



Utilization Management Contractor
Provider Manual
For
Aged and Disabled Waiver (ADW)

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Introduction

KEPRO is a Quality Improvement Organization designated by the Centers for Medicare and Medicaid Services. KEPRO is an organization with unequaled experience with utilization management and prior authorization across the spectrum of health and human services. KEPRO brings 35 years of federal and state medical review and quality improvement experience, along with a background in Medicaid behavioral health, intellectual/developmental disabilities, waiver program management and state-funded programs.

KEPRO is an integrated care management and quality improvement organization serving both public and commercial health care markets.

KEPRO's Mission Statement

To advance the quality and efficiency of health care through integrated care management solutions tailored to the needs of our customers and stakeholders.

KEPRO's Vision Statement

To be an industry leader, known for our exceptional suite of products and services, our highly skilled professionals, and delivery of credible, measurable results to our customers and stakeholders.

Our Role

KEPRO is the contracted Utilization Management Contractor (UMC) for the WV Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS). In this capacity, KEPRO administers specific fee-for-service programs operations for the Bureau. All policies and procedures are approved by the State prior to implementation.

ADW Program

The Aged and Disabled Waiver (ADW) Program is a long-term care alternative, which provides services that enable individuals to live at home rather than receiving nursing facility care. The program provides home and community-based services to West Virginia residents who are medically and financially eligible to participate in the program.

As the UMC, KEPRO is responsible to determine medical eligibility for the program, manage enrollment into the program, provide a framework to request a medical evaluation, provide data and analysis and conduct quality assurance activities.

KEPRO ADW Contacts

To reach KEPRO, please use any of the following contacts.

KEPRO - West Virginia
100 Capitol Street, Suite 600
Charleston, West Virginia 25301

Administrative Phone Number: 304 -343-9663
ADW Toll Free Phone: 844-723-7811

Fax: 866-212-5053
Email Address: WVADWaiver@kepro.com

KEPRO website:
<http://wvaso.kepro.com>.

ADW CareConnection© web portal:
<https://WVLTC.kepro.com>.

KEPRO staff are available by phone 8 a.m. to 5:00 p.m., Monday through Friday.

Initial and Reevaluation Request for Medical Evaluation

KEPRO receives daily referral requests for ADW program assessment, including requests for either an initial or re-evaluation Pre-Admission Screening. Re-evaluation requests are received through the Aged and Disabled Waiver CareConnection© system and initial requests and physician's orders are received via fax or email.

Once the initial referral is complete, KEPRO mails the applicant and prompts them to obtain financial eligibility through their local DHHR. At this time, they may also select a Case Management Agency to assist them with this task. Once KEPRO receives verification of financial eligibility approval, we contact the applicant, establish a date/time for the medical evaluation, abiding by the Cyrus Court Decree and policy related to contacts, appointments, and notices and other measures.

A KEPRO registered nurse conducts the initial and re-evaluation Pre-Admission Screening (PAS) assessments pursuant to all Bureau prescribed instructions, guidelines, and program requirements. KEPRO makes every effort to complete assessments within timeline. When an assessment cannot be completed within timeline due to unforeseen circumstances, such as inclement weather or member cancellation, all attempted contacts/attempted appointments are tracked in the CareConnection© system.

Consistent with existing policy, a registered nurse (RN) makes determination of medical necessity for the Aged and Disabled Waiver program through the Pre-Admission Screening assessment. In the event medical necessity is not determined based on criteria established in policy, KEPRO issues a Potential Denial notice to the member/legal representative, provider (for re-evaluations) and referring physician (for initial requests) with an opportunity to submit additional/supporting documentation within two weeks. KEPRO will outline what areas met deficit criteria as collected during the PAS. Upon receipt of new information, the RN reviews and submits the information into CareConnection©. KEPRO determines if information substantiates medical necessity (and service level) for the program and issues a notice of decision including Medicaid Hearing Rights, if applicable.

