

insider

VIRGINIA MEDICAID PRIOR AUTHORIZATION

A KePRO Quarterly Newsletter • Fall 2006



Web-Based iEXCHANGE® Makes Medicaid Prior Authorization Process Quick and Easy in Virginia

The Virginia Department of Medical Assistance Services, through its partnership with KePRO, is offering providers a HIPAA compliant, secure web-based prior authorization processing system for fee-for-service recipients that will eliminate paperwork and provide quicker determinations. In fact, iEXCHANGE® was specifically designed with optimal care management

workflow in mind, a feature that makes it highly responsive to the needs of Virginia's healthcare providers as well as the Virginia Department of Medical Assistance Services.

iEXCHANGE® features for Medicaid and FAMIS include:

- ▶ Data entry validation to minimize errors, thereby reducing the number of requests pending approval.

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iEXCHANGE® Easy Registration

KePRO, Innovative Healthcare Management Solutions
Fast Fact

Frequently Asked Questions

- ▶ Convenient ASP (Application Service Provider) mechanism in a Web page, which is designed and supported by MEDecision.
- ▶ Confidentiality mechanisms, including 128-bit encryption and support for Digital Certificates.
- ▶ Blocking mechanism to prevent Internet transmission of confidential data when requested by a member.
- ▶ Integrated care management through automatic linkage to MEDecision's case, disease and utilization management software suite.

PROVIDER REGISTRATION

To register as a provider, simply complete the required fields in the first two sections on iEXCHANGE® – “Provider/Facility Information” and “Provider/Facility Contact Information.” Your registration information will be stored in the iEXCHANGE® database and you will be issued a password via e-mail.

Use this password to access iEXCHANGE®. You can enter prior authorization information into the system, track the status of submitted prior authorizations, update required information, and communicate with KePRO reviewers electronically.

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ADD ADDITIONAL iEXCHANGE® USERS

With your provider password in hand, you can assign an unlimited number of sub or partner providers to the group and remove them from your group at any time.

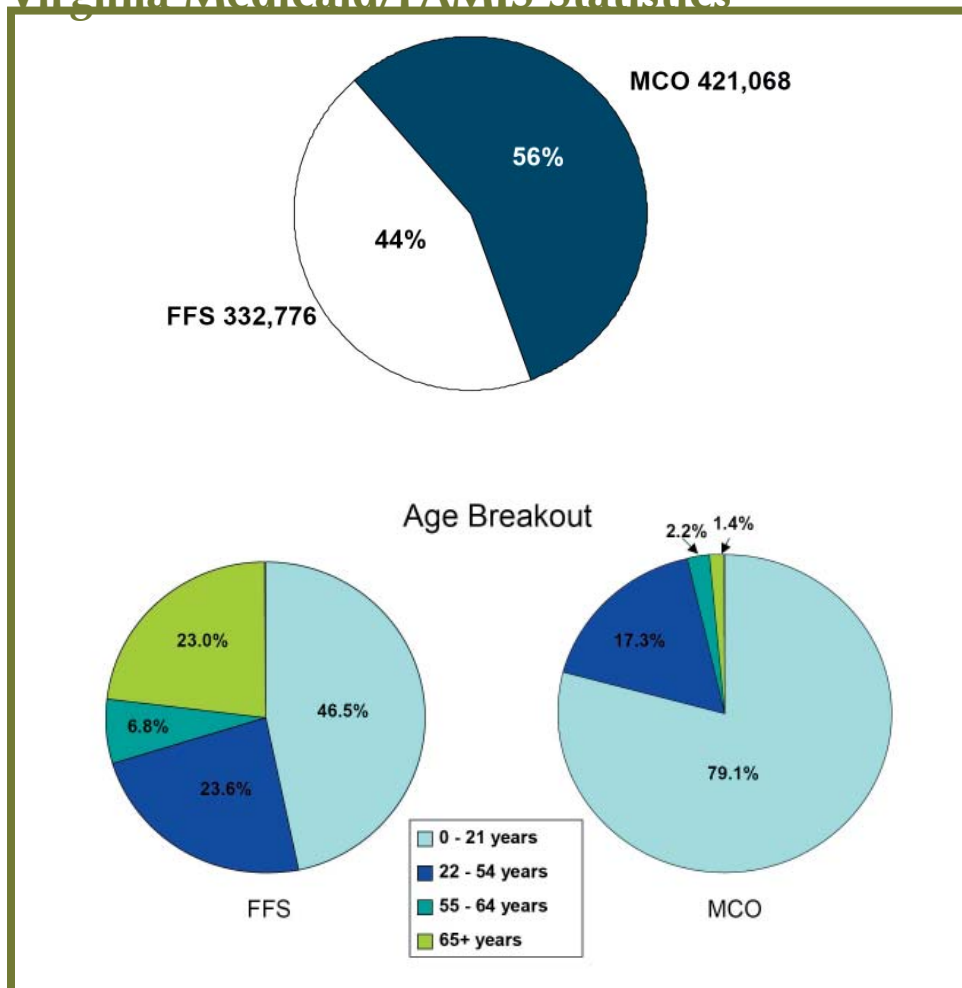
More than one employee, or “sub provider,” can register for access with a single password. We recommend that each organization allocate at least two people to register for iEXCHANGE® and know how to use it.

