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

Web User's Manual
for PAS Submission
Version 1.2

Change Log

Version	Effective Date	Summary of Changes
1.0	2/11/2011	Online system for NH PAS submission made available for use.
1.1	12/23/2015	• Updated phone and fax numbers for NH PAS program. • Updated email to WVPAS@kepro.com. • Reorganized for clarity.
1.2	6/21/2016	Rebranded document to include KEPRO as UMC.

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Contact Information:

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1. Overview/Technical Requirements

Overview

The KEPRO Complete CareConnection© WV PAS Web Application allows users to submit WV Pre-Admission Screenings for Nursing Facility Care via the web.

Technical Requirements

1. You must have a computer with Internet access. The KEPRO application supports only Internet Explorer (IE) 9.0 and higher.
2. Your computer must be connected to a printer to print a PAS.
3. If you are experiencing difficulties logging on or using the web application, please do the following:
   - Check to confirm that your browser's security settings are set to 128-bit encryption. This can be done in your Microsoft Internet Explorer session by clicking "**Help**" and then click "**About Internet Explorer**." The resulting display will specify the version of Internet Explorer you are running, along with the encryption specification in terms of "**Cipher Strength**".
   - Upgrade your browser to Internet Explorer (IE) 9.0 or higher.
     - ✓ Warning: you must have Windows 98 or higher.
     - ✓ To download a free upgrade of IE you may visit http://www.microsoft.com/windows/ie/downloads/ie7/default.asp or consult your organization's technology staff/department.
   - Reset your Internet security to Medium.
     - ✓ Right Click on your IE icon
     - ✓ Choose "Properties"
     - ✓ Select the "Securities" tab
     - ✓ Click "Default" level.
   - Check your compatibility settings. Options per browser version are below. Once compatibility adjustments have been made, completely close all browser sessions and reopen the browser.
     - ✓ For Internet Explorer version 9:
       1. Select Tools
       2. Select F12 Developer Tools
       3. Look for Brower Mode, select IE9 Compatibility View
       4. Close the box.
     - ✓ For Internet Explorer version 10 or 11:
       1. Select Tools
       2. Select Compatibility View settings
       3. Kepro.com should appear in the "Add this website" box." Click "Add" button which populates the websites you have added.
       4. Place checks in all areas such as: Display all websites in compatibility view, Display intranet sites in compatibility view, Download updated compatibility lists from Microsoft.

5. Click the Close button.

- Turn off your Pop-up Blocker.

This application follows Health Care Financing Administration (HCFA) security regulations and will comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. Consequently, there are multiple levels of security. For more information on the security of this online application, please contact KEPRO at 844-723-7811.

2. System Login

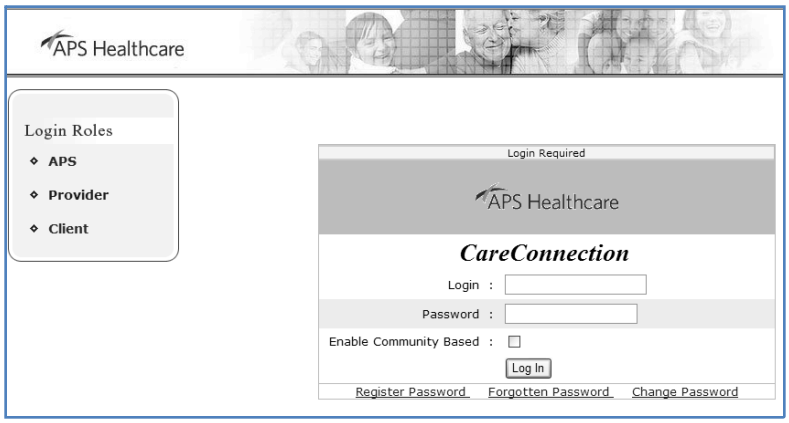


Figure 1

1. Access the WV PAS Application Training website at https://c3-training2.kepro.com or the C3 Production (Live) Web Application at https://c3.kepro.com/.
2. For this application, you may ignore the **Login Roles** box on the left.
3. Enter your **Login** and **Password,** which were sent to you by a KEPRO associate**,** then click the ***Log In*** button**.** Note that your **Login** and **Password** are both case sensitive.
4. If this is your first time logging onto the application, please use the temporary password issued to you by KEPRO. If you have not received a temporary password, please contact KEPRO at 844-723-7811. The initial password provided to you is a temporary password. The first time you visit the application, the system will tell you that your password has expired and will prompt you to change your password.

