



West Virginia CareConnection for Behavioral Health Services *Status of Submissions: Response Files*

KEPRO provides Behavioral Healthcare Providers response files containing the status of their Prior Authorization Service Requests and data submission errors on a User-Password Secure Web Site. The status of a Provider's Requests for Prior Authorization of Services: Authorizations, Closed, Pended, Duplicate, and Errors – are typically made available once each business day. The posting of the response file on the web site will occur at approximately 8:00p.m. each workday.

Note: A provider will find a zipped file on <https://careconnectionwv.kepro.com> when they have newly submitted data that processed or there were actions taken on existing service records since the last export process, otherwise a provider will not have a file, as there is no new information for KEPRO to share.

PASSWORDS

Each Provider's Authorized User obtains a User ID and a six (6) character Password for use to logon to the CareConnection website: <https://careconnectionwv.kepro.com>.

To extract a compressed, password-protected response file the user is required to use the KEPRO assigned eight (8) characters Password. Users' IDs and passwords are unique to each user and allow access only to his/her organization's files.

You may access the KEPRO Web Site by following the instructions below:

INTERNET ACCESS:

Typically, any web browser (Netscape, Internet Explorer, AOL, etc.) with internet access will allow you to connect to the Web Site.

FROM BROWSER'S HOME PAGE: (See Figure 1.)

- In the **Address or Location** field at the top of the active screen
- Enter the following URL (Uniform Resource Locator) or "site address":

<https://careconnectionwv.kepro.com>

- After entering the URL in the Address/Location Field -
- Press the **Enter** key on your keyboard.

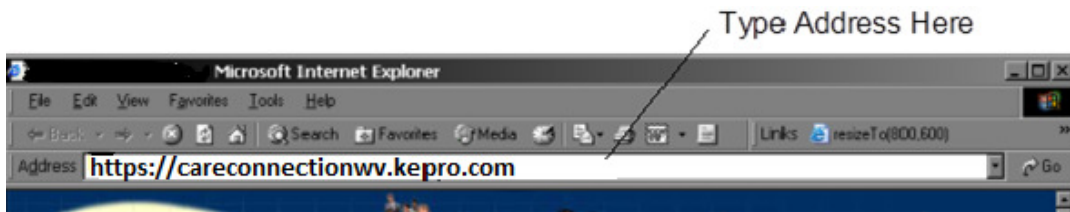


Figure 1.

LOGIN SCREEN: see Figure 2.

- Enter your Individual User ID in the User ID field.
- Enter your login password in the password field
 - Both the User ID and Login Password are case sensitive.
 - You will be required to change your password after logging in the first time.
- Click the login button to access the site and click the Response File Link* to access your organization’s response files.



Figure 2.

FROM THE DOWNLOAD SERVICE REQUEST SCREEN: Figure 3A.

You access your organization’s Response Files by clicking the “Options” menu item in the upper right of the screen and selecting “Download File”.

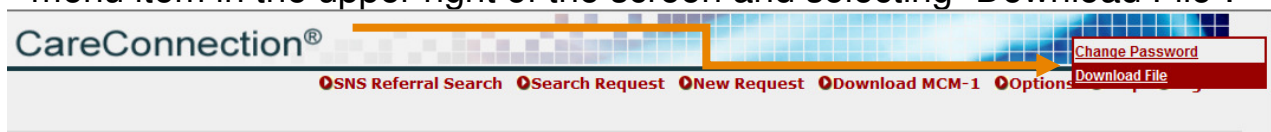


Figure 3A.

You will find a listing of your organization's new and un-archived response files. You may also see previous response files by clicking the "ARCHIVE" link.

The Organization's ID, Date, and File extension constitute each file's name:

NNNNNNNNNN _ ZIP _ YYMMDD _ BBB . zip
Agency ID Year Month Day Sequence Number – This will usually be 001. This will be 3 day.

Files will be available for up to ninety days on the web site (as allocated storage space allows); thus, multiple files may be listed. See the Archiving Section of this manual for information regarding the service file archiving feature.

To download a specific file (see Figure 3B.)

- Double-click the File Name of the File you wish to download and follow the file download instructions.

