VA insider

ATTENTION PHYSICIANS WHO SUBMIT INPATIENT HOSPITAL REQUESTS

In an attempt to streamline the service authorization process, KEPRO has changed to a paperless submission process. Effective September 1, 2015, many services converted to a mandated portal submission (please refer to table below). Inpatient hospital requests have been affected, which is important to know, since you will no longer be able to fax or phone your requests. Please refer to our website https://dmas.kepro.com/content/training.aspx to find PowerPoint presentations on how to register for the Atrezzo Provider Portal and how to submit Inpatient Service Authorization requests. KEPRO will offer webinar training to help you learn how to submit via the portal. The dates will be posted on our website on the training calendar under the Training tab.

REMINDER!

2016 is a leap year. Please be aware when making authorization requests that February has 29 days.

Service Types Affected	
0900 - EDCD Waiver - all services	0090 - EPSDT Private Duty Nursing
0960 - Technology Assisted Waiver - respite, assistive technology, environmental modifications	0091 - EPSDT Personal/Attendant Care
0902 - Individual and Family Developmental Disabilities Waiver - all services	0098 - EPSDT MCO Carve Out Private Duty Nursing School Services
0909 - Money Follows the Person (MFP) - all services	0400 - Inpatient Hospital

Note: All service types are encouraged to submit via the Atrezzo Provider Portal!

Register and Obtain a Passcode First

Before providers can submit service authorization requests through KEPRO's web-based portal Atrezzo Connect (also known as Atrezzo), they must be registered and obtain a passcode for Atrezzo. The registration process for providers happens immediately online. To access Atrezzo Connect on KEPRO's website, go to http://dmas.kepro.com. See below for details on how to register in Atrezzo.

Registration Training

Training sessions will be offered December 17th and December 29th by live webinar. You can find out the times for these sessions and register at https://dmas.kepro.com/content/training.aspx. Select the registration link that corresponds with the session that you wish to attend. The links will open the WebEx registration page to the training scheduled for that day and time.

Registering for Atrezzo Connect for Electronic Submission to KEPRO

Provider registration is required to use Atrezzo Connect. Providers registering for the first time will need their:

- 10-digit Atypical Provider Identification (API) or National Provider Identification (NPI) number

- Most recent remittance advice date for YTD 1099 amount

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Registering for Atrezzo Connect for Electronic Submission to KEPRO
(continued)

If you are a new provider who has not received a remittance advice from DMAS, or if the person with administrative rights is no longer at your organization, please contact KEPRO at 1-888-827-2884 atrezzoissues@kepro.com to receive a registration code which will allow you to register for KEPRO's Atrezzo Connect Portal. The Atrezzo Connect User Guide is available at https://dmas.kepro.com/content/training.aspx.

All submission methods and procedures are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state privacy and security laws and regulations. Providers will not be charged for any service authorization request submitted to KEPRO.

General Information for All Providers

- All hospital requests must be submitted fully, including clinicals, within one business day of admission.
- KEPRO does not conduct concurrent reviews for inpatient hospital stays.
- For non-hospital providers, requests for continued care are to be made within 30 days of the current authorized end date.
- There are **no** automatic renewals of service authorizations.
- Providers must submit requests for continuation of care needs, with supporting documentation, before the current authorization expires.
- If a request is marked "pending," the provider must submit all information on time in response to the pending status. All information must be submitted at one time since the request will be reviewed and processed upon initial receipt of the information that was pending.

- Providers must verify member eligibility before submitting the request. Member eligibility may be verified in several ways, including the DMAS Provider Helpline, through MediCall, or the Virginia Medicaid Web Portal.
- Authorizations will not be granted for periods of member or provider ineligibility.
- There is no retroactive authorization period, except in instances of member's retroactive Medicaid eligibility.
- Providers must submit a service authorization request under the appropriate service type.
- **Even though the service types in the above chart require portal entry, ALL service types may be entered via the portal**.

HYPERBARIC REQUESTS

When requesting hyperbaric services, two service authorizations are required. The servicing provider must request CPT Code 99183 using service type 0302. If more than one provider within an office is rendering services, each provider must obtain a service authorization number with no overlapping dates of service. Also, the facility must request a service authorization using CPT Code G0277 with service type 0304. All authorizations must be completed before services are rendered unless the member is retro-eligible.

NOTE TO PROVIDERS

The information submitted to KEPRO for service authorization must be documented in the medical record at the time of request. The request for service authorization must be appropriate to adequately meet the individual's needs. Any person who knowingly submits information to KEPRO containing any misrepresentations may be guilty of a criminal act punishable under law and may be subject to civil penalties.
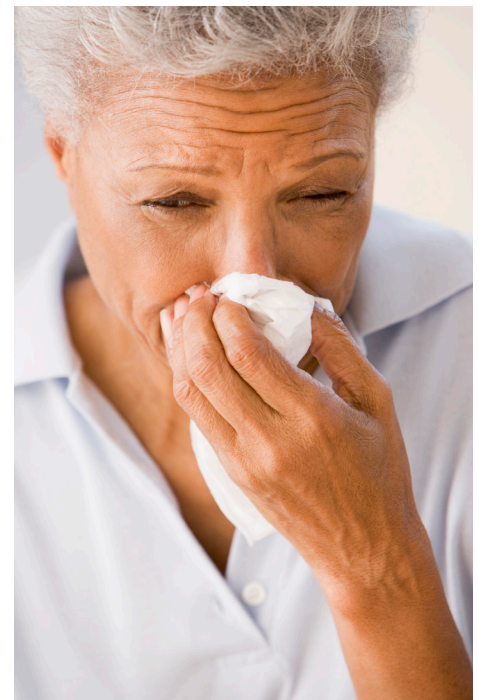
FLU SEASON IS HERE!
Please remind your patients to get their flu shots. Flu shots are available at Primary Care Offices or local pharmacies.

HELPLINE

The Provider Helpline is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The Helpline numbers are:

1-804-786-6273: Richmond area and out-of-state long distance

1-800-552-8627: All other areas (in-state, toll-free long distance)

Please remember that the Helpline is for provider use only. Please have your Medicaid Provider Identification Number available when you call.