   Password Requirements

   - The password must contain:
     - ✓ At least one numeric digit (1, 2, 3, 4, 5, 6, 7, 8, 9, 0),
     - ✓ At least one upper-case letter,
     - ✓ At least one lower-case letter,
     - ✓ At least one special character.
   - The password must be at least 8 characters in length.
   - Users must change their passwords every 30 days. Once a password is changed, the user cannot use the previous passwords for 90 days. The system will remember the last 10 passwords used. It is recommended that users set a calendar reminder to log into the system at least once every 30 days. If users do not access the system within this time frame, the account will be rendered inactive, and the password will have to be reset.
   - After three unsuccessful log-in attempts, the user's account will be locked. To request your account be unlocked please contact KEPRO at 844-723-7811.
5. **NOTE:** Login and Passwords are assigned to individuals who will be held responsible for any action taken by that Login. For this reason, it is strongly encouraged that login information not be shared. Your organization can have as many users as necessary for your work to be completed. To establish web users

a KEPRO **Web User Request Form** may be completed (the form is attached to this manual). After submission of your user request form to KEPRO, an associate will contact the user with his/her new user name and password.

6. **Please note**: The application will time out after 20 minutes of inactivity. The user will receive 2 warnings that they will be timed out and prompted to save their data.

3. Getting Started

The first screen that web users will see upon logging into the KEPRO C3 application is depicted in Figure 2 below. Note that your **User Role** will be displayed here in the upper left corner. There are two tabs in the upper left quadrant: **Home** is the current screen you are viewing. The other tab in the upper left-hand corner is labeled **WV PAS Provider.**

3.1 Changing Your Password

If you wish to change your password, click on the **Change Password** link.

Figure 2

During the Change Password process, you are asked to type your old password, choose a new password, and confirm the new password by typing it again.

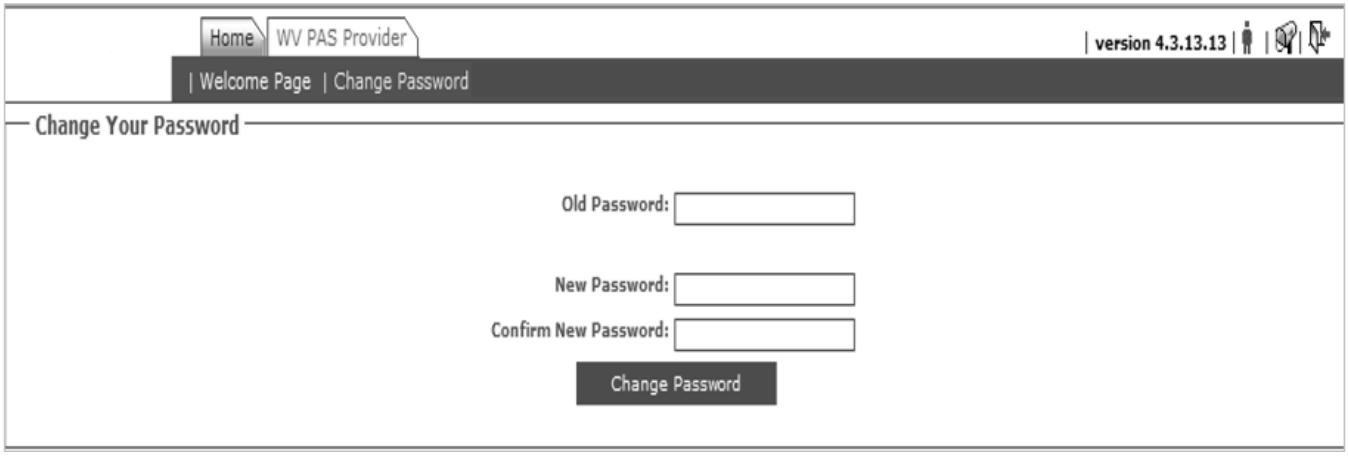


Figure 3

Once your password is updated successfully then you will see a message box informing you as such.

If your password did not change successfully then you will see a screen as shown in Figure 4, with a message explaining why the failure occurred. In this case, the failure occurred because the new password was too short.

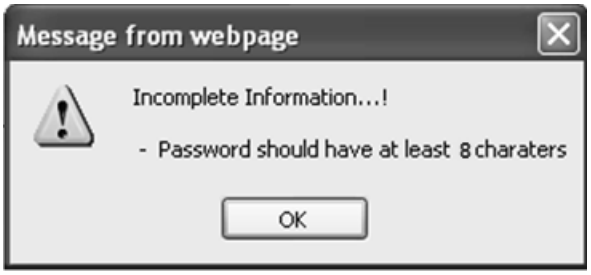


Figure 4

3.2 Search

From the home screen, click the **WV PAS Provider** tab to begin working on the PAS functions.