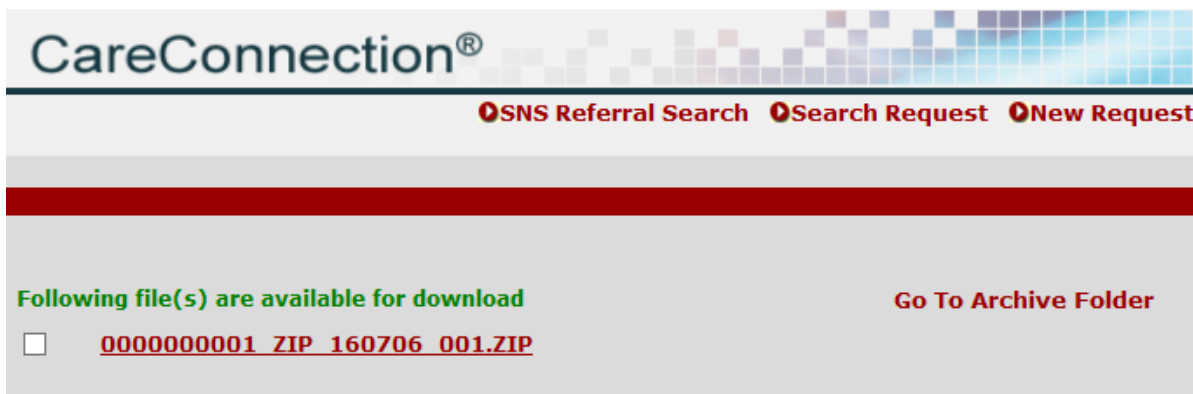


Figure 3B.

Files will be available for up to ninety days or longer on the web site thus, multiple files may be listed. See the Archiving Section of this manual for information regarding the file archiving feature.

FROM THE FILE DOWNLOAD BOX (see Figure 4.)

- Follow the file download instructions by opening the file.
- Then select the action you would like by either selecting the appropriate radio button and clicking "OK" or clicking the Open/Save button.

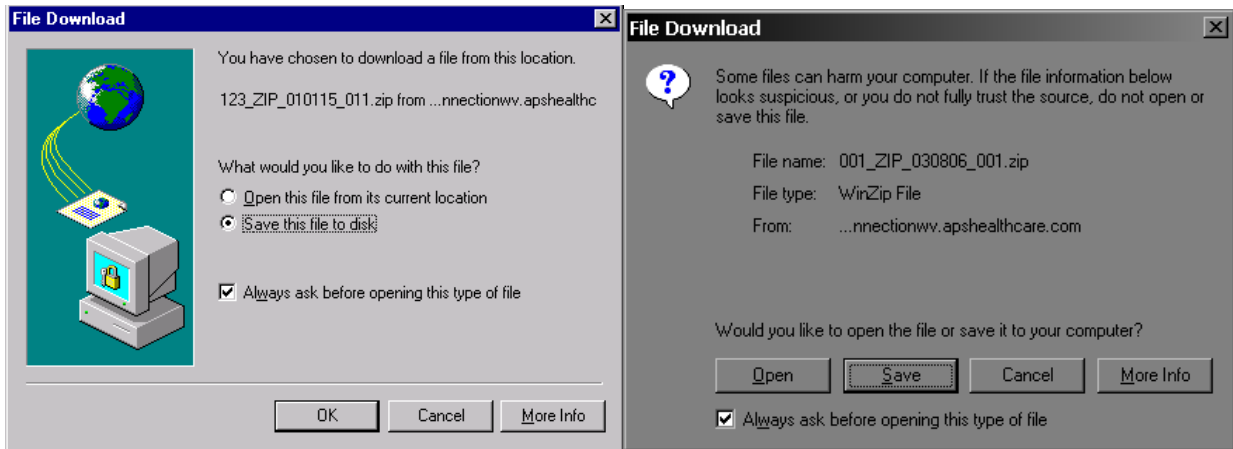


Figure 4.

FROM SAVE THIS FILE TO DISK (see Figure 5.)

After clicking the OK Button, indicate the location in which you want to save the file you are downloading and click the Save Button. The download file window will read “Download Complete” when the file successfully downloaded in the location you designated.

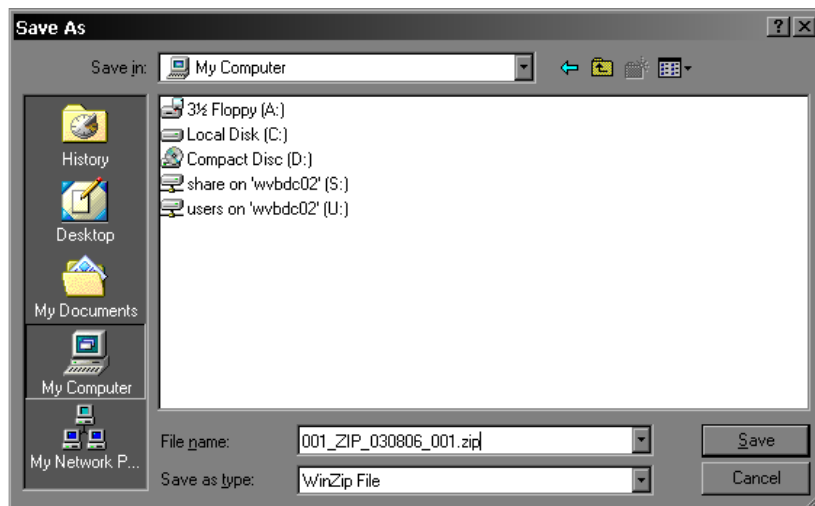


Figure 5.

