West Virginia

KEPRO Medical CareConnection®

Self Registration/Enrollment Portal

LIVE/PRODUCTION

User Guide

Version 1.0

KEPRO Medical CareConnection® PROVIDER PORTAL INTRODUCTION

Welcome to KEPRO Medical CareConnection®, the Advanced Utilization Management System for West Virginia Medicaid Prior Authorization Services. This document defines and outlines the process necessary to gain access to the KEPRO Medical CareConnection® and describes the important information you will need to request and maintain access to the electronic prior authorization provider portal.

Due to the sensitive nature of the data stored within this web-based application, strict adherence to security and privacy, as mandated by HIPAA will be enforced. Please read this entire document before completing the Self Registration/Enrollment process.

Once you are ready to begin the registration process, you may access the portal at https://c3wv.kepro.com.

KEPRO Medical CareConnection® PROVIDER PORTAL OVERVIEW

Prior to utilizing the *KEPRO Medical CareConnection® Self Registration/Enrollment Portal* this document should be reviewed by the Agency/Hospital/Facility to determine the configuration of the organization as well as for shaping what level of staff can make requests via KEPRO Medical CareConnection®. Once the blueprint has been designed, the decisions must be approved by the Executive Leadership or their designees within the Agency/Hospital/Facility. This authorization will be reflected on the *KEPRO Medical CareConnection® Provider Portal Signature Page* which indicates that approval has been given to allow all individuals submitted as Users access to KEPRO Medical CareConnection® on the Agency/Hospital/Facility's behalf. **The KEPRO Medical CareConnection® Provider Portal Signature Page (see last page of guide) must be returned to KEPRO Healthcare via fax 1.866.209.9632, or via email, wvmedicalservices@Kepro.com, to ensure continued access the organization you created using the Registration/Enrollment portal.**

KEPRO Medical CareConnection® SYSTEM OVERVIEW

The KEPRO Medical CareConnection® application is designed to support specific roles in the Authorization process. Each User will be assigned to a specific role. The functionality, presentation of options, access to information and system behavior will be determined by the role a particular User plays. All information in the system is grouped by Organization. Each registered provider will define their Organization and User needs for preparing and submitting prior authorization requests. Appendices A and B are tools to help assist you in gaining the information needed to successfully designate your Organization, Organization Manager and Users.

Organization

The structure of the KEPRO Medical CareConnection® application is designed to support provider Organizations within the Authorization process. An Organization in KEPRO Medical CareConnection® acts as an umbrella which allows the Agency/Hospital/Facility to designate the staff members that will be given access to the CareConnection® to request authorizations for a specified service site, provider ID (Medicaid ID, NPIN or Tax ID), or group of IDs depending on the size and needs of the organization related to prior authorization requests. All Users under the umbrella of an Organization will have access to all of the requests that have been submitted to KEPRO by the Organization. An Agency/Hospital/Facility can have more than one Organization within KEPRO Medical CareConnection®. The same Provider ID can be attached to more than one Organization. The Provider ID is the number used to enroll the Organization with West Virginia Medicaid (Medicaid Provider ID, Tax ID or NPIN).

Each organization created by the Agency/Hospital/Facility must have at least one designated Organization Manager. The same individual can serve in this role for multiple organizations.

Organization Manager Role

Organization Manager Role has permission to create Users under the organization(s) to which the person having the role belongs to. Each Organization must have at least one Organization Manager (preference is two per). An Organization Manager may also be assigned an AUM Role. Please remember, it is important to register for the correct role(s) to ensure the appropriate access is granted.

AUM Functionality (Advanced Utilization Management)

Utilization Management functionality involves creation of authorization requests. The requests can be for Medical services. An AUM (Advanced Utilization Management) Authorization Request allows for the requesting provider to submit all pertinent information relating to their authorization request including, member information, provider information, administrative details, service details, evaluation information, diagnostic information, diagnosis information, biometric data, lab data, medication information and treatment plan information.

The following defines the two types of AUM User Roles:

AUM Provider Role

AUM Provider role will have all the functionalities of Advanced Utilization Management (AUM) except that the User role **will not** have the accessibility to **submit a request** directly to KEPRO. The AUM Provider will have the ability to submit to the designated AUM Utilization Manager for their Provider Organization. The AUM Provider may only search and view those prior authorization requests they create. This role was designed primarily for Users who are orienting to the system and/or may need a supervisory approval for each submission.

AUM Utilization Manager Role

Each Provider Organization must have at least one designated AUM Utilization Manager. A Utilization Manager will have the same rights and abilities as and AUM Provider and additional supervisory abilities. All Authorization Requests that are submitted by an AUM Provider are required to be reviewed by a Provider Organization's Utilization Manager. Once an authorization request has been reviewed by the Utilization Manager, the Utilization Manager will submit the Authorization Request to KEPRO. The AUM Utilization Manager may also create and submit requests directly to KEPRO. The AUM Utilization Manager may search for any request submitted for the organization(s) to which they have access. Each Provider Organization may have as many AUM Utilization Managers as they wish.

A User may only have one AUM Role assigned across all the organizations to which they belong (AUM Provider OR AUM Utilization Manager if a single Username and Password is to be utilized. If different roles are assigned different Usernames and Passwords must be assigned for each role. However, an AUM User may also be an Organization Manager and have the same Username and Password for BOTH roles.

KEPRO Medical CareConnection® ORGANIZATION AND ORGANIZATION MANAGER ROLE MAPPING

The structure of the KEPRO Medical CareConnection® Self Registration/Enrollment process maybe mapped prior to registering/enrolling Organizations as well as Users within each by utilizing the blueprint grids provided below.