Figure 5

You will then be taken to the PAS Search screen. Prior to submitting a new PAS, you should search the system for existing PAS Forms to assure the individual for whom you want to submit a PAS does not yet exist. To search existing PAS records, click **PAS Search**.

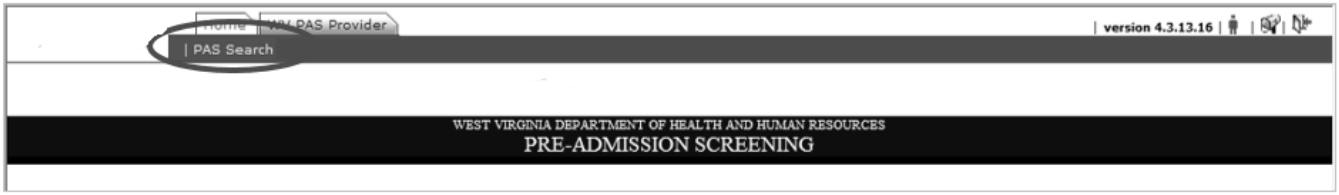


Figure 6

If you would like to see all PAS records submitted by your organization chose **ANY** from the **PAS Status** drop-down bar on the right side and click **Search**. You will be navigated to the screen below.

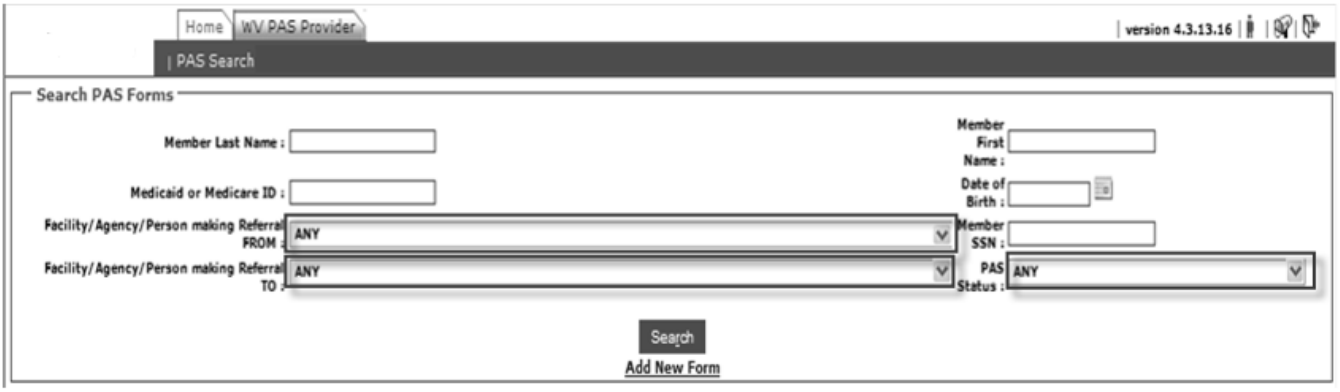


Figure 7

Enter any of the following criteria, and then click **Search** to execute the search:

- Member last name,
- Member first name,
- Medicaid or Medicare ID,
- Date of Birth,
- Facility/Agency/Person Making Referral FROM – You can only search for your agency. If you try to search another agency no forms will appear,

- Facility/Agency/Person Making Referral TO - You can only search for your agency. If you try to search another agency no forms will appear,
- Member SSN,
- PAS Status.

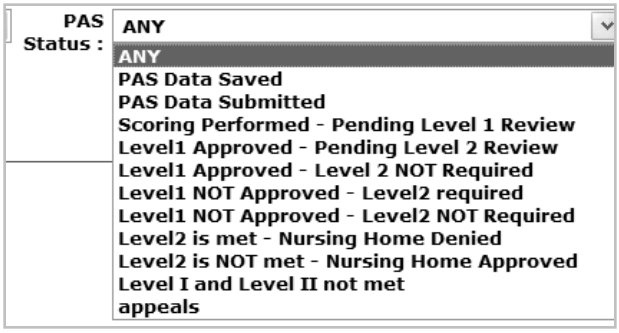


Figure 8

Users may also search by the following statuses:

- ANY,
- PAS Data saved (*still editable-not yet submitted*),
- PAS Data Submitted (*no longer editable-submitted*),
- Scoring Performed-Pending Level 1 Review (*nurse has completed initial scoring-no disposition yet*),
- Level 1 Approved-Pending Level 2 Review,
- Level 1 Approved-Level 2 NOT required,
- Level 1 NOT Approved-Level 2 required,
- Level 1 NOT Approved-Level 2 NOT required,
- Level 2 is met-Nursing Home Denied,
- Level 2 is NOT met-Nursing Home Approved,
- Level 1 & Level 2 not met,
- Appeals – If you select appeals another drop down box will appear with 9 statuses from which to choose.

