

# Molina/BMS 2017

# Spring Provider Workshops

Updates April 2017



# Who is KEPRO?

- KEPRO is a utilization management company that provides services to the West Virginia fee-for-service Medicaid population.
- KEPRO is formally known as APS Healthcare Inc., which was acquired by KEPRO in May 2015. The company formally changed its name to KEPRO August 1, 2016 to unite with its parent company's brand, mission, and values.
- All future business activity will be conducted under the KEPRO name.

# KEPRO Scope of Work

## Existing Programs

- Health Homes
- I/DD Waiver Services
- ADW Waiver Services
- Personal Care Services
- TBI Waiver Services
- Nursing Home PAS Review
- Behavioral Health Services
- Medical Services
- BHHF
- BCF-Socially Necessary Services

## New Programs

- Non-EMERGENCY Ambulance Transportation (Not NEMT)

# Websites/Direct Data Entry Portals

If you have submitted requests via the direct data entry on one of APS' web-portals, that web address has changed to reflect the name change to KEPRO. The submission process has NOT changed.

- Medical Requests: <https://providerportal.kepro.com>
- Health Homes: <https://providerportal.kepro.com>
- Behavioral Health <https://careconnectionwv.kepro.com>
- Nursing Home PAS <https://c3.kepro.com>
- Personal Care <https://wvltc.kepro.com>
- Aged & Disabled Waiver <https://wvltc.kepro.com>
- I/DD Waiver <https://wvltc.kepro.com>
- TBI Waiver <https://wvltc.kepro.com>

# What is a Health Home?

- A Health Home is a team of people who help Medicaid Members manage their health care needs. The goal of West Virginia Medicaid Health Homes is to help members be their healthiest and be in control of their life.
- The Health Homes Program coordinates physical and behavioral health (both mental health and substance abuse) and long-term services, social services and supports for Medicaid members with chronic health conditions.

# Health Home Services

- Comprehensive Care Management
- Care Coordination
- Health promotion
- Comprehensive transitional care from inpatient to other setting
- Individual and family support
- Referral to community and social support services
- Use of health information technology, as feasible and appropriate

# Why become a Health Homes Provider?

- Becoming a Health Homes Provider allows you, the premium lead local entity responsible for care coordination, to serve as the bridge to integrate care across existing health delivery systems.
- This is a unique opportunity to focus on those with the greatest need, improving health outcomes and cost savings.
- The Health Homes program is based on the principles of patient activation, engagement, and support for enrollees to take steps to improve their own health.
- Integrating care for enrollees across primary care, behavioral health and community delivery systems, care coordinators are charged with engaging enrollees to set health action goals and increase self-management skills to achieve optimal physical and cognitive health.

# Required Core Team Members

- **Provider** – MD, DO or Advanced Practice Nurse licensed in the state of WV.
- **Behavioral Health Specialist** – Masters or Doctoral prepared individual, licensed in the state of WV in counseling, psychology or social work
- **Nurse** – Registered Nurse licensed in the state of WV.
- **Care Manager** – Registered Nurse or licensed Behavioral Health Specialist. Completed an internal credentialing process through a provider designation as a health home.
- **Care Coordinator** – Bachelor's Degree in a social science with some applicable patient care or counseling experience. Completion of a care coordination training program through a provider designated as a health home.



# Member Eligibility Criteria

## Health Homes 1 (Bipolar)

- Medicaid eligible individuals having:
  - Bipolar Disorder with/or at risk of Hepatitis B and/or C
  - Currently in 6 counties: Cabell, Kanawha, Mercer, Putnam, Raleigh and Wayne.

## Health Homes 2 (Bipolar) – Expansion

- Medicaid eligible individuals having:
  - Bipolar Disorder with/or at risk of Hepatitis B and/or C
  - Geographic area expands to all counties in WV

## Health Homes 3 – (Pre-Diabetes/Diabetes/Obesity and/or at risk of Anxiety/Depression)

- Medicaid eligible individuals having:
  - Two or more of the following chronic conditions: **Diabetes, Anxiety, Depression, BMI > 25, (or)**
  - One chronic condition and the risk of one of following:
    - **Anxiety**
    - **Depression**
  - Geographic limitations to the following 14 counties in WV: Boone, Cabell, Fayette, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne, Wyoming

# Contacts For Health Homes

- **Caroline Duckworth, MSW LCSW**
  - Director – Socially Necessary Services, KEPRO
- **Beverly Turpin**
  - Review Assistant – West Virginia Health Homes Program, KEPRO