Managed Enrollment

Medically and financially eligible applicants are placed on the Managed Enrollment List. Once a funded slot is available, KEPRO will "release" the slot and contact the member to request they select their service model (traditional or self-directed) and any applicable agencies. Once KEPRO receives verification of the member's choices, the case is electronically referred the agency/agencies or Fiscal/Employer Agent

vendor. Approved re-evaluation assessments will automatically generate authorizations for services. For purposes of streamlining and efficiencies, communication with the agencies and/or vendors will be through the mandatory ADW CareConnection© system whenever possible.

Hearings

If an applicant or member experiences an adverse action (is denied Aged and Disabled Waiver medical eligibility, a service level is reduced for a member, or if a requested service level is denied) KEPRO will follow the department's Medicaid Fair Hearing and Aged and Disabled Waiver program policy procedures. A written notice of the adverse action will be prepared and mailed to the member and/or legal representative. This notice will include the applicable policy resulting in the adverse action, what elements for approval were not met and the right to appeal for state fair hearing. The Bureau of Senior Services (BoSS) coordinates hearings and accesses CareConnection© for historical documents to prepare the hearing packets. BoSS schedules and coordinates hearings with the State Hearing Officer, member, legal representative and others. KEPRO will make available an RN to participate and/or represent the department in member prehearing conferences and/or hearings either telephonically or in-person as required by the Agency.

Aged and Disabled Waiver CareConnection©

The Aged and Disabled Waiver CareConnection© is a secure web-based electronic system that tracks applicant/member statuses, contacts, appointments, selections of service delivery models, agencies, and many other data elements. The KEPRO system automatically determines medical eligibility based on the PAS results and calculates service level for eligible applicants/members through an algorithm developed based on policy. The system provides automated authorizations and allows for the submission and processing of special requests to extend existing authorizations as well as exports attribute and authorization information to the claims payer. The system processes and tracks agency referrals, discharges, letter/notices, PAS assessments and allows for document upload by various user types. Data necessary for routine and ad hoc reports is maintained within the system and is accessible for reporting and analysis. BMS has made the system mandatory for all agencies and other applicable contractors.

Contact KEPRO at 844-723-7811 for technical assistance with the web site.

Quality Assurance and Evaluation Timelines

Through the Quality Assurance program, KEPRO will ensure determinations for initial eligibility and service level occur within 45 business days of receiving the financial eligibility approval in accordance with current federal and state policy guidelines and court orders. Re-evaluations will be completed prior to the member's established Anchor Date (dependent on providers submitting the re-evaluation request within timeline). KEPRO will complete routine inter-rater reliability and quality assurance/improvement activities.

Fraud, Waste, Abuse Referral

In the event that KEPRO suspects fraud, waste, and/or abuse, we will refer our suspicions to the Office of Program Integrity (OPI).

For Additional Information

Bureau for Medical Services

350 Capitol Street, Room 251

Charleston, WV 25301

Phone: 304.558.1700

Fax: 304.558.4398

Website: <http://www.dhr.wv.gov/bms/Programs/WaiverPrograms/ADWProgram/Pages/default.aspx>

Bureau of Senior Services – Operating Agency

1900 Kanawha Blvd., East

Charleston, WV 25305

Phone: 304.558.2241

Website:

<http://www.wvseniorservices.gov/HelpatHome/MedicaidAgedandDisabledWaiver/tabid/77/Default.aspx>

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KEPRO

100 Capitol St., Suite 600

Charleston, WV 25301

Phone: 844.723.7811

Fax: 866.212.5053

Email: WVADWaiver@kepro.com

Website: <http://wvaso.kepro.com>

Fiscal Employer Agent (Personal Options)

Public Partnerships, LLC (PPL)

Phone: 877.908.1757

Efax: 877-567-0071

Website: <http://www.publicpartnerships.com/programs/WestVirginia/WVIDD/index.asp>

Claims Processing

Molina Medicaid Solutions

For Providers: 888.483.0793

For Members: 304.343.3380

Fax: 304.348.3380

Website: <https://www.wvmmis.com/default.aspx>

West Virginia Protective Services

Phone: 800.352.6513

Website: <http://www.dhr.wv.gov/bcf/Services/Pages/default.aspx>