KEPRO PROVIDER PORTAL ORGANIZATION GRID

Organization Name	NPIN TAX ID MEDICAID ID (LIST ALL)	Address City State ZIP	Phone	Designated Organization Manager	Email	Desired Username
Ex. Smith and Jones Medical Office	127923	123 Oak St., Suite 200	304-222-2222	Mickey Mouse	mickeym@sjmo.com	SJMICKEYM

KEPRO PROVIDER PORTAL AUM USER GRID

Organization(s) Granting Access To	User First Name	User Last Name	Desired KEPRO User Name	Email	Role Type: AUM UM or AUM Provider.	
Smith & Jones Medical Office	Minnie	Mouse	Sjminniem	minniem@sjmo.com	AUM UM ☐	AUM Provider **X**
Smith & Jones Medical Office	Receptionist	One	Sjreceptionist1	receptionisto@sjmo.com	AUM UM **X**	AUM Provider ☐
Smith & Jones Medical Office	Office	Manager	Sjofficem	officem@sjmo.com	AUM UM **X**	AUM Provider ☐
Smith & Jones Medical Office	Sam	Smith	Sjsmiths	smiths@sjmo.com	AUM UM **X**	AUM Provider ☐
Smith & Jones Medical Office	John	Jones	Jjones1	jonesj@sjmo.com	AUM UM **X**	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐
					AUM UM ☐	AUM Provider ☐

KEPRO Medical CareConnection® SYSTEM PERFORMANCE & SECURITY

SYSTEM ACCESS/PERFORMANCE

- The system will automatically terminate the active session after 45 consecutive minutes of inactivity. Please keep in mind that because this is a web based system, activity is measured by submitting or saving the record, or by retrieving information from the system. Simply typing within the form without submitting, saving, or retrieving data will be interpreted by the system as inactivity. Saving frequently is important in order to prevent the loss of data.

- Five invalid attempts to log into the system will suspend the current session. Closing and re-opening the browser is required before any further attempts to log in are made.

- The system uses pop-up windows. In order for the system to function predictably, any pop-up blockers must be disabled.

- The system requires Internet Explorer 6.0 or greater to comply with security components of the system.

- Security levels in the browsers should be set to "MEDIUM".

- The system's speed and response times are directly related to the speed of the connection to the internet.

- While high speed access is preferred (DSL or Cable Modem); dial up speeds will be supported.

REQUESTING A USERNAME

Usernames and Passwords may only be created by the designated Organization Manager(s) within registered Agency/Hospital/Facility. Organization Managers are authorized once the Agency/Hospital/Facility has initiated the Registration/Enrollment process on the Self-Registration/Enrollment Portal and submitted the required *KEPRO Medical CareConnection® Provider Portal Signature Page*. Upon KEPRO approval, the Organization Managers are authorized to create Portal Users.

USERNAME AND PASSWORD REQUIREMENTS

- An initial Password will be created by KEPRO Healthcare and assigned to the Username.

- All Passwords must be changed by the User the first time the system is accessed.

- Usernames may contain both alpha and numeric characters and are case sensitive.

- Passwords are case sensitive.

- Passwords must be a minimum of eight characters and contain a capital letter, lowercase letter, number and a symbol (#, *)

- Passwords can only contain alpha (a-z) and numeric (0-9) symbols ($, %). No other characters, spaces, etc. are permitted.

- Passwords will automatically expire after 30 calendar days, regardless of activity.

- When changing a Password, the new password must be different than the current/expiring password.

- The current Password must always be supplied when creating a new password.

- New Passwords must be entered into the system twice identically to ensure accuracy.

- A new Password can be created by the User on demand and anytime.

KEPRO Medical CareConnection® Self Registration/Enrollment

Below begins a series of instructions with screenshots provided to assist an Agency/Hospital/Facility become a registered Organization on the KEPRO Medical CareConnection® Portal. The initial setup will require the designated Organization Manager (defined above) to register their Agency/Hospital/Facility. Upon that registration, the Organization Manager will then create their own account to begin the process of constructing additional users to the Agency/Hospital/Facility.
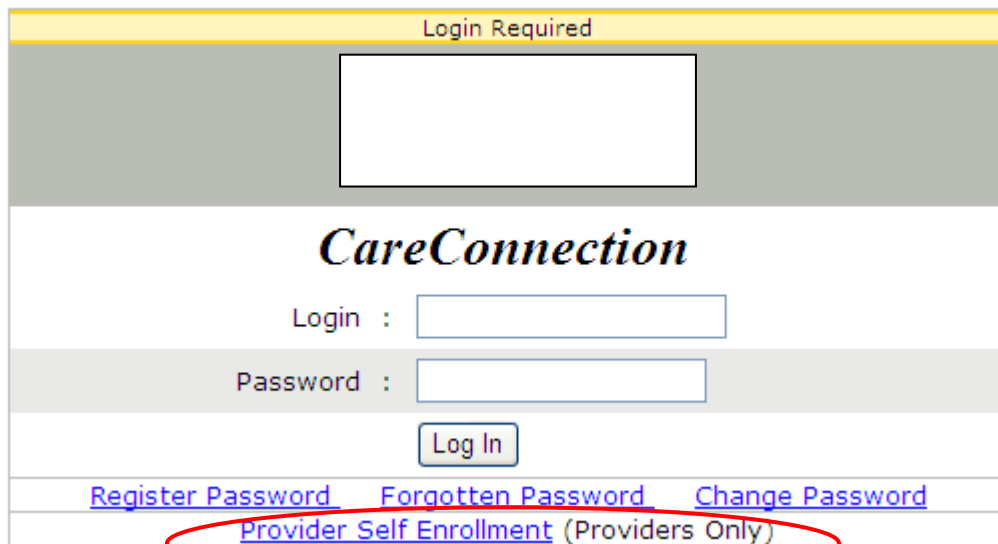
NOTE: If the Organization Manager already has a Username and needs to submit a new Organization Registration/Enrollment Request, follow the same directions as outlined below but enter the approved Username from your first submission in the appropriate Desired Username field on the Organization Registration/Enrollment Request Form.