OPENING A FILE (see Figures 6 & 7.)

Each file is compressed (using the zip compression format) and password protected. Opening a file requires the use of an extraction program.

All zipped Behavioral Health response files will contain five response files: aut, det, hdr, rea, and rol. BBHBF Contracted Providers will also find the following files: fed, Eli and csd.

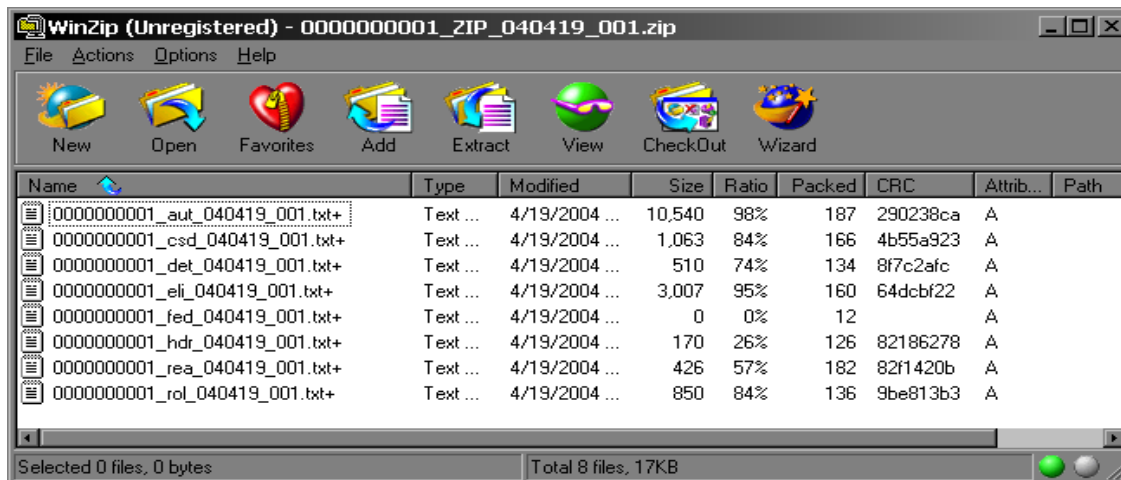


Figure 6.

When you attempt to open the first response file from a download, a dialog box will appear and require the entry of your file password.



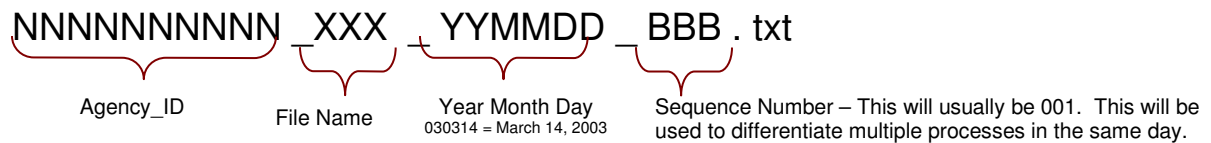
Figure 7.

Once the Response File Password is accepted thus allows you to view a response file, you may double-click the other response files without reentry of the password.

RESPONSE FILES

Each response file is a Pipe (|) Delimited text file. This means that each field may be of varying length (up to the maximum length indicated below in the file layouts). A pipe symbol “|” separates fields from the previous and next fields, whereas, a line break separates each Record in a file.

The naming convention for the individual response files includes the Organization (Agency) ID, File Name, Date, and File extension constitutes each file’s name:



The aut File

- The aut file reports the Authorized, Pended, Closed, Automatically Closed, Duplicated, and Denied Requests for Prior Authorization of Service. The file layout of the aut file is:

aut File Layout

Field Name	Length	Format
Detail_ID	10	Numeric
Header_ID	10	Numeric
Provider_ID	10	Numeric
Consumer_ID	11	Character
Consumer_Medicaid_Id	11	Character
Consumer_Last_Name	20	Character
Consumer_First_Name	15	Character
Consumer_Middle_Name	15	Character
Prov_Medicaid_Code	11	Character
Service_Code	5	Character
Service_Code_Modifier_1	2	Character
Service_Code_Modifier_2	2	Character
Filler	2	Character
Service_Start_Date	10	Date – MM/DD/YYYY
Service_End_Date	10	Date – MM/DD/YYYY
Service_Status	4	Character
Authorized_Units	5	Numeric
Comment	255	Character
System_Id	10	Numeric
Authorization_No	10	Numeric
Agency_Trans_Id	10	Character