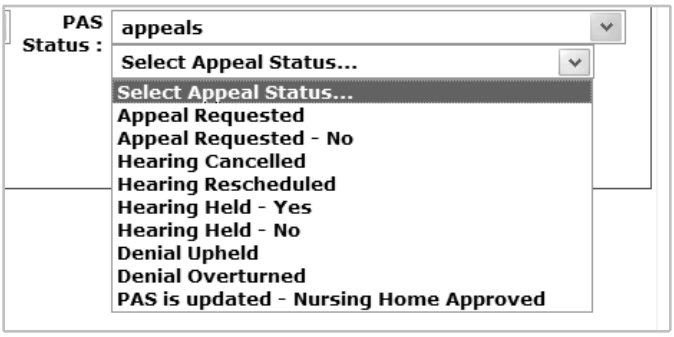


Figure 9

3.3 Entering New Forms

If you wish to enter a new form click **Add New Form** and you will be taken to a blank PAS form for entry.

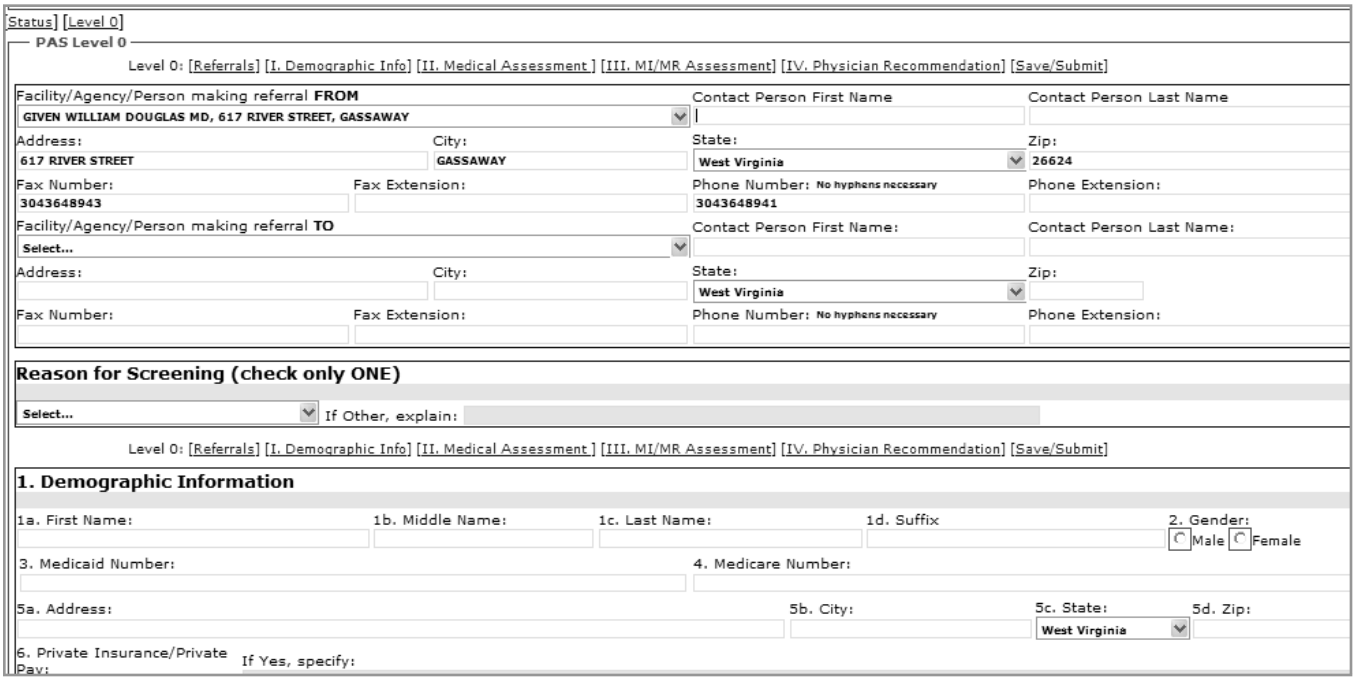


Figure 10

NOTE: To see the entire screen and avoid scrolling, hold down the Control button ***Ctrl*** (in the bottom left-hand corner of the keyboard) and use the scroll wheel on your mouse to reduce the size of the screen.