Provider groups and networks have the opportunity to further spread the workload of submitting and updating prior authorizations with iEXCHANGE®. Partner providers can be any provider with your permission to submit, update or exchange prior authorization information with KePRO. iEXCHANGE® does not require them to be located at (or employed by) a particular employer or location.

THE NEXT BEST THING

Unable to access to iEXCHANGE®? Download the electronic fax template from our Web site at <http://dmas.kepro.org> and copy/paste information from your computer program to avoid errors.

Virginia Medicaid/FAMIS Statistics



iEXCHANGE® Easy Registration

1. Locate your Medicaid ID number and your Federal Tax ID number
2. Complete the online registration at <http://dmas.kepro.org>. Choose “Provider Login.” You must complete each field and click “submit” for your registration to be valid.
3. Receive e-mail notification that includes your unique identification number and password within 10 days.

Individual providers or a large number of providers can register on iEXCHANGE® to submit or access prior authorization information under one registration number.

National Provider Identifier (NPI)

As you probably know, the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for healthcare providers. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. KePRO is working closely with DMAS and the Department’s fiscal intermediary to ensure a smooth transition to NPI. Please watch in the next issue of *Insider* for an NPI update.

KePRO, Innovative Healthcare Management Solutions

KePRO is a dynamic care management organization providing medical review and other care management solutions to a variety of government and commercial clients.

We are nationally recognized as an innovative, customer service oriented organization that delivers cost-effective outcomes for our clients and improved health outcomes for their members. KePRO's solutions are based on proven clinical standards and guidelines, as well as state of the art technologies. We are both ISO 9001:2000 registered and URAC health utilization management accredited, demonstrating our commitment to delivering high-quality services in accordance with the highest industry standards.

KePRO provides objective review of all cases, and interacts with providers, participants, and stakeholders in a highly professional manner. Founded in Harrisburg, Pennsylvania in 1985, KePRO has performed over 15 million medical record reviews for Medicare, Medicaid, and commercial insurance providers. We have offices in Harrisburg and York, Pennsylvania; Tampa, Florida; Cleveland, Ohio; and most recently, Richmond, Virginia.

OUR CUSTOMERS

KePRO is the Medicare Quality Improvement Organization for Ohio, where we protect the rights and improve the quality of healthcare delivered to about 1.8 million beneficiaries. We provide utilization and quality of care review as well as work collaboratively with providers across the healthcare continuum to improve quality of care.

KePRO also provides medical malpractice review for the

Health Resources and Services Administration, and medical record abstraction for CMS' Clinical Data Abstraction Center contract. We process over 100,000 reviews annually for these two contracts. KePRO currently holds three utilization management contracts in Florida, processing over 33,000 prior authorization requests per month.

