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Utilization Management Contractor
Provider Manual
For
Nursing Facility Pre-Admission Screening
and Resident Review (PASRR) Eligibility

UMC- Nursing Facility- Provider Manual Table of Contents

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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.

Nursing Facility and PASRR Program

BMS requires all individuals being placed in a nursing facility, or transferring between facilities, to have a medical necessity assessment completed, submitted, and reviewed in accordance with BMS policy. BMS utilizes the Pre-Admission Screening (PAS) assessment instrument, PAS-2000, as the basis for conducting the medical necessity review. KEPRO has managed the work to conduct Nursing Facility/PASRR reviews for BMS since 2009. This effort has helped to ensure that individuals seeking placement in a nursing facility meet BMS' medical eligibility requirements for this level of care as well as whether an alternative placement is appropriate. A KEPRO RN reviews submitted requests and determines medical eligibility for a nursing facility as well as screens for the need for a Level 2 evaluation.

KEPRO UMC Nursing facility Program 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

Nursing facility PASSR Toll Free: 844-723-7811
Fax: 844-633-8425
Email Address: WVPAS@kepro.com

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

KEPRO Complete CareConnection© for WV Pre-Admission Screenings (C3-PAS) web portal:
<https://c3.kepro.com>

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

Review for Prior Authorization

KEPRO receives requests for Nursing Facility services via the C3-PAS system or via fax from the submitting provider. A Registered Nurse reviews the request including any unique factors and additional documentation to determine medical necessity. If, after review, the RN cannot approve the request (it does not meet medical necessity), the RN will request additional documentation from the requesting provider. If providers wish to continue the request with additional information substantiating required deficits, they resubmit the request with new data elements (deficits) to substantiate medical necessity, as required by policy. If RNs cannot approve requests, they forward requests to another qualified Nursing facility RN for consideration and review. If the second reviewer cannot approve the request, we send the appropriate decision letter including Medicaid Fair Hearing rights, if applicable.

The following is a detailed description of the nursing facility review process that KEPRO conducts.

1. Hospitals and physician's offices submit the completed PAS-2000 to KEPRO, by fax or through direct entry into the C3-PAS system. This approach allows providers to data enter demographics and information and submit requests electronically. It also allows providers to check the status of their referrals or reviews at any time 24 hours a day/7 days a week.
2. If the provider does not enter the data, KEPRO will enter it from the PAS-2000 and assign the case to a Registered Nurse reviewer. Using a computerized algorithm consistent with BMS policy/criteria for nursing facility services, KEPRO will evaluate the PAS-2000 data.
3. The nurse reviewer will also determine if a PASRR review is necessary, in accordance with BMS policy. We will use the C3-PAS system or a fax back form to relay the medical necessity determination and need for a PASRR Level II. This form is the same as page 6 of the PAS-2000 assessment instrument.
4. KEPRO will base the determination of the need for a PASRR on submitted information indicating the presence of intellectual disability, developmental disability and/or an associated condition, or major mental illness. Once a condition is identified, the referring facility will be responsible for initiating the Level II PASRR process.
5. KEPRO will process all reviews submitted, and issue a determination within 2 business days of receipt of the complete request.
6. If nurse reviewers require additional information, they will request it from the provider. Once they receive the additional information, they will issue a determination within 24 hours.
7. If they cannot make a decision at the nurse review level, they will make a referral to physician review within 24 hours of receipt of the original request.

8. The physician reviewer will make an approval/denial determination within 24 hours of the referral.
9. If physician reviewers require additional information, they will make the request within 24 hours.
10. KEPRO will transmit the physician review determination to the originating facility within 24 hours of receipt of the additional information.
11. All approvals consist of page 6. KEPRO will send a copy of the approval to the member and/or his/her legal representative.
12. For all denials, in addition to sending page 6, KEPRO will notify the individual and referring entity by mail and/or fax of the determination. The denial letter will include the criteria not met during the review process, as well as appeal rights. The denial packet will also include a Hearing Request form, with instructions for completion.
13. To receive approval for Nursing Facility benefits with WV Medicaid, the individual must have at least five deficits. The computerized algorithm ensures consistency and accuracy of the reviews consistent with BMS policy, within the scope of work, and across the long-term care continuum.

If a member requests a fair hearing as part of the appeal process, KEPRO (upon request by the Bureau) will participate by requesting additional information. This includes, but is not be limited to, Minimum Data Set (MDS) section "G," Activities of Daily Living (ADL) sheets, care plan, and physician and nursing notes. KEPRO will request such information within five days of notice to KEPRO for the request and scheduling of a hearing. KEPRO will provide a nurse reviewer to attend and participate in fair hearings, either in person or by conference call. The nurse reviewer will support, review, and verify all information submitted in conjunction with current BMS policy/criteria for long-term care.

KEPRO Complete CareConnection© for WV Pre-Admission Screenings (C3-PAS)

As of February 22, 2010, the C3-PAS became available so the PAS can be submitted through direct data entry on the secure website. KEPRO provides clinical review/support, manages provider and user registration, and provides training and technical assistance pertaining to the site. Features of the system include direct data entry and eligibility determination results retrieval online.

For technical assistance with the website, please call 844-723-7811.

Fraud, Waste, Abuse Referral

KEPRO is contractually obligated to report any suspected fraud, waste, and abuse to BMS' 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:

Utilization Management Contractor

KEPRO

100 Capitol St., Suite 600

Charleston, WV 25301

Phone: 844.723.7811

Fax: 844.633.8425

Email: WVPAS@kepro.com

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

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>

Office of Health Facility Licensure and Certification (OHFLAC)

408 Leon Sullivan Way

Charleston, WV 25301

Phone: 304.558.0050

Fax: 304.558.2515

Website: <https://ohflac.wv.gov/>