The Service_Status will contain one of the following values indicating the status of the Request for Prior Authorization of the Service:

- AUTH = Authorized: The service with a status of “AUTH” is authorized and the Service_Start_Date, Service_End_Date, Authorized_Units, and Authorization_No fields will contain data.
- PEND = Pending: The service request is pending, requiring review by a Care Manager. When clarification and/or additional clinical information is needed, the Care Manager will correspond with the Provider’s UM Manager. Some Pended Requests will not require interfacing with the Provider’s UM Manager; the Care Manager will resolve these cases without contacting the Provider. Upon review, a pended request is worked to resolution and its resulting status is reported in a subsequent response file. PEND reason(s) for each Pended Request may be found in the REA file of the same download by matching the Detail ID of a Pended Request in the aut file to the Detail ID of a record(s) in the rea file. Note: A Pended Request may be pending for more than one reason, thus find all matching Detail ID Records in the rea file.
- CLOS = Closed: The Care Manager has closed the service request. No further action will occur when a request is in Closed status. The Comment field of the record will provide information regarding the closure. The reason(s) the request was closed may be found in the rea file of the same download by matching the Detail ID of the Closed Request in the aut file to the Detail ID of the record(s) in the rea file. A Closed Request may have been closed for more than one reason, thus find all matching Detail ID records in the rea file.
- DUPL = Duplicate: The service request was a duplicate of an existing Authorized Service. The Authorized Service and the Duplicate Request contain the same Consumer_Id, the same Service_Code, and the same Service_Start_Date. No further action will occur when a request is in Duplicate status.
- ACLO = Automatically Closed: An existing Pended Request automatically closes when a new service request containing the same Consumer_ID, the same Service_Code, and the same Service_Start_Date is submitted. The new request is processed and the results are published in the aut file.
- DENY = Denial: The requested prior authorization of a service, after care manager and physician clinical review, resulted in a denial of authorization.

See Figure 8 for an example of an aut file (the names and identifying numbers are masked in this example):

aut File

000000019_AUT_040419_001

```

63448|30379|19|000001|0099999999|LASTNAME|FIRST|MIDDLE|0005563001|90853|||
04/04/2001||CLOS||4/9/01 close need to resubmit with proper CAFAS score|38837|
|0405010996
63450|30379|19|000002|000000011|LASTNAME|FIRST|MIDDLE|0005485001|H0004|HO|||
04/04/2001||CLOS||4/9/01 close need to resubmit with proper CAFAS scores|38838|
|0405010998
63451|30379|19|000003|000002222|LASTNAME|FIRST|MIDDLE|0005454001|H0004|||
04/04/2001||CLOS||4/9/01 close - need to resubmit with proper CAFAS scores|38839|
|0405010999
63449|30379|19|000004|000003333|LASTNAME|FIRST|MIDDLE|0005445502|T1017|||
04/04/2001||CLOS||4/9/01 close need to resubmit with proepr CAFAS scores|38840|
|0405010997
63457|30390|19|000005|000007777|LASTNAME|FIRST|MIDDLE|0005444402|H0004|||
03/28/2001|06/28/2001|AUTH|15||38846|1099850108|0330010820
    
```

Figure 8.

The rea File

The rea file contains the reason or reasons a Service Request (within the aut file of the same download) is in *pend* or *close* status. The Detail ID of the rea file will match a record in the aut file with the same Detail ID.

000000019_REA_040419_001

```

55981|63448|19|00001|90853|||C01|Review time lines expired without agency having
provided sufficient information to authorize the requested service
55982|63450|19|000002|H0004|HO||C01|Review time lines expired without agency
having provided sufficient information to authorize the requested service
55983|63451|19|000003|H0004|||C01|Review time lines expired without agency having
provided sufficient information to authorize the requested service
55984|63449|19|000004|T1017|||C01|Review time lines expired without agency having
provided sufficient information to authorize the requested service
    
```

The rea file layout follows:

rea File

Field Name	Length	Format
Reason_ID	10	Numeric
Detail_ID	10	Numeric
Agency_ID	10	Numeric
Consumer_Id	11	Character
Service_Code	6	Character
Service_Code_Modifier_1	2	Character
Service_Code_Modifier_2	2	Character
Filler	2	Character
Service_Code_Modifier	2	Character
Reason_Code	20	Character
Reason_Description	255	Text

The **rol** File:

The rol file contains the previously Authorized Services which have been updated. This is also called a “rollback,” though the change may either decrease or increase the length or units of an authorization. The rollback of an authorized service will contain a change from the original authorization in one of three fields: the Service_Start_Date, the Service_End_Date, and/or Authorized Units. A roll back supersedes the previous authorization of a service, thus the original and rollback Authorization_No will be the same. The file layout of the rol file follows and an example of a file may be found in Figure 9.

