

insider

A KEPRO QUARTERLY NEWSLETTER • VIRGINIA MEDICAID SERVICE AUTHORIZATION • SUMMER 2012

HIV/AIDS Waiver Update

Due to budget language approved by the Virginia General Assembly, DMAS will not renew the HIV/AIDS Waiver. The HIV/AIDS Waiver will expire on June 30, 2012. All authorizations for HIV/AIDS Waiver services will end effective June 30, 2012.

Individuals enrolled in the HIV/AIDS Waiver will have the option of enrolling in the EDCD waiver, the Program for All-Inclusive Care for the Elderly (PACE), entering a Nursing Facility, utilizing other community options, or none of the above.

An updated DMAS 98 Form is now available for use. For more detailed information, please click on the link below to review DMAS' Memo, dated June 18, 2012:

<https://www.virginiamedicaid.dmas.virginia.gov>.



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<http://dmas.kepro.com>

MSU Reminder

Effective July 1, 2012, KePRO will not authorize requests retroactively for the procedure codes attached to DMAS Medicaid Memo dated March 9, 2012, regardless of the dates of service.

The only instance KePRO will approve services retroactively on and after July 1, 2012 is when the provider demonstrates retroactive Medicaid eligibility determination for members.

Outpatient Rehabilitation Fiscal Year Reminder:

On July 1st of each year, the five service limits /units per discipline for Rehab agencies, CORFs, Physicians, Professionals, and the five service limits/visits per discipline for In-State/ Out-of-State Hospitals is renewed in order to allow for the utilization of the five units/visits that do not require service authorization. These Service Authorization requests will start with the first date after the five (5) units/ visits have been utilized.

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 Atrezzo Connect.

Virginia Medicaid providers have been successfully submitting online requests to KePRO 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 Atrezzo Connect.

Atrezzo Connect Registration

During the Atrezzo Connect registration process, all providers are prompted to create a user name and password for the Provider Portal. Upon completing Atrezzo Connect registration, you will be returned to the home page and have immediate access to allow for:

- System setup of users
- Attach Submitting Providers
- Submit Request for Service Auths
- Respond to KePRO requests for additional information.

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. Passwords need to be 8 characters in length and they NEVER EXPIRE!



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

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 Atrezzo Connect. 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.?
- When providers submit retro requests, or when member has previously received treatment from another provider, or if member was in MCO with services authorized but now needs Medicaid authorization, providers should document this information on the appropriate service authorization request.
- 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.

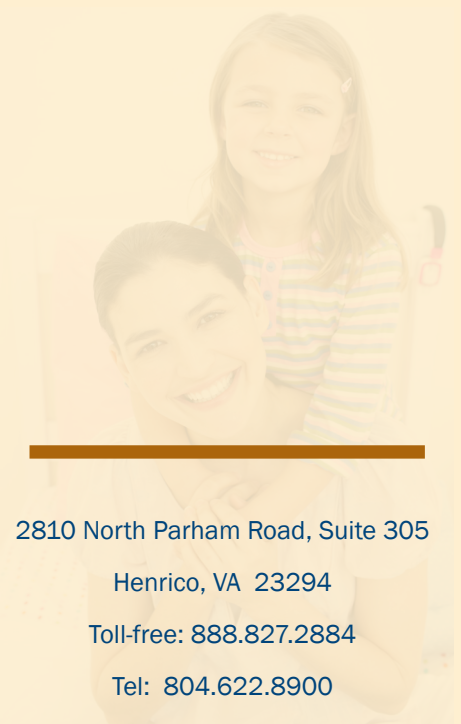


All Providers

Prior to submitting requests, please review the following, in detail:

- 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 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.
- 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.

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