VA insider

A KEPRO Quarterly Newsletter | Virginia Medicaid Service Authorization | Summer 2015

KEPRO IS CONVERTING TO A PAPERLESS SUBMISSION PROCESS FOR ACUTE INPATIENT HOSPITAL, WAIVER, AND SOME EPSDT SERVICES, EFFECTIVE SEPTEMBER 1, 2015.

In an attempt to streamline the service authorization process, KEPRO has changed its submission process to paperless. Beginning September 1, 2015, many services will be converting to a mandated portal submission (please refer to table below). This newsletter is a guide to assist you with understanding and implementing changes to your current process in order to be compliant with the new changes. KEPRO is endeavoring to create a smooth transition for all concerned.

Service Types Effected	
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)	0400 - Hospital Inpatient

Soft Rollout Period - August 1, 2015 through August 30, 2015

As part of the soft rollout period, providers are to begin registering now. Effective September 1, 2015, all requests are to be submitted through the portal for the service categories listed in the table above.

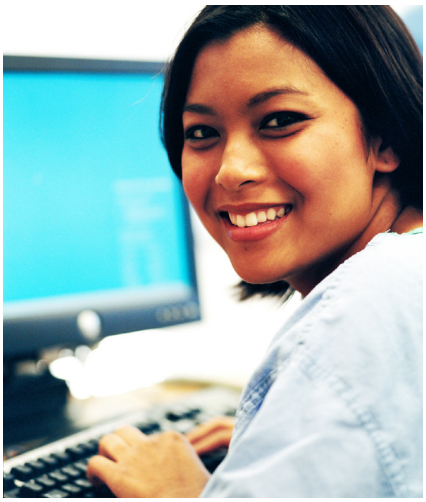
In order to prepare for the fully electronic submission method, DMAS and KEPRO are working together to assure all providers are 1) registered with Atrezzo; and 2) are successfully trained to independently submit requests through the Atrezzo portal.

Regional training will also take place throughout the Commonwealth. Additionally, webinars will be offered as supplemental training guidance.

Successful Service Authorization Requests

In order for providers to successfully submit service authorization requests through KEPRO's web-based portal Atrezzo, providers must be registered and obtain a passcode for Atrezzo. The registration process for providers happens immediately on-line. See page 3 for registration details. To access Atrezzo on KEPRO's website, go to http://dmas.kepro.com. There will be training sessions occurring throughout the months of July/ August/September with three venue types as follows:

DMAS Regional Onsite Provider Training: DMAS and KEPRO will provide regional onsite trainings across the Commonwealth during July and August. Access the locations, dates, and times, and register for these sessions by clicking here on the DMAS website and selecting the registration link within that corresponds with the session you wish to attend. The links will open the WebEx registration page to the training scheduled for that day and time.



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KEPRO ONSITE PROVIDER TRAINING

KEPRO will host six (6) onsite provider trainings at their Richmond office location:

2810 N. Parham Road, Suite 305, Richmond, VA 23294

Training dates and times at KEPRO's location are:

Monday July 20, 2015 - 9AM-12PM	Monday July 20, 2015 - 1-4PM
Tuesday July 21, 2015 - 9AM-12PM	Tuesday July 21, 2015 - 1-4PM
Wednesday July 22, 2015 - 9AM-12PM	Wednesday July 22, 2015 - 1-4PM

To register for these onsite trainings at KEPRO, send e-mail notification to vaproviderissues@kepro.com, indicating the following information: provider/ organization name, API/NPI#, selected training session, number of attendees, and contact information.

KEPRO WEBINARS

KEPRO will host 12 webinar trainings to train and assist providers on how to utilize the Atrezzo Provider Portal in submitting an initial request, change request, and/or how to respond to a pending request for additional information. Click on the training link with dates and times for the Atrezzo webinar trainings:

To hear audio, you must dial in to the conference call line: 866-754-2932; use code 6815237722.

KEPRO webinar training dates and time:

Tuesday August 4, 2015 10AM-12PM	Thursday August 6, 2015 2-4PM
Tuesday August 11, 2015 10AM-12PM	Thursday August 13, 2015 2-4PM
Tuesday August 18, 2015 10AM-12PM	Thursday August 20, 2015 2-4PM
Tuesday August 25, 2015 10AM-12PM	Thursday August 27, 2015 2-4PM
Tuesday September 1, 2015 10AM-12PM	Thursday September 3, 2015 2-4PM
Tuesday September 8, 2015 10AM-12PM	Thursday September 10, 2015 2-4PM

No registration is required to attend online webinar sessions.

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.

ATTENTION EDCD RESPITE AND PERSONAL CARE PROVIDERS:

EDCD Respite and Personal Care Providers: Process Change regarding Aligning Personal Care and Respite – Effective July 1, 2015

KEPRO will no longer accept requests for aligning Personal Care and Respite authorizations effective July 1, 2015. Requests received on/after July 1, 2015, for the alignment of these services, will not be processed, requests will be rejected, and providers will receive a fax back notification. The EDCD Manual will be updated soon to include this change.

EDCD Waiver Providers API vs. NPI – What To Do

Beginning July 1, 2015, all providers who service Medicaid members who are enrolled in the Commonwealth Coordinated Care (CCC) will be required to use a National Provider Identifier (NPI) when submitting information to the Medicare-Medicaid Plans (MMPs). CCC MMPs will begin enforcing the requirement for an NPI on October 1, 2015. As of that date, claims submitted to a CCC MMP with an API will be rejected.