rol File

Field Name	Length	Format
Detail_ID	10	Numeric
Header_ID	10	Numeric
Agency_Id	10	Numeric
Consumer_Id	11	Character
Consumer_Medicaid_Id	11	Character
Medicaid_Service_Code	5	Character
Medicaid_Billing_Code	11	Character
Service_Code_Modifier_1	2	Character
Service_Code_Modifier_2	2	Character
Filler	2	Character
Service_Start_Date	10	Date
New_Service_End_Date	10	Date
Rollback_Sequence_No	3	Numeric
New_Authorized_Units	5	Numeric
Comment	255	Character
System_Id	10	Numeric
Authorization_No	10	Numeric
Rollback_Reason_Code	10	Numeric
Rollback_Reason_Description	255	Character

Example of a **rol** file:

000000019_ROL_040419_001
13667 6738 19 12121212 12121219418 H0004 HO
0012121002 02/09/2001 04/04/2001 1 10 730
1064850217 R24 TX Planning Juncture-New Service Group

Figure 9.

The **hdr** and **det** Files:

The hdr and det files contain the CareConnection and Service Requests records that failed data validation and/or business rules or were a member of a group of

Service Requests of which one member failed. The hdr and det files are the Error Files. The hdr file contains CareConnection record error information, while the det file contains error information pertaining to the Service Requests.

When Error is in:	The hdr record message	The det record message
Connection Record Only	The specific error in the Connection data will be stated.	"Header Error" in each associated Service Request
At least One, but Not all Service Request Records	"Some Details are erroneous."	The request with error will have the specific error stated. The error-free requests will read, "Some Details are erroneous."
Connection Record and At least One, But Not All Request Records	The specific error in the Connection Data will be state and the message, "Some Details are Erroneous"	All requests will read "Header Error" The request with error will have the specific error stated and the error-free requests will read, "Some Details are Erroneous."
All Request Records Only	"All Details are Erroneous"	Each request will have a specific error stated.
Connection Record and All Request Records	The specific error in the Connection data will be stated and the message, "All Details are Erroneous."	All requests will read, "Header Error" and each will have its specific error stated

You may identify the associated hdr and det records through the corresponding Header_ID field in each file. Note: The requests for prior authorization of a service submitted with the CareConnection Data are considered a group of requests. When an error occurs in the CareConnection and/or all or some of the requests, the entire group of requests is "erred out". Once error(s) are corrected, the CareConnection data and service requests may be resubmitted for processing and prior authorization processing (keeping in mind the ten-day maximum timeline for submission of requests from the start date).

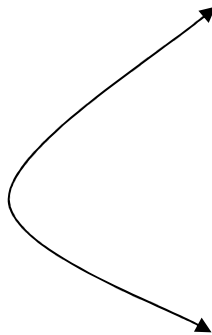
The data element layouts of the hdr and det files follow and examples of each may be found in Figure 10.

hdr File

File Name	Length	Format
Header_Error_ID	10	Numeric
Header_ID	10	Numeric
Agency_ID	10	Numeric
Consumer_Id	11	Character
consumer_Medicaid_id	11	Character
Error_Description	255	Character

det File

Field Name	Length	Format
Detail_Error_ID	10	Numeric
Header_ID	10	Numeric
Detail_ID	10	Numeric
Agency_Id	10	Numeric
consumer_id	11	Character
consumer_medicaid_id	11	Character
agency_transaction_id	11	Character
error_description	255	Character



hdr

000000019_HDR_040419_001

```
58|1274|19|12121212|12121200000|Guardian information is missing,  
59|1295|19|13131313|00000121212|Guardian information is missing,  
60|1297|19|14141414|00000131313|Guardian information is missing,  
80|1833|19|15151515|00000151515|ALL DETAILS ARE ERRONEOUS,
```

det

000000019_DET_040419_001

```
409|1842|1274|19|12121212|12121200000|0208019003|HEADER ERROR,  
410|1871|1295|19|13131313|00000121212|0208019013|HEADER ERROR,  
411|1872|1295|19|13131313|00000121212|0208019014|HEADER ERROR,  
412|1873|1295|19|13131313|00000121212|0208019015|HEADER ERROR,  
413|1874|1295|19|13131313|00000121212|0208019016|HEADER ERROR,  
414|1875|1295|19|13131313|00000121212|0208019017|HEADER ERROR,  
415|1877|1297|19|14141414|00000131313|0208019012|HEADER ERROR,  
568|3007|1833|19|15151515|00000151515|0212019156|Same service is requested more than once,  
569|3008|1833|19|15151515|00000151515|0212019157|Same service is requested more than once,  
570|3009|1833|19|15151515|00000151515|0212019158|Same service is requested more than once,  
571|3010|1833|19|15151515|00000151515|0212019159|Same service is requested more than once,  
572|3100|1833|19|15151515|00000151515|0212019156|Same service is requested more than once,  
573|3101|1833|19|15151515|00000151515|0212019157|Same service is requested more than once,  
574|3102|1833|19|15151515|00000151515|0212019158|Same service is requested more than once,  
575|3103|1833|19|15151515|00000151515|0212019159|Same service is requested more than once,
```

Figure 10.