4. Entering the PAS

The **PAS Status** is displayed in the upper left-hand corner. This states that you are entering a **New PAS FORM**. Underneath this box are two blue hyperlinks (as shown in Figure 11).

- The **Status** link will take you to the PAS STATUS box.
- The **LEVEL 0** link moves the screen to the fields the provider is to enter. Level 0 is comprised of all the fields entered by the provider and is an easy way to navigate through the PAS form. In the LEVEL 0 box there are blue hyperlinks (Figure 11) for the following sections:
    - Referrals
    - Demographic Info
    - Medical Assessment
    - MI/MR Assessment
    - Physician Recommendations
    - Save/Submit

All fields in Level 0 can be edited repeatedly and saved by clicking the Save for Later button at the bottom of the PAS form. Please note that once the SUBMIT button is clicked; the PAS form is no longer editable by the provider. If any mandatory fields are omitted, the PAS will not submit and the provider will be prompted with red shading indicating what fields need completed.

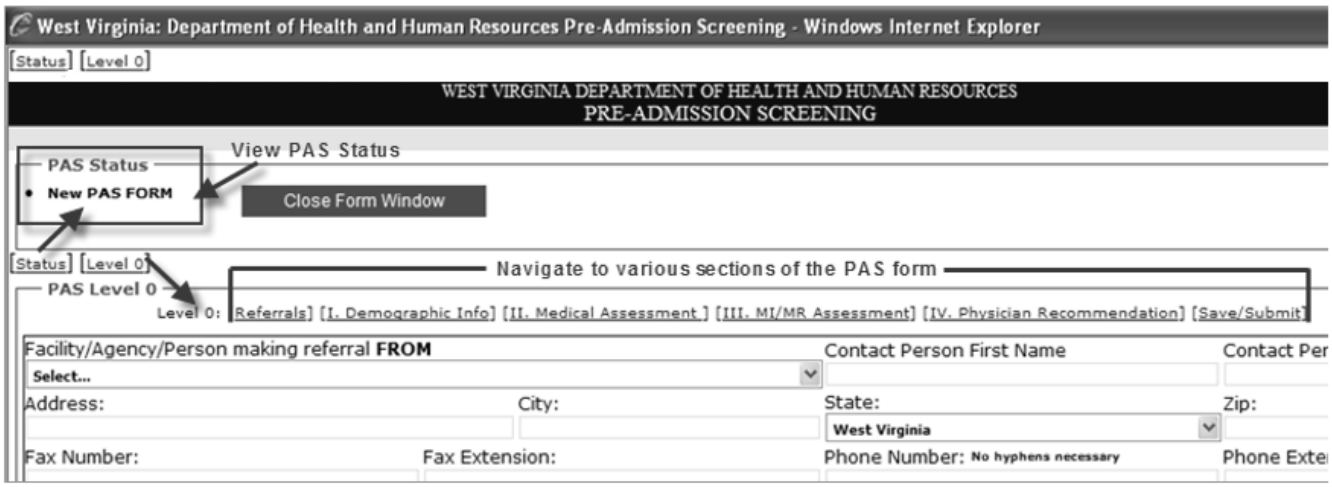


Figure 11

ATTENTION –If any required fields are left blank your submission will not be complete, rather you will receive error messages listing the incomplete required fields. Once completed, your submission will be successful.

PAS ENTRY FIELDS:

***Referral FROM**

Choose from drop-down box and the address, phone and fax number will be auto-populated based upon data in our provider database.

This field will auto populate to the provider that is currently logged into the system. If there is an error in the provider information, changes can be made on this form although the changes will not be reflected in our provider database. Changes to

the database must be made by the Data Contact for that agency. Please contact KEPRO for any changes needed to the provider information at 844-723-7811.

Contact Person — Enter the name of the individual KEPRO staff can contact if there are questions regarding the referral.

Referral TO — Choose from the drop-down box and the address, phone and fax number will auto-populate based upon data in our provider database.

If the provider name is not listed in drop-down then choose **OTHER** and type in the address, phone and fax. If you do not know the Referral To agency, this field can be left blank. If there is an error in the provider information, changes can be made on this form although the changes will not be reflected in our provider database. Changes to the database must be made by the Data Contact for that agency. Please contact KEPRO for any changes needed to the provider information at 844-723-7811.

Contact Person — Type the name of the individual we can contact if we have any questions regarding who the referral is to or from. This field does not auto-populate like address.