*PLEASE SEE APPENDIX A FOR THE KEPRO PROVIDER PORTAL ORGANIZATION GRID TOOL THAT HAS BEEN PROVIDED TO ASSIST YOU IN COMPLETING THE ORGANIZATION REGISTRATION REQUEST.

The Home Page—Provider Self Registration/Enrollment Login

On the login screen, when selecting the **_Provider Self Enrollment_ _(Providers Only)_** link, a new screen opens to display the *Organization Registration/Enrollment Request Form*.

Login Screen:

Organization Registration Request

**Required fields are marked in red

Organization Name :

Address 1 : Address 2 :

City : State : Select One Zip :

Country : Select One

Phone : Fax :

Desired Username : Organization Admin Phone :

Organization Admin Last Name : Organization Admin First Name :

Organization Admin Email : Confirm Organization Admin Email :

☐ I have read and agree to the terms and conditions

Submit

How to Submit the Electronic Form

Note: All fields in red are mandatory.

1. Enter the Organization Name.
2. Enter the Organization Address1. (Address 2 is optional but maybe used to delineate APT #, Suite, etc.)
3. Enter the Organization City
4. Enter the Organization State
5. Enter the Organization Zip
6. Enter the Organization Country
7. Enter the Organization Phone – Phone # including Area Code.
8. Enter the Organization Fax - Fax # including Area Code.
9. Enter the Desired Username - Organization Admin Username (This can be any ID the User chooses the first time they submit a request. Suggestion is to use the first initial of the User first name and the full User last name) **Note:** If the User has been issued a Username and are registering another Organization, they must enter that Username on the form.
10. Enter the Organization Admin Phone – Phone # including Area Code.
11. Enter the Organization Admin Last Name
12. Enter the Organization Admin First Name
13. Enter the Organization Admin Email (The Organization admin will receive important notifications regarding the Organization set up to this email address.)
14. Enter the Organization Admin Confirm Email
15. Click on the 'terms and conditions' hyperlink at the bottom of the page above the Submit button.
    a. A box will open detailing the Terms and Conditions of use of the system. Carefully review the terms and conditions and if you agree, close the screen by clicking the red x and check the box on the form stating that you have read and agree to the terms and conditions.
16. Review all the information entered and Click SUBMIT
17. **Note**: If the Organization Admin Confirm Email that is entered does not match the original Organization Admin Email entered, the form cannot be submitted. Notifications are sent to this email address when the request is completed.

Organization Manager—Organization Submit Confirmation

Once the Organization Registration Request Form is submitted, the Organization Manager receives a confirmation pop-up message on screen.

Confirmation Screen

Thank you for your Organization Registration Request. Your request has been sent for approval and you will be notified by email when the request has been completed.

