Eligibility

Once a provider is notified of a member's retro eligibility, it can take up to 48 hours before this update is loaded into the KePRO system and is available for review. Please wait for this time period to pass before calling or sending in a request for service. This time period is based on business days, not a calendar timeframe.

***Remember, do not send Protected Health Information (PHI) by email unless it is sent using a secure encrypted email submission.***