In the above sample files, the (field # 2 in the hdr file) 1295 corresponds to five records in the det file (field # 3 of the det is the Header_ID). Referring to the Error Chart on Page 13, this is an example of when the Error is with the “CareConnection Record Only”.

As you can see in the hdr file above, the specific error in the CareConnection data is “Guardian information is missing” with no reference to details. This tells you the error is only in the CareConnection® record and there were either no errors in the service requests or no service requests submitted with the header. In this case, a review of the det file reveals there are associated details listed with the “Header Error” message and no further description of errors because there were no errors in the service request records. Reviewing the CareConnection® data submitted indicated the provider had failed to submit the guardian_phone_number, hence the “Guardian information is missing” message.

BBHMF Contracted Provider Files

The following three files will only appear in the response files of BBHMF contracted providers. Other providers may wish skip forward to the Archiving section.

The eli File:

Only BBHHF Contracted Providers will find the eli file in their zip file. The eli file will contain the eligibility status of newly submitted household size and income fields contain valid data. The eligibility status will be indicated in the “eligibility” field. “Y” signifies the Consumer met BBHHF Eligibility Requirements. When eligibility = “Y”, you will find an eligibility start date and eligibility end date. Whereas, when eligibility = “N”, the consumer failed to meet the BBHHF Eligibility Requirements and the eligibility dates will be blank. The reason the consumer did not meet the requirements will be provided in the ineligible_reason field as a text message.

The eli file data elements and layout:

Field Description	Name	Maximum Field Length	Type	Value
Unique ID of the CareConnection Record	header_id	10	NUMERIC	
Agency_ Request_ Date as submitted in CareConnection Record	request_date	10	DATE (MM/DD/YYYY)	
Agency_ ID as submitted in CareConnection Record	agency_id	10	CHARACTER	
Consumer_ Id as submitted in CareConnection Record	consumer_id	11	CHARACTER	
BBHHF Eligibility Status	eligibility	1	CHARACTER	Y = Yes N = No
Start Date of the Eligibility Period	eligibility_start_date	10	DATE (MM/DD/YYYY)	Blank when Eligibility = N
End Date of the eligibility Period	eligibility_end_date	10	DATE (MM/DD/YYYY)	Blank when Eligibility = N
Ineligibility Reason	ineligible_reason	100	CHARACTER	Ineligibility Reason Text Message

The fed File:

Only BBHHF Contracted Providers will find the fed file in their zip file. The fed file reports those Consumers for which a BBHHF Data Segment record was submitted and the record failed validation. Note: BBHHF Contracted Providers are required to submit the BBHHF Data Segment for each consumer as obligated by their contract with the Bureau of Behavioral Health and Health Facilities. The BBHHF Contracted Providers will always find the fed file in their zip file (zero bytes when there were no newly submitted Federal Reporting Requirement data records in error status). Whereas non-contracted Providers (who are not obligated to submit the BDS data set) will only find the fed file when they have submitted a BDS record for a consumer and the record failed validation.

The **fed** file:

Description	Name	Maximum Field Length	Type
Unique Federal Error ID	fed_error_id	10	NUMERIC
Agency_ID as submitted in the Federal Reporting Record	agency_id	10	CHARACTER
Consumer_Id	consumer_id	11	CHARACTER
Create Date - The date the record was created in the system.	fed_create_date	10	DATE (MM/DD/YYYY)
Error Description(s)	fed_error_description	500	TEXT

The **csd** File:

Only BBHBF Contracted Providers will find the csd file in their zip file. The csd file reports the errors identified during the validation of a newly submitted Consumer Service Data Report (CSDR). Note: BBHBF Contracted Providers are required to submit the Consumer Service Data Report as obligated by their contract with the Bureau of Behavioral Health and Health Facilities. The BBHBF Contracted Providers will always find the csd file in their zip file (zero bytes when there is no newly submitted Consumer Service Data Report in error status), whereas non-contracted providers will not find a csd file in their zipped file.