OK
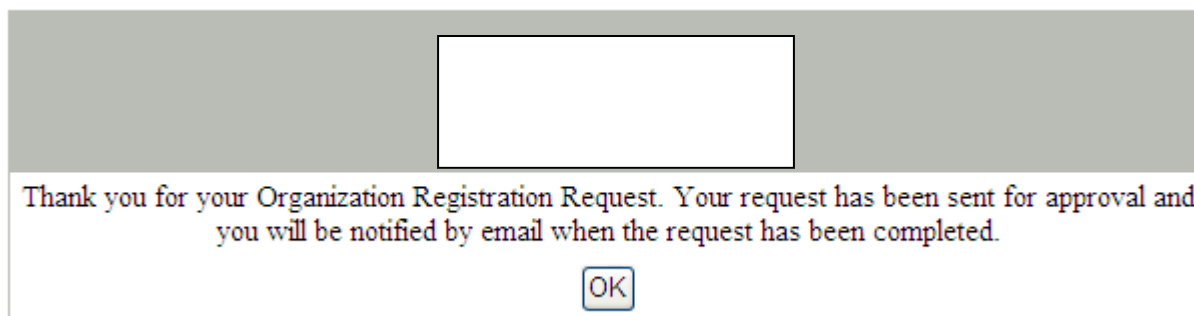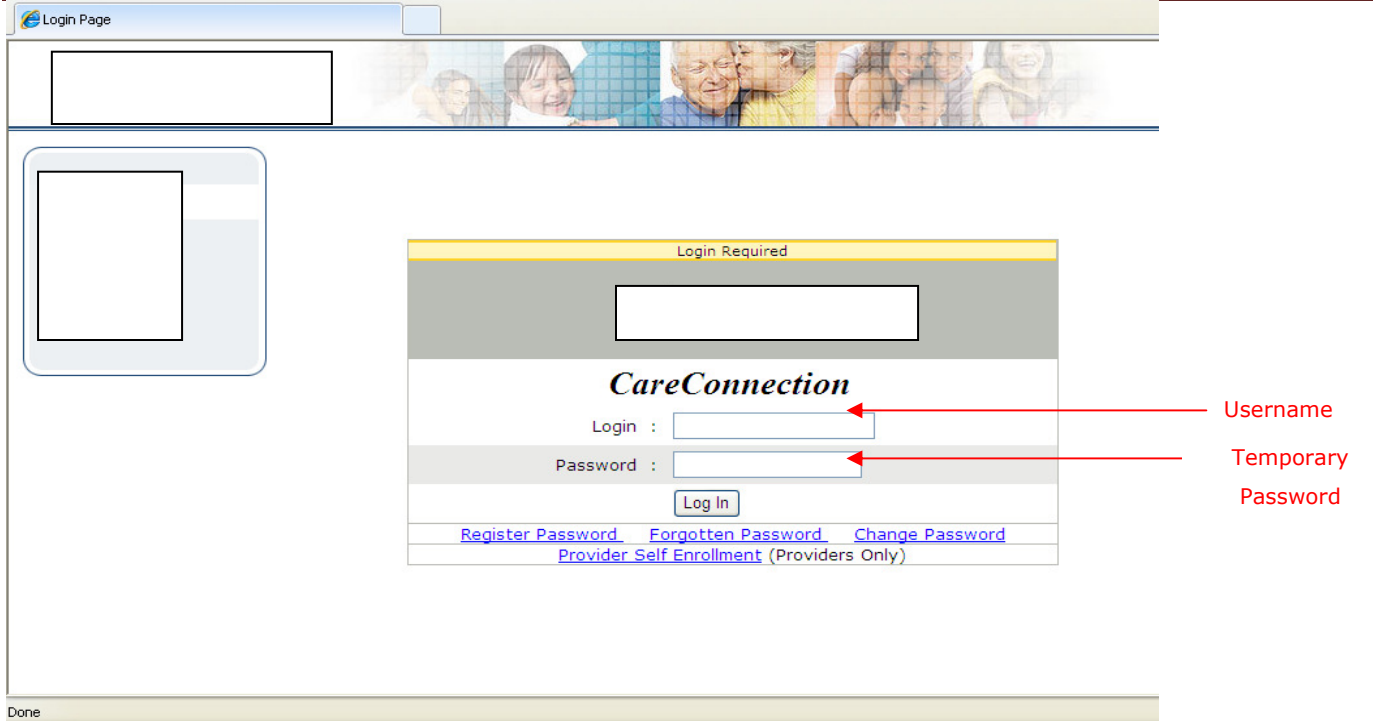
Receiving an Organization Approval Email
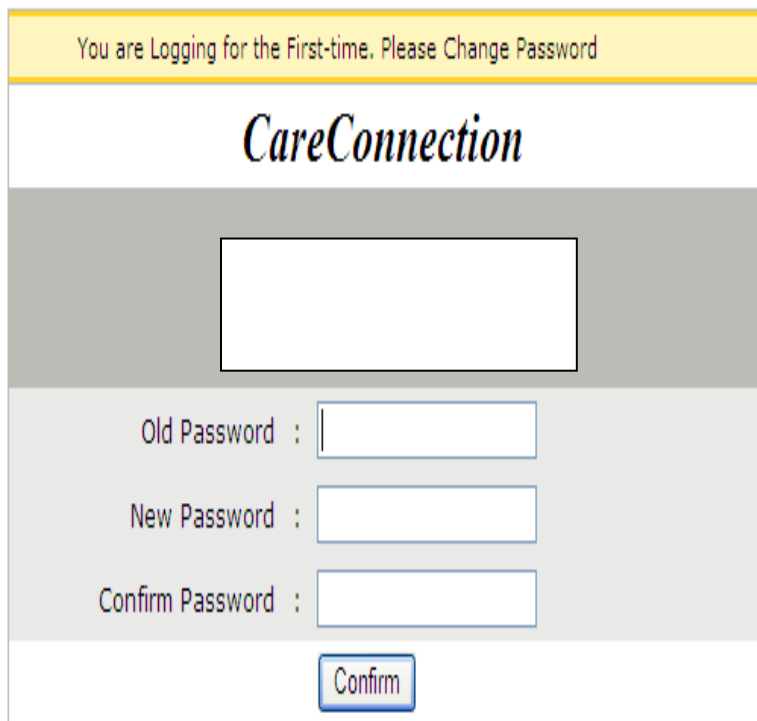
The User will receive an email message when the Organization has been reviewed by KEPRO.

An Organization Registration Request Approval Email will contain your Username and Temporary password. Upon arrival (please allow up to 2 business days), click on the link in the email to login. You will be directed to a page that requires you to logon.

Login Page

Login Required

CareConnection

Login : [   ] ← Username

Password : [   ] ← Temporary Password

[Log In]

Register Password   Forgotten Password   Change Password
Provider Self Enrollment (Providers Only)

Done
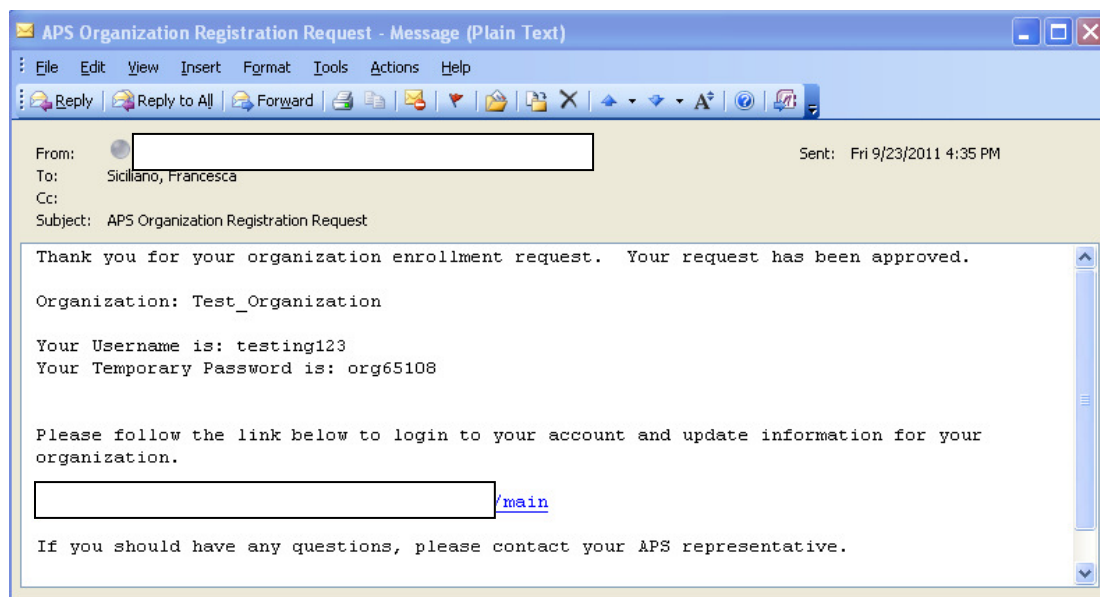
After you click "Log In" the following screen appears and prompts you to create a new password.