Those contracts are:

- ▶ Inpatient Hospital Prior Authorization
- ▶ Home Health Precertification
- ▶ Private Duty Nursing and Personal Care Services

KePRO was recently awarded the Virginia Medicaid Prior Authorization Services Administrator contract for the Commonwealth of Virginia. We began processing requests for Outpatient Behavioral Health Psychotherapy on May 22, 2006, and Traditional Medicaid Services on June 5, 2006; we implemented Non-Traditional Services prior authorization on June 19, 2006.

KEPRO'S STATE-OF-THE ART REVIEW PROCESS

KePRO provides timely review determinations – our innovative, web-based prior authorization request system enables us to render decisions very quickly. Our web-based processing system minimizes the burden to providers, accelerates processing time and our review determinations, and increases overall provider program satisfaction.

KePRO's web-based system allows providers to initiate prior authorization requests online, through a secure, HIPAA compliant system. Providers must first register with KePRO to begin this online processing. For those providers unable to use our innovative web-based processing system, KePRO also accepts requests by telephone, fax, and mail.

Frequently Asked Questions

Q: Do I have to submit requests to DMAS for review for patients that did not have Medicaid determination at the time of inpatient hospital admission, but subsequently received retroactive eligibility?

A: KePRO handles prior authorization requests and retroactive reviews for inpatient hospital admissions within six months. Retroactive review requests for inpatient hospital services rendered more than six months ago should be submitted to DMAS via fax to 1.866.248.8796 or 1.804.225.2603.

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Q: What is the start date of care for patients that have their Medicaid eligibility determined retroactively?

A: For a patient that has had his or her Medicaid determined retroactively, the requested start date of care should be entered as the first day hands-on-service was provided to the patient once Medicaid eligibility was effective.

Q: Do I need to send to KePRO the entire chart for acute inpatient reviews?

A: No. If the Medicaid eligibility has been determined within 6 months of the admission date, providers are required to submit these requests to KePRO. These “retro reviews” can be submitted via iEXCHANGE®, phone or fax and should only include the required information and documentation. DO NOT SEND THE ENTIRE CHART FOR ACUTE INPATIENT REVIEW.

Q: What form should I submit for a retroactive Medicaid eligibility review of an inpatient hospitalization?

A: Inpatient hospitalization requests submitted for review for retroactive Medicaid eligibility need only the inpatient prior authorization request form (DMAS-362) completed in its entirety. Please do not send the entire medical record. Please see the KePRO Web site: <http://dmas.kepro.org> or DMAS Web site <http://www.dmas.virginia.gov> for current versions of forms and associated instructions for other specific services.

Q: What services does KePRO provide?

A: KePRO reviews for appropriateness of inpatient acute admissions, intensive rehabilitation admissions, inpatient psychiatric admissions, outpatient rehabilitation, durable medical equipment, orthotics, home health services, imaging, behavioral health (outpatient psych), treatment foster care, waiver program, and residential treatment services.

DMAS retains prior authorization of the following services that are currently received and processed by the Medical Support Unit:

- ▶ Organ transplants
- ▶ Out of state services
- ▶ Gastric bypass
- ▶ All cosmetic procedures, including breast reduction
- ▶ Prostheses (excluding orthotics)

All prior authorizations for recipients enrolled in managed care plans are negotiated and completed by the managed care organization.

Q: Who do I contact if I have questions regarding IT issues or iEXCHANGE®?

A: If you have IT issues or have trouble using iEXCHANGE®, please call our main number at 1.877.827.2884 and one of our customer service representatives will be happy to assist you.

Q: What form should I use to submit requests by fax?

A: If you submit a review request by fax, please use the KePRO fax forms on <http://dmas.kepro.org>. Use the editable fax forms to make data entry easier. Simply cut and paste information from other word processing documents.



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