***Reason for screening** — Select from drop-down box one of the mandatory choices:

- **Nursing Home Only Initial**
- **Nursing Home Only Transfer**
- **Nursing Home Waiting Waiver Yes**
- **OTHER** (if this box is chosen the text box beside it opens and the provider must enter an explanation)

4.1 Demographic Information

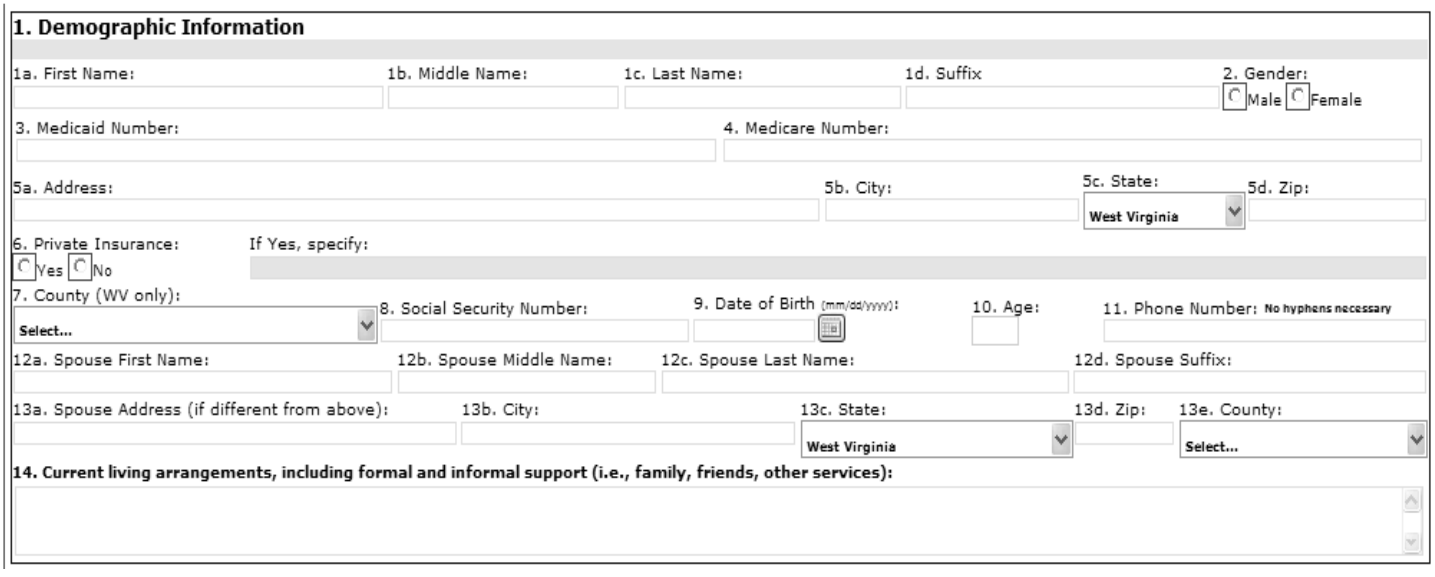


Figure 12

***1.**	**Name**	First and Last names are mandatory-the PAS will not submit without these fields completed. Middle name (1b) and Suffix (1d) are optional fields.	
***2.**	**Gender**	Male or Female must be selected.	
3.	**Medicaid**	Enter the consumer's Medicaid number if applicable.	
4.	**Medicare**	Enter the consumer's Medicare number if applicable.	
***5.**	**Address**	Enter consumer's address and city. For state, WV is chosen by default, but other states can be selected if necessary. Zip code must be 5 or 9 digits. For any other length submitted the system will notify you of an invalid zip code.	
6.	**Private Insurance/Private Pay**	Select the appropriate radio button to indicate if the consumer has private insurance. If yes, a text field will open so that the name of the private insurance can be entered. Note: you must complete 3, 4, or 6 in order to submit the PAS.	
***7.**	**County**	Select from the drop-down list the county where the consumer resides. If other states are selected, county will be disabled.	
***8.**	**Social Security**	Enter the consumer's 9-digit Social Security Number. (Ex: 999999999 – no dashes).	
***9.**	**Date of Birth Number**	Enter the applicant's date of birth as follows mm/dd/yyyy. You can also select the calenda to select the date.	
10.	**Age**	Age will automatically calculate based on the date of birth entered.	
11.	**Phone Number**	Enter the consumer's phone number without hyphens.	
12.	**Spouse**	(a-d) Optional fields-enter only if consumer has a spouse.	
13.	**Spouse address**	(a-e) Optional – enter only if spouse's address is different from consumer's address.	
***14.**	**Current living arrangements**	Please indicate where the consumer resides at the time of PAS submission.	