You are Logging for the First-time. Please Change Password

CareConnection

Old Password : [   ]

New Password : [   ]

Confirm Password : [   ]

[Confirm]

Note: All fields are mandatory.

- Enter the old password.
- Enter the new password.
- Enter the new password in confirm new password field.
- Click **Confirm**. The password is successfully changed. The provider can use the new password to login to the system the next time he/she logs in.

Note:

- *If the old password entered does not match the current password, the password will not be changed.*
- *If the values in the new password and confirm new password fields do not match, the password will not be changed.*

Organization Denial Email

An Organization Registration Request **Denial Email** will contain the denial reason which could be any one of the following:

- Organization Record Already Exists
- User already exists
- Request Incomplete
- Other

Please contact your KEPRO representative if you need additional information pertaining to your request.

Denial Email Screen
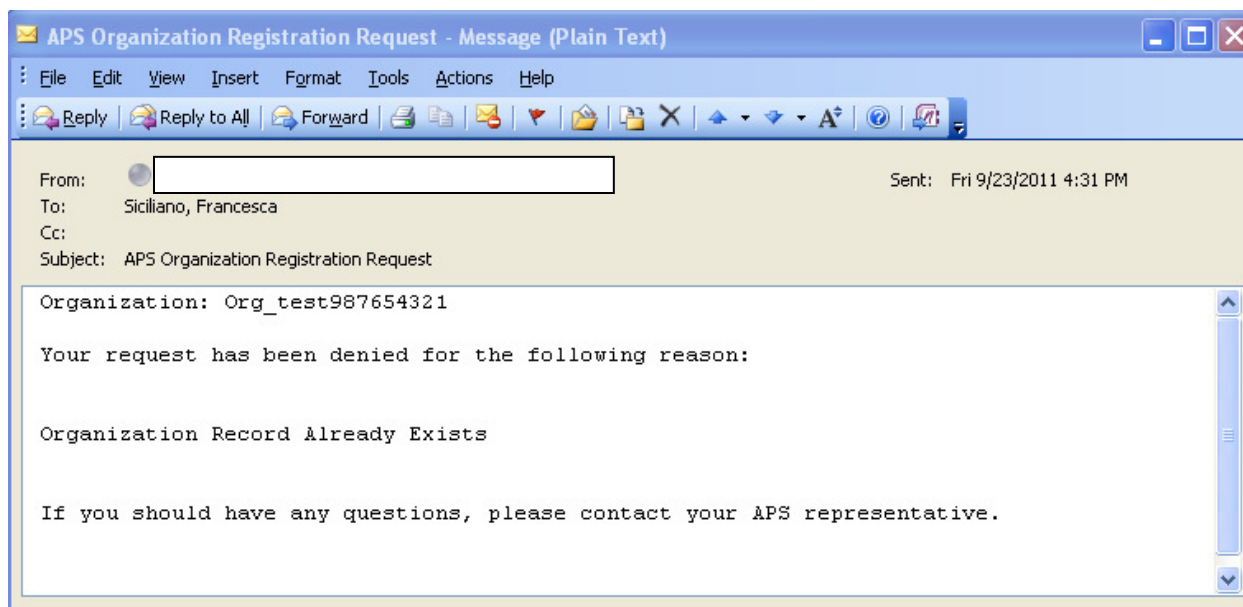
West Virginia

KEPRO Medical CareConnection® Maintenance: Updating Organizations, Adding Users and Providers to Existing Organizations

Welcome Page

The welcome page link opens a screen that displays the logged in provider details such as provider name, organizations the provider is associated with and User roles of the provider.

Welcome Page Screen
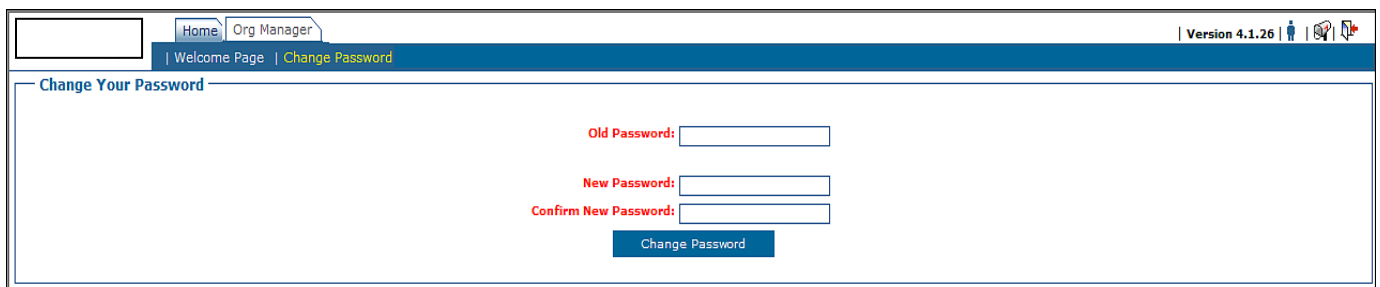
Change Password

The change password link opens a screen that enables the provider to change the password.

