insider

Looking for a few Additional PAAG Members

Providers: DMAS' Prior Authorization Advisory Group (PAAG) needs volunteers to serve!

The function of the PAAG is to involve providers of various specialties in the service authorization process and related discussions. Your voice is vital to ensure provider recommendations, service authorization training and education needs are met for the provider community.

The PAAG meets at least annually or when a need occurs. Please send your contact information to the service authorization mailbox at SA10@DMAS.Virginia.gov by May 31, 2011 if you are interested in becoming a member of the PAAG. Please include your name, specialty, correct e-mail address and telephone number, the reason(s) you are interested in volunteering for this advisory group and what expertise you have to offer.

in this edition

Electronic Authorizations Strongly Encouraged to Reduce Carbon Footprint of Medicaid Service Requests

In an effort to move toward a "paperless" system and to streamline the service authorization (Srv Auth) process, all providers who submit Srv Auth requests to KePRO are strongly encouraged to do so using Direct Data Entry (DDE) via KePRO's web based iEXCHANGE® system.

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.®

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.com, 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.

Note: iEXCHANGE® has a default 30 minute time out that is controlled by the system owner, MEDecision, 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.

- To learn more about iEXCHANGE®, attend one of our live provider training webinars at: http://dmas.kepro.com. KePRO will provide several iEXCHANGE® online trainings each month. You can

Electronic Service Authorization System

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.

Quotes from KePRO/DMAS Staff

From DMAS Waiver Staff:

"The utilization of the iEXCHANGE® system for service 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."

Enhanced iEXCHANGE® Waiver Questionnaires

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!

Reminders & Helpful Hints

- 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.?

- 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.

All Providers

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

- Check the member's Medicaid eligibility at www.virginiamedicaid.dmas.virginia.gov.

- The Member's Medicaid eligibility might change and you may not know until you check the system. The Member can be switched to Medicaid MCOs or fee-for-service, or Medicaid coverage may have ended. Check for ALL other insurances. Ask the Member 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.

- 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.

- Paint a clinical picture! Consider what you're submitting with each request.

- 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.

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 an encrypted submission.

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Tel: 804.622.8900

Fax: 877.652.9329

http://dmas.kepro.com

Inpatient Requests

1. Document dates when stating "History of" for example, history of respiratory distress or anemia. Please submit date to distinguish if this is relating to the current admission or a past history event. In some cases, the case would be pended to determine this information.

2. Document dates when stating "status post." This is needed to determine if this is a recent event relating to the current admission or a past history event. In some cases, the Case would be pended to determine this information.

No additional clinical information is needed for acute inpatient cases after the case has been approved. Acute inpatient cases are DRG's and only one day is set up and approved on the case.

Outpatient Rehab and/or Home Health:
Please be aware that it is the provider's responsibility to summarize the SI and IS on the approved DMAS forms for outpatient Srv Auth requests. Information

which is typed or legibly written will expedite your request. Please utilize the Outpatient Home Health and/or the Outpatient Rehab checklists which are located on the KePRO/DMAS website: http://dmas.kepro.com. These checklists have valuable information concerning what you need to enter on your Outpatient Service Authorization request forms and also utilize the checklist if you are entering information into iEXCHANGE.

Imaging:
For dates of Service after 1/1/2011, the following codes should be used when performing CT of Abdomen and Pelvis:

74176 CT Abdomen and Pelvis without IV contrast
74177 CT Abdomen and Pelvis with IV contrast
74178 CT Abdomen and Pelvis without IV contrast, followed by IV contrast
Utilization of these combined codes will prevent delays in payments due to invalid coding.

Behavioral Health:
Providers should reference DSM IV TR for the symptoms being presented by the Member. By presenting actual symptoms e.g. hopelessness, anhedonia, loss of energy vs. general terms such as anxiety or depression, etc will paint a clearer clinical picture for the reviewer, thus potentially preventing need for additional information for clarification.