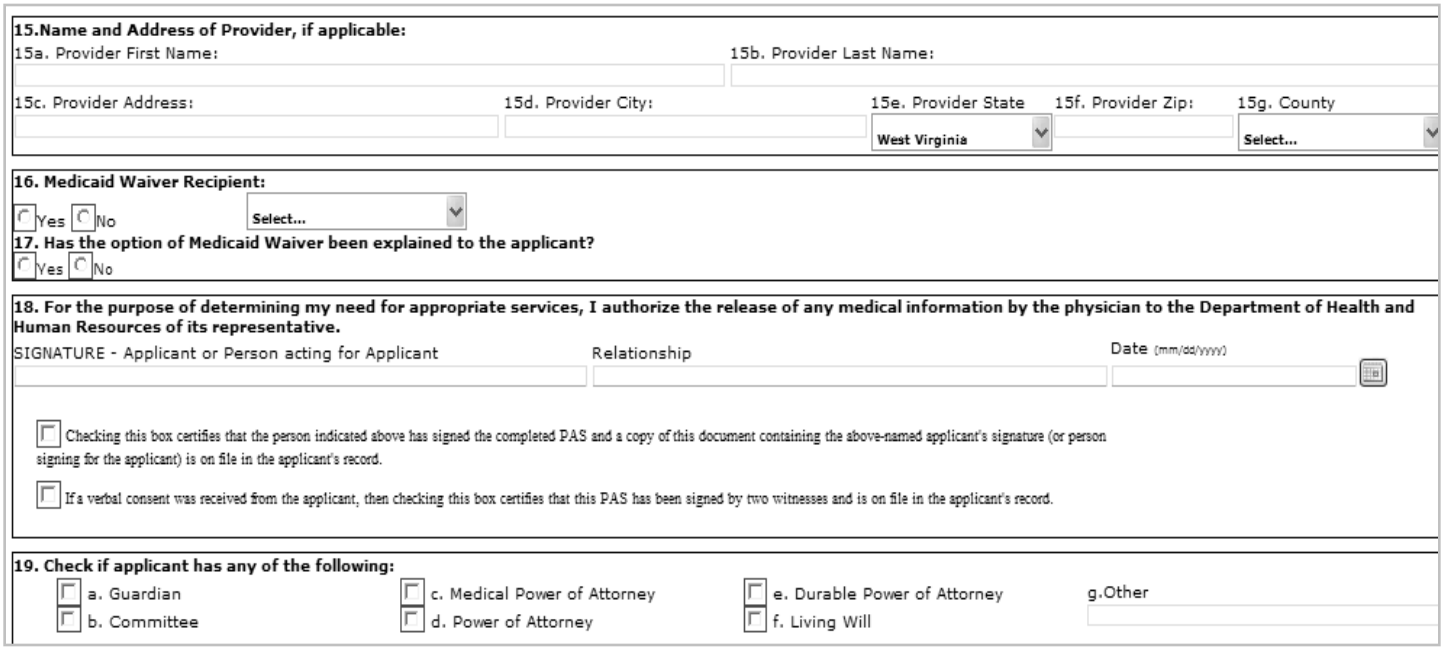


Figure 13

15.	**Provider name and address**	(a-g) Optional fields. Enter information for provider of current services.
16.	**Medicaid Waiver Recipient**	Select the appropriate radio button to indicate if the consumer is a Waiver recipient. If YES is selected, a drop-down box will be enabled and you must select the consumer's Waiver program (i.e. A&D, MR/DD-a.k.a. I/DD).
17.	**Has the Waiver option been explained?**	Response required, please indicate if the option of Medicaid Waiver has been explained to the consumer.
***18.**	**Release of medical records**	Click in the appropriate box to select only one of the two options presented. The first box states "*that the person indicated above has signed the completed PAS and a copy of this document containing the above named applicant's signature (or person signing for the applicant) is on file in the applicant's record.*" If this is the case, it is expected that the PAS signed by the consumer or their representative is maintained in the consumer's record. The person who actually signed the PAS form (i.e. the consumer or their representative) must be entered into the **Signature** box and their relationship to the consumer entered into the **Relationship** box The second box states that "*verbal consent was received from the applicant then checking this box certifies that the PAS has been signed by two witnesses and is on file in the applicant's record.*" If this option is chosen the consumer's name is entered into the **Signature** box and "applicant" should be entered into the **Relationship** box. Verbal consent must have been witnessed by two professional (e.g. nurse) witnesses and their signatures must be on the hard copy of the PAS that is maintained in the consumer's record. In both cases, the date that the PAS form was signed must be entered into the **Date** box using mm/dd/yyyy format or by using the attached calendar feature.
19.	**Representative**	Select any and all boxes to indicate whether the consumer has any representatives or a Living Will. When a box is checked a dialogue box as shown in Figure 15 will appear.