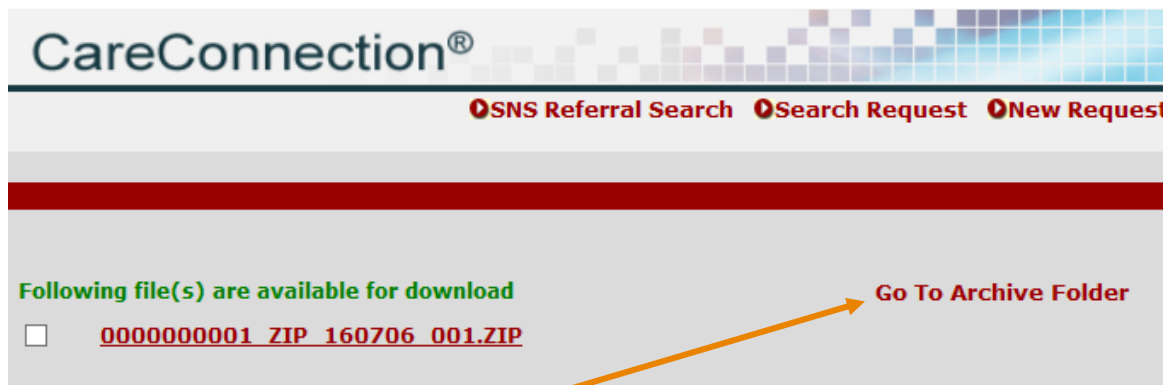
The **csd** File:

Description	Name	Maximum Field Length	Type
The Unique ID of the CSDR_error table	csdr_error_id	10	NUMERIC
Agency_ID as submitted in the CSDR record in error status	csdr_agency_id	10	CHARACTER
Provider's Assigned Consumer Identification Number	csdr_consumer_id	11	CHARACTER
Create Date - The date the created in the System.	csdr_create_date	10	DATE (MM/DD/YYYY)
Error Description	csdr_error_description	200	TEXT

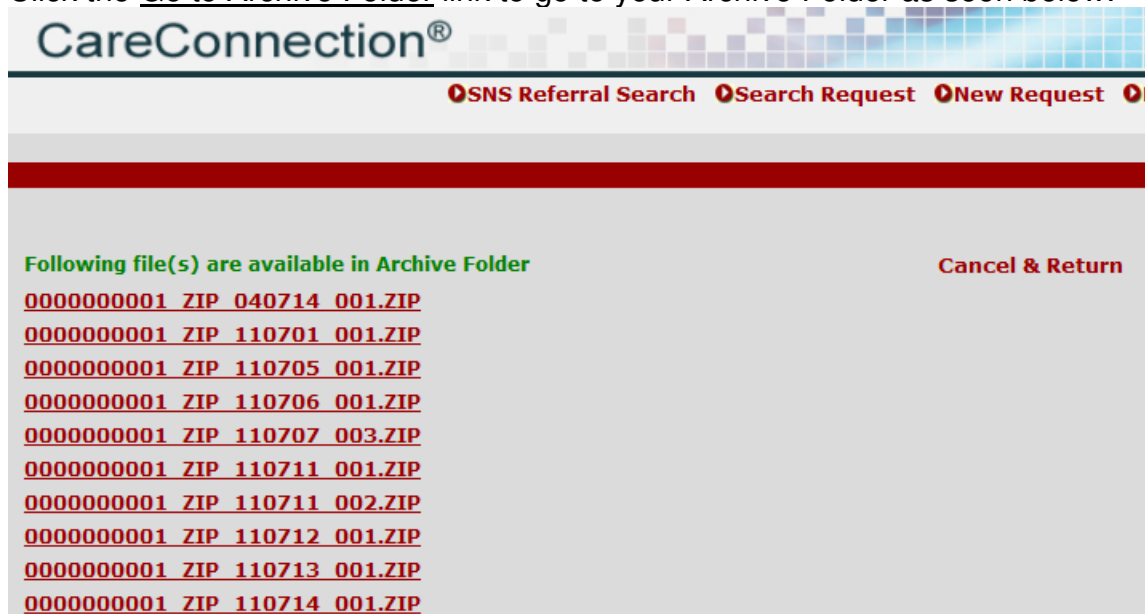
ARCHIVING FILES

The Response to your Requests for Prior Authorization website, <https://careconnectionwv.kepro.com> allows files to be moved from a provider's "Main Folder" to an "Archive Folder". With this "housekeeping" feature, the user has the means of archiving those files that have been obtained (viewed/downloaded/printed) to a folder (the Archive Folder) separate from the "Main Folder". Maintaining files in this manner will result in the user finding only new response files in the Main Folder upon logging on to the website.

Upon logging on to the website, the user will find those files which are new and any which have not been archived on the Main Folder page, in this example there is only the newest file available as the provider has archived files on an on-going basis.