How to Change a Password

Change Password Screen

Note: All fields are mandatory.

- Enter the old password.
- Enter the new password.
- Enter the new password in confirm new password field.
- Click **Change Password**. The password is successfully changed. The provider can use the new password to login to the system the next time he/she logs in.

Note:
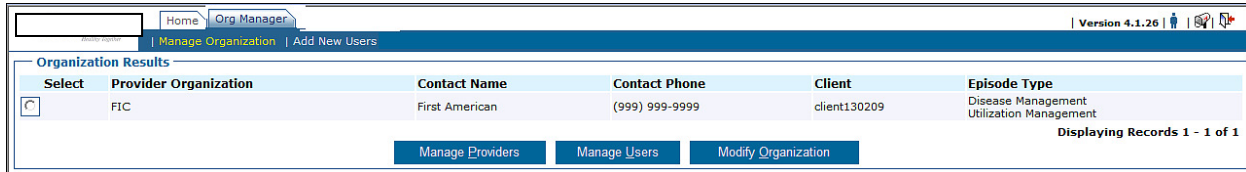
- If the old password entered does not match the current password, the password will not be changed.
- If the values in the new password and confirm new password fields do not match, the password will not be changed.

Organization Manager Functions

Managing an Organization

The Manage Organization link opens a screen that displays all the organizations that the logged in User belongs to.

Manage Organization Screen

Managing Providers

The User can manage the providers belonging to any organization.

How to Manage Providers:

1. Select the radio button corresponding to the organization to manage providers belonging to that organization.

2. Click **Manage Providers** button. This opens **Organizational Providers** screen.

3. This screen displays all the providers belonging to the organization. The providers are displayed in a tabular format with the following details

   a. Provider name

   b. Address

   c. Type

   d. Specialty

   e. Eligibility ID

   f. NPIN

   g. Tax ID

   h. User

   i. Status

4. Click **Back** button to navigate to manage organization screen.

Providers Organization Screen

To add a provider to your organization, please call KEPRO at (800) 346-8272 and ask for technical assistance

How to Deactivate the Provider:

1. Select the radio button corresponding to the provider to be deactivated.
2. Click **Deactivate**. A dialog box appears.
3. Click **Ok** to deactivate the provider.

   Or

   Click **Cancel** to cancel the operation.

   Note: The deactivated provider is displayed in the organizational provider screen as inactive.

Deactivate Provider Screen

Managing Users

The manager can add Users to the organization under this link.

How to Manage Users:

1. Select the radio button corresponding to the organization to add new Users.
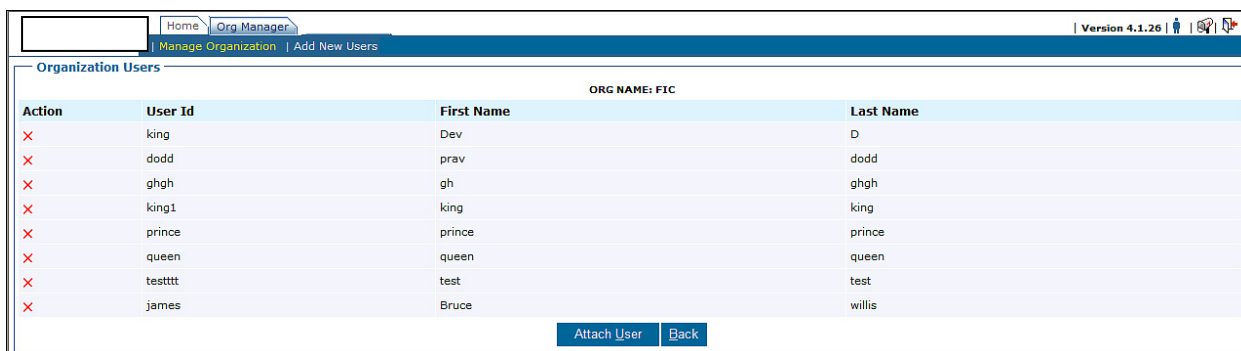
   Click **Manage Users** button.

2. This opens **Organization Users** screen.

3. This screen displays all the Users belonging to the selected organization in step 1. The User details are displayed in a tabular format with the following details

   a. Action – -deactivate the User

   b. Username

   c. First name

   d. Last name

4. Click **Back** to navigate the **Manage Organization** screen.

5. To add additional users to the Organization, repeat steps 1-4.
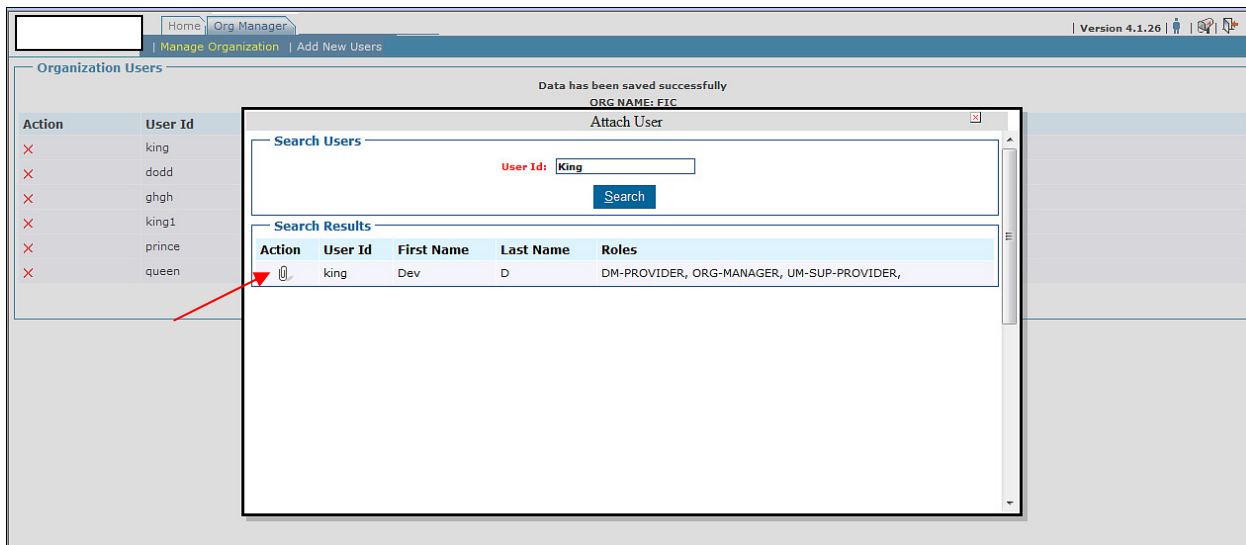
Organizational Users Screen