EDCD Waiver Providers API vs. NPI – What To Do *continued*

In the interim, Medicaid providers who currently have an Atypical Provider Identifier (API) should continue to use their APIs for billing existing fee-for-service authorizations. Providers should keep their fee-for-service authorizations under their API for now. This will keep the authorizations evenly dispersed throughout the calendar months.

Providers are NOT to submit requests to KEPRO to change **all** of their authorizations at the same time, as this will cause a major backlog in processing the requests. KEPRO is not able to convert a large volume of authorizations to the new NPI at this time. This is not an automatic process and will take some time in processing the request.

DMAS, Xerox, and KEPRO are currently working on a systematic approach to change mass volume service authorization requests. Providers who wish to use only their NPI will need to resubmit new authorization requests to KEPRO to change the current authorization to their NPI when this new systematic process is completed. The new systematic approach will allow a mass volume of service authorizations to be transferred from one provider identification number to another while keeping authorization renewal dates evenly dispersed.

Paperless Submission Process

See DMAS memo dated June 15, 2015. It is accessible using the following link https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/medicaidmemostoproviders. Providers must register through KEPRO's Atrezzo provider portal in order to use the electronic submission method. Information on how to register is included below. Providers are to begin registering for the portal now. If providers are already registered for Atrezzo, they do not need to register again.

Registering for Atrezzo for Electronic Submission to KEPRO

Provider registration is required to use Atrezzo Connect. The registration process for providers happens immediately online. To register, go to http://dmas.kepro.com and click on "Register" to be prompted through the registration process. Newly registering providers will need their 10-digit Atypical Provider Identification (API) or National Provider Identification (NPI) number and their most recent remittance advice date for YTD 1099 amount. 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 or 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 http://dmas.kepro.com/content/training.aspx on the website.

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 submission, via any media type, for service authorization requests submitted to KEPRO.

Benefits of DDE Submission

- Submitting through direct data entry (DDE) puts the request in the worker queue immediately. For DDE requests, providers must use the Atrezzo Provider Portal. For DDE submissions, service authorization checklists for some services may be accessed on KEPRO's website to assist the provider in assuring specific information is included with each request. Providers will not be charged for submission, via any media type, for service authorization requests submitted to KEPRO.
- Rules Driven Authorization (RDA) – These are a set of clinical criterion questions that will automatically populate in a questionnaire when requesting certain services or with specific diagnostic codes. If you see a questionnaire pop up, you must respond to the questions. The responses given by the provider must reflect what is in the member's documented record. If the responses match the criterion for the specific service or diagnosis, the case will bypass a reviewer and be approved and automatically batch for transmission to MMIS. If the responses do not match the specific criterion, the case will go to a reviewer's queue, which will follow the normal review process. If criteria are not met, then the request will go to the physician's queue, and a physician will review the case and make a final determination.
- Attestations – All providers will attest electronically that information submitted to KEPRO is within the member's documented record. If upon audit, the required documents are not in the record, and the provider attested that they were present, retractions may be warranted as well as a referral to the Medicaid Fraud Control Unit within the Office of the Attorney General.

Benefits of DDE Submission
continued

- Questionnaires – For waiver providers, KEPRO and DMAS are reconfiguring current questionnaires so they are shorter, require less information, take less time to complete, and are more user friendly.

Waivers Continuation of Service Reminder

If you are requesting a continuation of services, you must submit to KEPRO on or prior to the end date of previous authorization to be considered timely. If the request is not received prior to the end date of the current authorized period, providers may have a denial for dates of service up to the date the request was received. Please review the "Elderly or Disabled with Consumer Directed Services Waiver App. D" on page 4.

OUTPATIENT REHABILITATION HAS CHANGED

Procedural Change for Service Authorization Requests for Outpatient Rehabilitation Services – Effective Immediately

Providers are to submit a service authorization request to KEPRO for dates of service that cover the entire duration of the member's current plan of care, even if the dates of service span over the state's fiscal year (beginning July 1). Providers are no longer required to submit an outpatient rehabilitative service authorization request to KEPRO in which the dates of service end June 30 (end of state fiscal year) and then resubmit another service authorization request to KEPRO after the initial five units have been utilized in the next state fiscal year (July 1 and after). Refer to DMAS memo dated June 3, 2015, for detailed information via the DMAS Web Portal at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/medicaidmemotoproviders.

- Providers who obtain a service authorization approval for outpatient rehabilitative services from KEPRO with dates of service spanning the state's fiscal year (July 1), may utilize this service authorization number for claims submission for all dates of service included in the authorization.
- The provider must utilize the member's initial five units in the state fiscal year (beginning July 1 annually) that do not require service authorization.
- After the five units have been utilized, the provider continues to use the service authorization number given by KEPRO for all dates of service provided after the initial five units have been utilized through the last date of service approved on the service authorization.
- Providers are responsible to bill DMAS correctly for the first five units that do not require service authorization. Service authorization is required before payment will be made for any units over five annually. Providers may contact the Provider Helpline to determine if the first five units are available.

GENERAL INFORMATION FOR ALL PROVIDERS

- All hospital requests must be submitted fully, including condensed/summarized clinicals, within of one business day of admission.
- 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, prior to the expiration of the current authorization.
- If a request is pended, the provider must submit all information timely in response to the pend. All information must be submitted at one time since the request will be reviewed and processed upon initial receipt of the pended information.
- Providers must verify member eligibility prior to submitting the request. There are several mechanisms available for providers to verify member eligibility, i.e., DMAS Provider Helpline, MediCall, and/or the Virginia Medicaid Web Portal.
- Authorizations will not be granted for periods of member or provider ineligibility. Should member eligibility be re-instated, it is the provider's responsibility to contact KEPRO to extend the authorization.
- 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.

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