KEPRO staff can be contacted by calling: 304-343-9663 or 1-888-571-0262

# Waiver Updates/Reminders

## I/DD Waiver

- All licensed residential and day setting sites must be evaluated for compliance with the integrated setting rules – once BMS verifies compliance, this becomes part of a provider’s annual on-site review with KEPRO
- All I/DD Waiver providers must have an on-site review annually
- New email box for providers to submit documentation when requested by KEPRO: [IDDWDocRequested@kepro.com](mailto:IDDWDocRequested@kepro.com) allows for timelier processing of IDD requests put in “doc requested” status
- See IDDW Helpful Hints - Handout

## Aged & Disabled Waiver - Reminders

- CareConnection© does not send a notification to KEPRO staff if/when providers attach additional information/documentation to the system, as it pertains to substantiating points or deficits following a PAS
- Providers must phone or email KEPRO when attaching this additional info. Otherwise, KEPRO will not know to consider when finalizing the ADW PAS
  - Phone: 844-723-7811
  - Email: [ADWDocumentation@kepro.com](mailto:ADWDocumentation@kepro.com)

# TBI Waiver – Tips for Submitting a Request for PA

- Submit a complete request (cover sheet, service plan, participant assessment, budget)
- Ensure all signatures are present on all required forms
- Ensure request for Personal Attendant is within policy (time spent on ADLs must be greater than time spent on incidentals)
- Ensure request for Non-Medical Transportation is within policy (plan must verify units requested will not be used for medical appointments)
- Submit request to KEPRO: [WVTBIWaiver@kepro.com](mailto:WVTBIWaiver@kepro.com)
- See 6 Tips for Submitting TBIW Service Requests - Handout

# Personal Care – CC Submission Reminders

- Providers must create and submit a request in CareConnection© for it to be processed – simply attaching documentation/PAS into the system will not prompt a review
- Providers need not create a NEW request when asked for additional information – just “resubmit” the original request
- Providers need not create multiple requests to accommodate large file attachments – even if the attachment is large, only one request is necessary

# Personal Care - Update

- KEPRO will be assessing initial applicants and existing members for medical eligibility of Personal Care services
- BMS will update the PC Policy manual to reflect this new process which will align closely with the process currently in place with Aged and Disabled Waiver

# Take Me Home – West Virginia

- KEPRO will begin evaluating compliance with CMS quality indicators for ADW and TBI for those members served through the Take Me Home – WV program
- Audits will be conducted via desk review
- Tools will be tailored to match those already in use in ADW and TBI Waiver

# Nursing Facility – C3 Submission Reminders

- Providers must resubmit a review after attaching requested additional documentation. If provider does not click “submit documents” the RN will not be alerted the doc was attached.
- The Nursing Facility manual requires either an MD or DO to sign the PAS – new permissions granted Nurse Practitioners does not mean they can sign the Nursing Facility PAS.
- If the patient’s signature is not reflected in block 18, the MPOA, POA, guardian, etc. must be reflected in block 19; “spouse, son, daughter, etc.” is not a legal designation and cannot be used to place someone in a nursing home outside the patient’s request and acceptance.



# Behavioral Health Update

- KEPRO moved from DSM 5 to ICD-10 for the reporting of diagnoses in the WV Behavioral Health CareConnection effective February 1, 2017.
- Providers previously entered V71.09 and 799.9 for no diagnosis or deferred; however, providers expressed concern over the 2017 ICD-10 and GEM crosswalk for these two codes.
- The 2017 CMS ICD-10-CM and GEMs indicate:
  - Z71.1 and Z03.89 are the closest equivalents for V71.09, and R69 is the closest equivalent for 799.9

# Non-Identified Behavioral Health Condition

- In response to providers' concerns that these potential equivalents are not always appropriate, KEPRO has created a "local", non-clinical, and non-reimbursable code for entry that simply represents a blank. The allowed value, BLNK.99, indicates "no information/diagnosis" or "blank".
- Use of this "local" code is not mandatory!

# Drug Screen Changes

- Prior authorization is now required in order to EXCEED 24 drug screens in a calendar year.
- To exceed the 24 per calendar year benefit, providers must seek prior authorization through KEPRO's C3 Medical Provider Portal.
- In order to access this web-based portal, please contact KEPRO at <http://wvaso.kepro.com> or 1-800-346-8272 for registration information, or register via the online portal at <https://c3wv.kepro.com>.