Click the Go to Archive Folder link to go to your Archive Folder as seen below:



Back to the Main Folder: You may archive a file or files by clicking to insert a checkmark in the white box(es) adjacent to the file name(s) and then clicking the “Check Box to Move to Archive Folder” Bar below the file listing.

PASSWORDS

A user-level login (ID and password) are required to access the <https://careconnectionwv.kepro.com> web site. A Web User Request form must be completed and submitted to KEPRO for each Provider Staff Member seeking access. Note: The Provider’s Authorized Data Contact Person, as well as, the User must complete and sign sections of the form. The Web User Request Form may be faxed, a scanned copy emailed or mailed to:

- Email: hcook@kepro.com
- Fax: 866.473.2354 or
- Mail: KEPRO
1007 Bullitt Street, Suite 200
Charleston, WV 25301

Password Protocol:

Every user will be required to change their passwords on a regular basis. Each user will be forced to change their password every forty-five (45) days.

When a user logs onto the site and the user's password is within three (3) days of expiration, the User will be advised of this fact via a message box, and asked whether he/she wants to create a new password, or enter the system. This option is available every time a user logs into the system when a password is within three (3) days of expiration. When a user logs onto the site and the password has expired, the user is notified that they are required to create a new password before gaining access to the site.

Note: A User must always supply the old password in order to create a new password. The user will be required to type in the new password twice to guarantee accuracy.

Password Protocol:

- Users’ passwords must contain at least one numeric digit (1, 2, 3, 4, 5, 6, 7, 8, 9, 0).
- The password cannot be less than six (6) characters or more than ten (10) characters in length.
- The user's actual login name cannot be contained within the password as a string (e.g. if your login is ‘joeuser2’ then your password cannot be joeuser2, joeuser2iam, iamjoeuser2, or imjoeuser23, etc.)

A user is allowed to create a new password on demand at anytime, as long as the old password is furnished. You will find a link within the menu structure for changing your password at anytime.

Web Site Lockouts:

Unsuccessful Login Attempts:

After three unsuccessful logon attempts (the wrong password was entered) the user is “locked out” of the web site. At that point, even if the correct password is entered, access will be denied. A KEPRO administrator must reset the account. This process will include issuing a new password as well. KEPRO will only reset a User’s account during conventional business hours. The user may telephone KEPRO and request their account be reset. The user must answer the Password Question with the Answer they supplied on the most recently submitted Web User Request form. When KEPRO has satisfactorily identified the caller as the user, the account will be reset. If KEPRO cannot satisfactorily identify the caller as the user, the provider’s Data Contact must request the User’s Account be reset.

User Inactivity:

KEPRO will also monitor periods of user inactivity. If a User has not logged onto the web site for a period of thirty (30) days, the user’s account will be deactivated. KEPRO will use the same process described above for locked out users, requiring the caller requesting an account reset be satisfactorily identified as the User or a User Request Form be forwarded to KEPRO. Note: If you do not need to submit as frequently as every thirty days, you will want to log on to the site to avoid deactivation, perhaps every three weeks or so.

Assistance:

Any inquiries regarding the Response File web page, files and users may be addressed by KEPRO Staff Members. We may be reached by telephone each workday between the hours of 8:00 a.m. and 5:00 p.m. via our toll free telephone number 800 378-0284 or with our local number 304 343-9663



KEPRO CareConnection WEB USER REQUEST

Please Type or Print Clearly

PROVIDER _____ AGENCY ID _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PROVIDER'S DATA CONTACT _____

Phone _____ Fax _____

E-Mail Address _____

REQUESTED
USER ACCESS:

CareConnection
For Behavioral Health
Services

CareConnection
Socially Necessary
Services

User Name _____

Birth Date _____ E-Mail _____

Direct Phone # & Extension: _____

Provide a Password Question and Answer Unique to you that KEPRO will use to identify you when your request account reset.

Password
Question _____

Answer _____

Example: What is the name of my elementary school? What is my oldest sibling's middle name?

User Agreement: I, individually and as an authorized user of the aforementioned Provider, agree that I will access and use the information available through <https://careconnectionwv.kepro.com> only for treatment and healthcare operations purposes (as those terms are defined in the HIPAA Privacy Rule.) I will use all reasonable precautions with respect to protecting the security of my unique login and the privacy and security of the data within this web site.

User Signature _____ Date _____

Provider's Data Contact Authorization: I authorize the action indicated above for the specified User to be carried out by KEPRO. I agree to promptly notify KEPRO, by submitting a Request with Cancel User indicated, when a User no longer has a business purpose to access the information available within the web site.

Data Contact's Signature _____ Date _____

Submit to: KEPRO IT Assistance 1007 Bullitt St, Suite 200 Charleston WV 25301 or Fax 866.473.2354