How to attach a New User:

1. Click **Attach User** button.

   This opens **Attach User** screen.

2. Enter the Username of the User to be attached. This field is a mandatory field.

3. Click **Search**.

4. The search results are displayed in the same screen in a tabular format with the following details

   a. Action -

   b. Username

   c. First name

   d. Last name

   e. Roles

5. Click under action to attach the User to the organization.

Attach User Screen

How to Deactivate the User:

1. Click ✕ under action corresponding to the User in the **Organization Users** screen.
2. A dialog box appears.
3. Click **Ok** to deactivate the User.

   Or

   Click **Cancel** to cancel the operation.
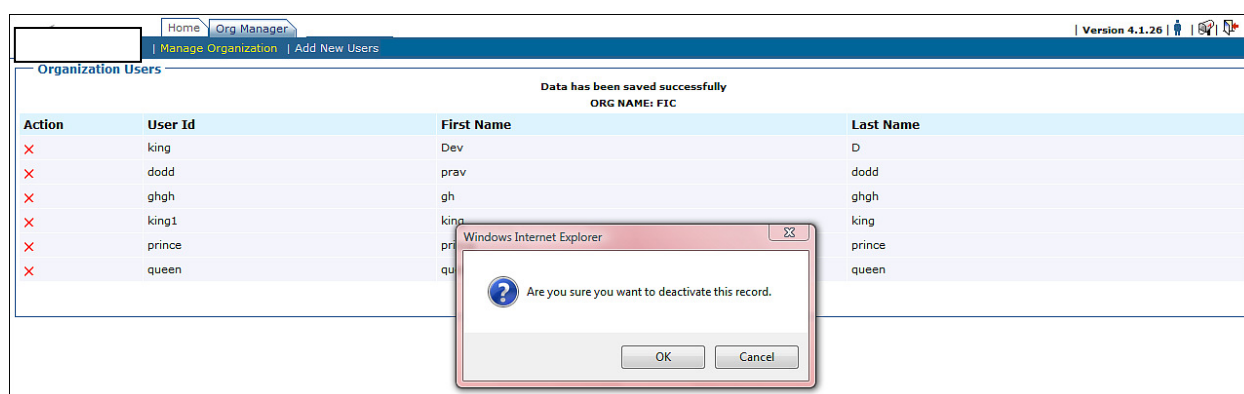
How to Modify an Organization

The modify organization link opens a screen that enables the User to modify the organizational details such as organization name, address and contact details.
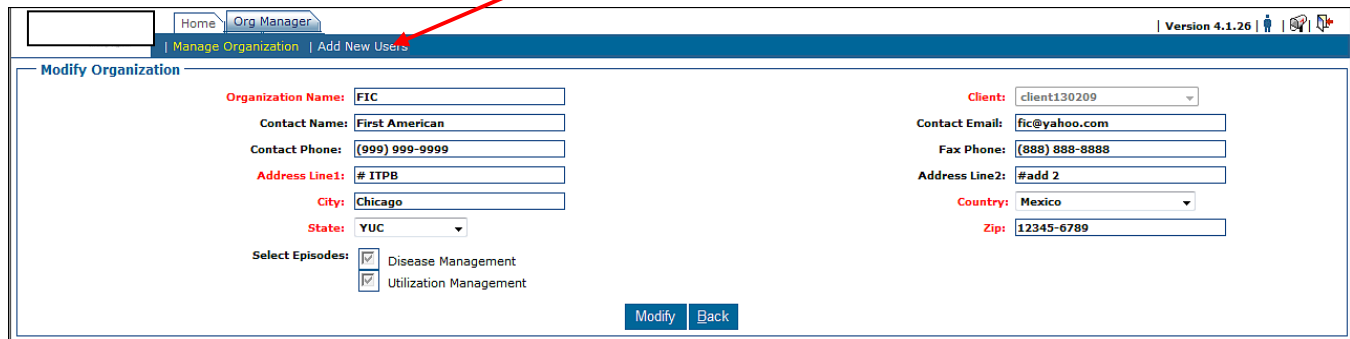
The User cannot modify the client name and episodes.

Make the required modifications and click **Modify** to save the modifications.

Note: The fields' organization name, address line1, city, country, state and zip are mandatory fields.

Click **Back** to navigate to the **Manage Organization** screen.

![KEPRO logo]

Modify Organization Screen

Adding New Users:

Organizational manager can add Users to his/her organization under add new Users' link.

How to Add New User to the Registered Organization:

1. Click **Add Organization User** button.

   This opens **Add System User** screen.