# Updates/Reminders

## Day Report Centers

- Day Report Centers will be able to enroll and provide WV Medicaid billable services in the near future.
- Each Day Report Center will be eligible to enroll with WV Medicaid and serve members under WV Medicaid MCO's or Traditional Fee-For-Service options.

## Reminders

- If a consumer has a dually eligible IDD diagnosis, all Behavioral Health services should directly relate back to the Behavioral Health diagnosis and/or symptoms.
- Some Medicaid services are all-inclusive (e.g., Children's Residential Levels I – IV). Providers of these services may contract with outside practitioners; however, prior authorizations cannot be issued for services in their inclusive rate.

# For More Information

Visit KEPRO's Behavioral Health website:

<http://wvaso.kepro.com/programs/behavioral-health/>

Behavioral Health/Socially Necessary Services Email:

wv\_bh\_sns@kepro.com

Phone: 800.378.0284

Fax: 866.473.2354

# KEPRO Contact Information

## Behavioral Health

- Local Line: 304.346.6732
- Toll Free: 800.378.0284
- Fax: 866.473.2354

## Aged & Disabled Waiver

- Toll Free: 844-723-7811
- Fax: 866.212.5053
- General Email: [WVADWaiver@kepro.com](mailto:WVADWaiver@kepro.com)
- Email to submit documentation: [ADWdocumentation@kepro.com](mailto:ADWdocumentation@kepro.com)

## I/DD Waiver

- Local Line: 304.380.0617
- Toll Free: 866.385.8920
- Fax: 866.521.6882
- General Email: [WVIDDWaiver@kepro.com](mailto:WVIDDWaiver@kepro.com)

## TBI Waiver

- Toll Free: 866.385.8920
- Fax: 866.607.9903
- [WVTBIWaiver@kepro.com](mailto:WVTBIWaiver@kepro.com)

## Nursing Home PAS

- Toll Free: 844.723.7811
- Fax: 844.633.8425
- General Email: [WVPAS@kepro.com](mailto:WVPAS@kepro.com)

## Personal Care

- Toll Free: 844.723.7811
- Fax: 866.212.5053
- General Email: [WVPersonalCare@kepro.com](mailto:WVPersonalCare@kepro.com)

## FQHC

- Toll Free: 888.571.0262
- Fax: 866.438.1360

## Social Necessity

- Local Line: 304.380.0616
- Toll Free: 800.461.9371
- Fax: 866.473.2354

## Medical

- Toll Free: 800.346.8272
- General Email: [wvmedicalservices@kepro.com](mailto:wvmedicalservices@kepro.com)
- Faxes:
  - 844.633.8426 - Bariatric/Inpatient/Inpatient Rehab Under 21/ Organ Transplants
  - 844.633.8427 - Outpatient Surgery
  - 844.633.8428 - Imaging/Radiology/Lab
  - 844.633.8429 - Cardiac & Pulmonary Rehab/DME/Orthotics & Prosthetics
  - 844.633.8430 - Home Health/Hospice/Private Duty Nursing
  - 844.633.8431 - Audiology/Speech/Chiropractic/Dental/Orthodontic/Podiatry/PT/OT/ Vision
  - 866-209-9632 - Modification Requests/EPST/ Out of Network

# Tips for Successful Medical Authorizations

- Please check the Master code List or search by the CPT code when submitting via direct data entry (DDE) or by fax. There are some studies that do not require authorization.
- Remember to attach or fax information to justify medical necessity.
- Report conservative treatment history (e.g. physical therapy/duration; home exercise/duration) and NSAIDS history (duration/dosages).
  - These are the two most commonly omitted items that are required for review. If these interventions are contraindicated, specify the reasoning in medical justification.
- Update your contact information when submitting via DDE. This should include extensions.
  - Having the incorrect contact information can result in cases being closed and delaying services to the patient.
- The ORP should select themselves as the referring provider when making a request either by fax or via DDE. The servicing provider is the facility/location of where the member will have the procedure(s)/service(s) performed.

# Hospice Update

- Election 4 and all subsequent elections will now be 60 days and requests for prior authorization need to be submitted accordingly.
- Please be aware the KEPRO system has been modified to correspond with Medicare guidelines and Chapter 509 Hospice Service of the BMS Policy Manual.
- To help manage the transition, KEPRO will adjust requests during the initial transition and will alert you of the next election start date should the member need to continue on with hospice services.
- Molina Medicaid Solutions will now be conducting the pricing for revenue code 0658.
- Prior authorization is still required to be in place for the dates of the claim.
- The pricing formula previously utilized is to remain the same.



