VA insider

A KEPRO Quarterly Newsletter | Virginia Medicaid Service Authorization | Spring 2014

DD WAIVER RESPITE CARE AUTHORIZATION CHANGES - EFFECTIVE APRIL 1, 2014

- Beginning April 1, 2014, all DD Waiver respite requests received, including new respite admissions, renewals, readmissions, and transfers for either agency- or consumer-directed services, will be reviewed for medical necessity and authorized for a 24-month period. Providers/case managers will be expected to submit new respite requests for a 24-month duration.
- The month and day of the authorization should correspond with the member's current plan with the authorization end year for a 24-month span.

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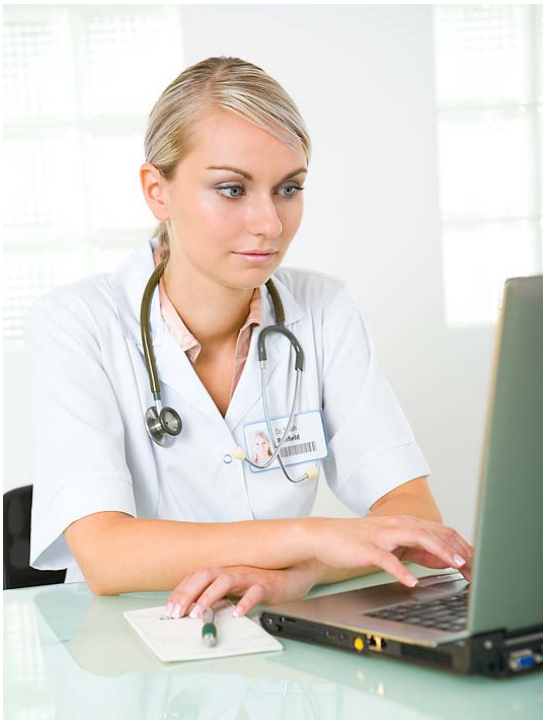
PROVIDER TRAINING FOR EDCD RESPITE EXTENSION AND ALIGNMENT OF RESPITE TO PERSONAL CARE



The Department of Medical Assistance Services (DMAS) will host two (2) webinars for EDCD providers to clarify the changes and address provider questions:

Respite Care Service Authorizations:
April 10, 2014 from 10 a.m. - 12 p.m.
Online Registration

This webinar will provide an overview of how the EDCD respite service authorizations will be automatically extended for service authorizations ending May – December 2014. Examples will be provided during the webinar.

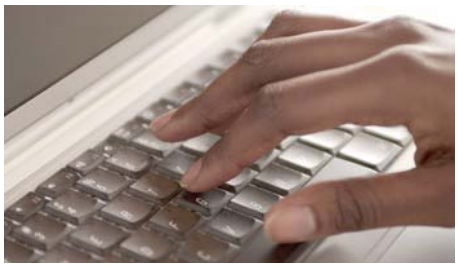
EDCD Respite Care Services – Optional Alignment Process:
May 20, 2014 from 10 - 11:30 a.m.
Online Registration

This webinar will explain how to request alignment of respite authorized dates to the personal care authorized dates and the documentation necessary for submitting the alignment request to KEPRO. Examples will be given and a Q&A session will also be held.

Upon registration, providers should receive a confirmation email with all of the training details and instructions. Registration is limited. Once a session is full, additional registration requests will be placed on a waiting list and registered if a confirmed participant cancels. If you do not receive the confirmation email or if you have any questions regarding these sessions, please call 804-225-4578. If you have problems logging in on the day of the event, please call 1-866-229-3239.

KEPRO will also host a training session on the EDCD respite to personal care alignment process. This training is scheduled for June 3, 2014 from 11 a.m. - 12 p.m. Registration is not required. On the day of the event, login to the live webinar, enter your name, and click "Enter Room." There is no limit to the amount of attendees. Training slides will be available on KEPRO's website on June 4, 2014 for providers unable to attend the live webinar. Providers can access the slides here by clicking on the Waiver tab.

REMINDERS & HELPFUL HINTS FOR PROVIDERS



- Providers should always notify KEPRO when a client is discharged to end date their authorization. This includes notifications for deceased members.
- If applicable to the service, providers should submit their change requests and/or extensions on existing cases using Atrezzo Connect. Do not submit the request as a new case, as this will generate a new Case ID and service authorization number.
- 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.? Also, include Plan of Care and/or Plan of Treatment certification dates.
- Providers should document information to KEPRO on the appropriate service authorization request for specific situations to include requests submitted for retro reviews, when members have previously received treatment from another provider, members with services previously authorized through an MCO and now needs a Medicaid fee-for-service authorization, etc.
- Providers should not submit requests with dates that overlap their previous authorization, as those requests cannot be processed. If additional changes are needed to previously authorized dates of service, such as increase/decrease of hours, the provider must submit a change request specifying the effective start date of the change and the reason why more or less hours are needed. Recertification/extension requests should start with the next day after the previous authorization ended.
- Prior to submitting a service authorization request, check the member's Medicaid eligibility. The member's Medicaid eligibility or benefits may have changed. Check for ALL other insurances, and 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 Atrezzo Connect 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. Utilize the service authorization checklists that are available for some services. Provide the necessary clinical information to avoid receiving requests for additional information.
- When cases are pending 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.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the CCC website to learn more.

COMPATIBILITY ISSUES: INTERNET EXPLORER 11 - ATREZZO PROVIDER PORTAL

If a provider is using Internet Explorer 11 and is having issues logging into the portal or having problems searching in the portal, try to resolve the issue by doing the following:

1. Go to the Atrezzo Portal website (DON'T sign in)
2. Press the ALT key and select Tools — Compatibility Settings
3. Add the Atrezzo Portal website to the compatibity list by pressing "Add."

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of DMAS' contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly.

Reading this newsletter electronically? Click the links to access information.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES UPDATE

DMAS made revisions to several sections of Appendix B in the "Durable Medical Equipment and Supplies Listing" of the Durable Medical Equipment and Supplies Manual. Please see the bottom of each section in Appendix B for comments on changes to that section. The Medicare Pricing, Data Analysis and Coding website is a great resource for providers needing assistance with DME coding. Providers can search by different criteria and by brand name.

Appendix B of the Durable Medical Equipment (DME) and Supplies Provider Manual is now available on the DMAS website, or you may contact Commonwealth-Martin to receive a copy of the updated Durable Medical Equipment and Supplies Manual.

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