   Note: The fields' first name, last name, system Username, password and confirm password are mandatory fields.
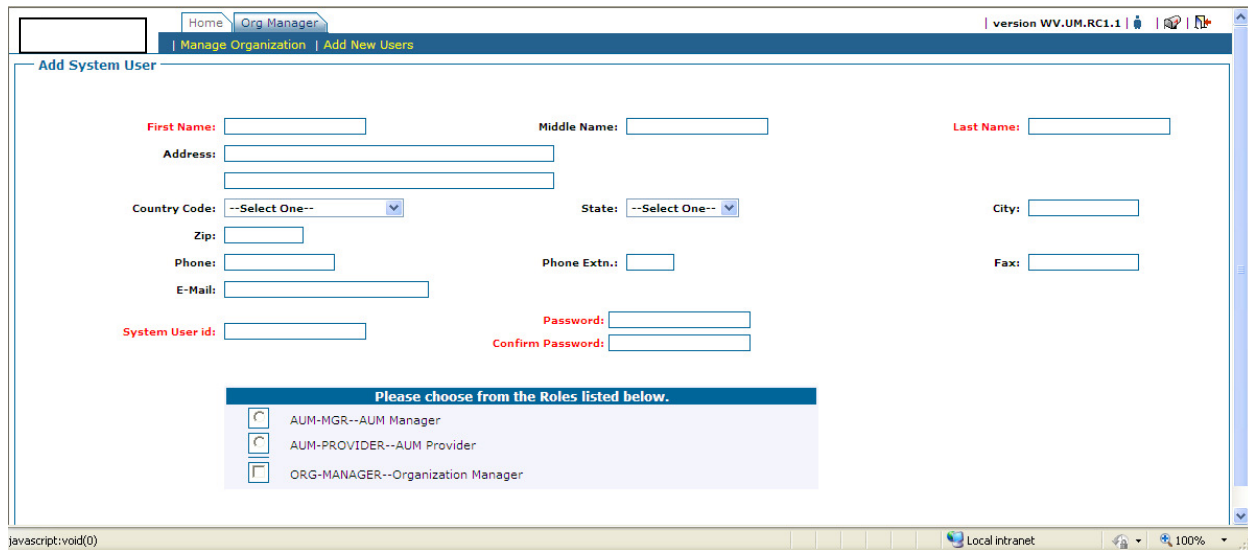
2. Enter the first name.

3. Enter the middle name.

4. Enter the last name.

5. Enter the address.

6. Select the country code from the drop-down list.

7. Select the state from the drop-down list.

8. Enter the city.

9. Enter the zip code.

10. Enter the phone and phone extension.

11. Enter the email ID.

12. Enter the system Username.

13. Enter the password.

14. Enter the password in the confirm password field.

15. Select the User roles from the available list.

16. Click **Add System User** button. The User will be successfully added to the system.

    Or

    Click **Cancel** to cancel adding new User and continue to **Add New Users** screen.

*PLEASE SEE APPENDIX B FOR THE KEPRO PROVIDER PORTAL AUM USER GRID TOOL THAT HAS BEEN PROVIDED TO ASSIST YOU WITH USERS.

Add System User Screen

You may add as many users as necessary for your organization. Once you are finished adding users, you have completed the necessary provider organization requirements.

CONGRATULATIONS!!! Your organization is now registered! Please complete the signature page and either email to wvmedicalservices@Kepro.com, or fax to **1- 866-209-9632.**

KEPRO MEDICAL CARECONNECTION®

PROVIDER PORTAL SIGNATURE PAGE

Prior to submitting this form, the remitter must review this guide in its entirety to ensure the Agency/Hospital/Facility Self Registering/Enrolling as an Organization understands the task at hand. This will allow the Organization to determine what level of staff can make requests via KEPRO Medical CareConnection® and the decision to utilization this application should be made by the Executive Leadership within the Agency/Hospital/Facility. Submission of this form indicates that approval has been given to allow all individuals created by the elected Organization Manager to access to use KEPRO Medical CareConnection® on the Agency/Hospital/Facility's behalf.

An Agency/Hospital/Facility may have a single signatory to cover all organizations created for the agency/hospital facility or they may have multiple forms with various signatories to cover designated organizations. There must be a signatory on file that covers each organization an agency/hospital/facility has requested to have access.

Organization Name and NPIN:

Organization Name and NPIN:

Email Address:

I, individually and as an authorized representative of the aforementioned organization, agree that I will access and use the information available through KEPRO Medical CareConnection® secure web site only for treatment and healthcare operations purposes. I will use all reasonable precautions with respect to protecting the security of unique logins and the privacy and security of the data within this web site. By signing this request, I agree to adhere to all security and privacy requirements when using the web application, as mandated by HIPAA.

Signature: **Date:**

Print Name: **Title**:

APPENDIX A

KEPRO PROVIDER PORTAL ORGANIZATION
REQUEST FORM

This KEPRO Provider Portal Organization Request Form is a tool for your use in order to assist you in registration portal. This form is NOT mandatory and is for your guidance only.

Organization Name	Designated Organization Manager	NPI Tax ID Medicaid ID	Address City State Zip	Phone	Email	Desired Username
SMITH & JONES MEDIAL OFFICE	Sally Jones	000-000-0000-0	123 OAK ST., SUITE 200	304-222-2222	OFFICEMGR@SJMO.COM	Sjones

KEPRO PROVIDER PORTAL AUM USER REQUEST FORM

The organization manager will create a username and password for each user designated by the agency/hospital/facility, and will associate them to one or more organizations as indicated on the Provider Portal Organization Request form. The Provider Portal AUM User Request Form is a tool to assist you with adding new users for your organization.

User First Name	User Last Name	Desired KEPRO username(s)	Organization requesting Access to (list all that apply)	Role 'Type: AUM UM or AUM Provider. Same role applies to ALL organizations you are requesting access to
SAM	SMITH	ssmith	Smith & Jones Medical Office	AUM UM