# Physical & Occupational Therapy/Home Health Update

- The prior authorization number for the Initial authorization will be suppressed.
  - This means that no authorization number will be generated and sent to Molina.
  - The system will generate all 0's. (example: 0000000000).
- Do not use 0000000000 as a Prior Authorization number on claims.
- Do not use the 6 digit Authorization Request ID as a Prior Authorization Number on Claims.
- An authorization number for billing purposes is needed if a Medicaid member is part of the expansion (ABP) and is in transition.

# Incontinence Supplies Update

- WV Medicaid Provider Chapter 506 was updated January 01, 2016. The policy and the manual has not changed but we have recently revised our procedures for medical necessity review to ensure alignment with the manuals.
- Initial requests require a prescription in addition to the CMN, per Chapter 506 Durable Medical Equipment (DMEPOS).
- A diagnosis of incontinence is required, as well as any secondary diagnosis that may support the etiology of the incontinence.
  - Specifically, if the diagnosis is listed as a symptom that does not indicate the cause and/or is not definitive for incontinence, additional clinical documentation must be provided to justify medical necessity (e.g. Diabetes or IDD).

# Status of Transportation

- In late 2016, KEPRO conducted focus groups throughout the state to familiarize ambulance transportation providers with the company along with providing information regarding the upcoming process.
- The purpose of the focus groups is to help ensure a smooth transition, and to evaluate what the providers need regarding the KEPRO online portal, training and technical assistance.
- Our goal is to provide a process for prior authorizations that is efficient and aids timely access and services for Medicaid members.

# KEPRO Medical Contact Information

<b>1-800-346-8272</b> <b>MEDICAL SERVICES GENERAL VOICEMAIL- EXT. 7996</b> <b>MEDICAL SERVICES EMAIL: <a href="mailto:WVMEDICALSERVICES@KEPRO.COM">WVMEDICALSERVICES@KEPRO.COM</a></b>			
HELEN SNYDER	DIRECTOR	<a href="mailto:HCSNYDER@KEPRO.COM">HCSNYDER@KEPRO.COM</a>	EXT. 4463
KAREN WILKINSON	UM NURSE SUPERVISOR	<a href="mailto:KAREN.WILKINSON@KEPRO.COM">KAREN.WILKINSON@KEPRO.COM</a>	EXT. 4474
ALICIA PERRY	OFFICE MANAGER	<a href="mailto:APERRY@KEPRO.COM">APERRY@KEPRO.COM</a>	EXT. 4452
CINDY BUNCH	CS SUPERVISOR	<a href="mailto:CINDY.BUNCH@KEPRO.COM">CINDY.BUNCH@KEPRO.COM</a>	EXT. 4408
JUSTIN VANWYCK	TRAINING SPECIALIST	<a href="mailto:JVANWYCK@KEPRO.COM">JVANWYCK@KEPRO.COM</a>	EXT. 4448
SIERRA HALL	TRAINING SPECIALIST	<a href="mailto:SIERRA.HALL@KEPRO.COM">SIERRA.HALL@KEPRO.COM</a>	EXT. 4454
JASPER SMITH	ELIGIBILITY SPECIALIST	<a href="mailto:JASPER.SMITH@KEPRO.COM">JASPER.SMITH@KEPRO.COM</a>	EXT. 4490
CHELSEY ADKINS	ELIGIBILITY SPECIALIST	<a href="mailto:CADKINS@KEPRO.COM">CADKINS@KEPRO.COM</a>	EXT. 4492
JAMI PLANTIN	ELIGIBILITY SPECIALIST	<a href="mailto:JAMI.PLANTIN@KEPRO.COM">JAMI.PLANTIN@KEPRO.COM</a>	EXT. 4502
GENERAL KEPRO INFORMATION: <a href="http://WWW.WVASO.KEPRO.COM">WWW.WVASO.KEPRO.COM</a> FAX #: 866-209-9632 (REGISTRATION AND TECHNICAL SUPPORT ONLY) WEBSITE FOR SUBMITTING AUTHORIZATIONS: <a href="https://PROVIDERPORTAL.KEPRO.COM">HTTPS://PROVIDERPORTAL.KEPRO.COM</a> WEBSITE FOR ORG MANAGERS TO ADD/MODIFY USERS: <a href="https://C3WV.KEPRO.COM">HTTPS://C3WV.KEPRO.COM</a>			

Questions?