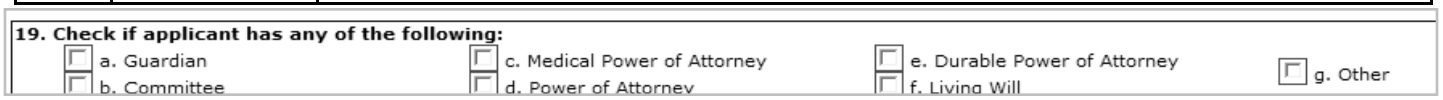


Figure 14

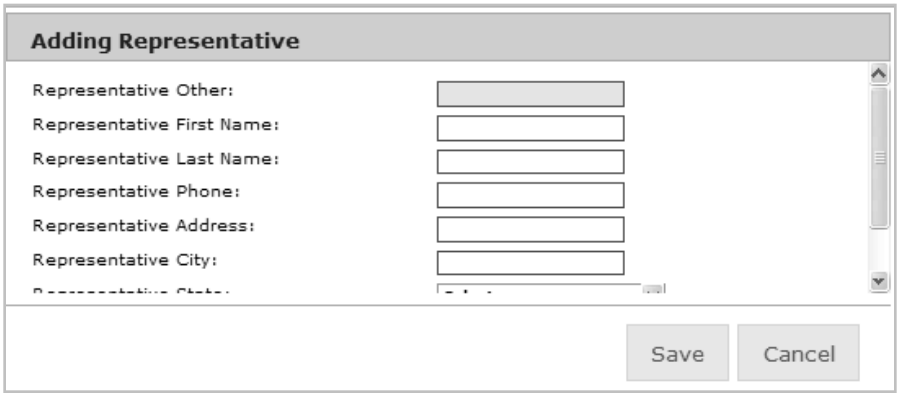


Figure 15

4.2 Medical Assessment

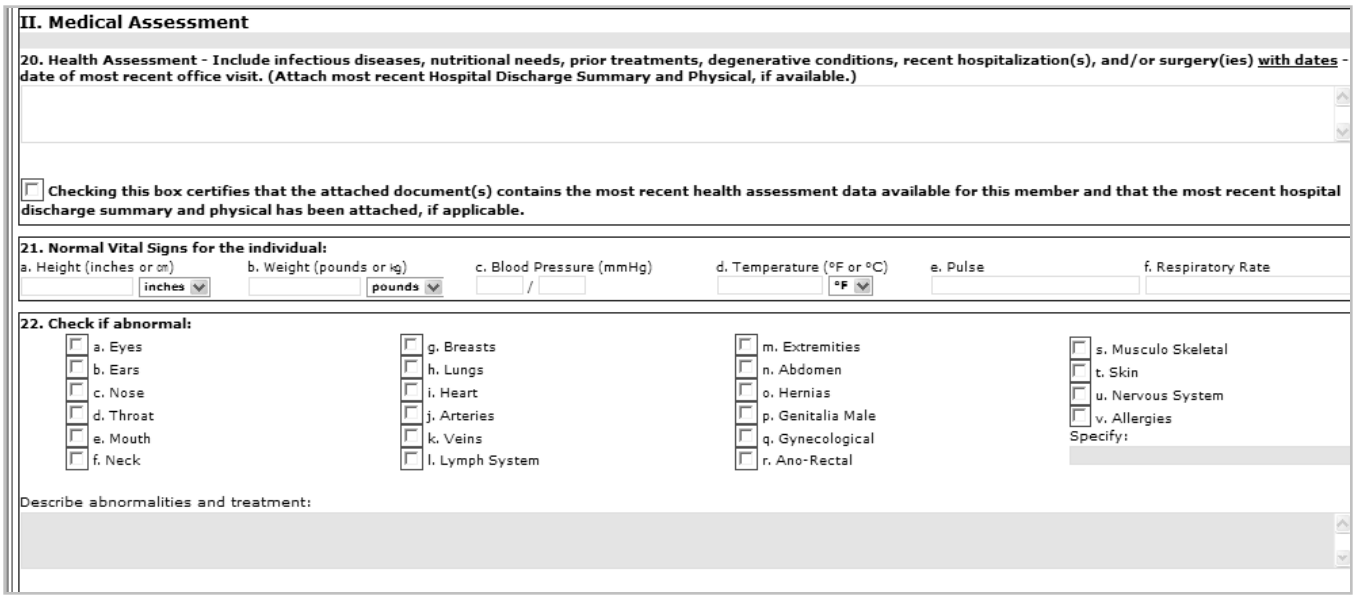
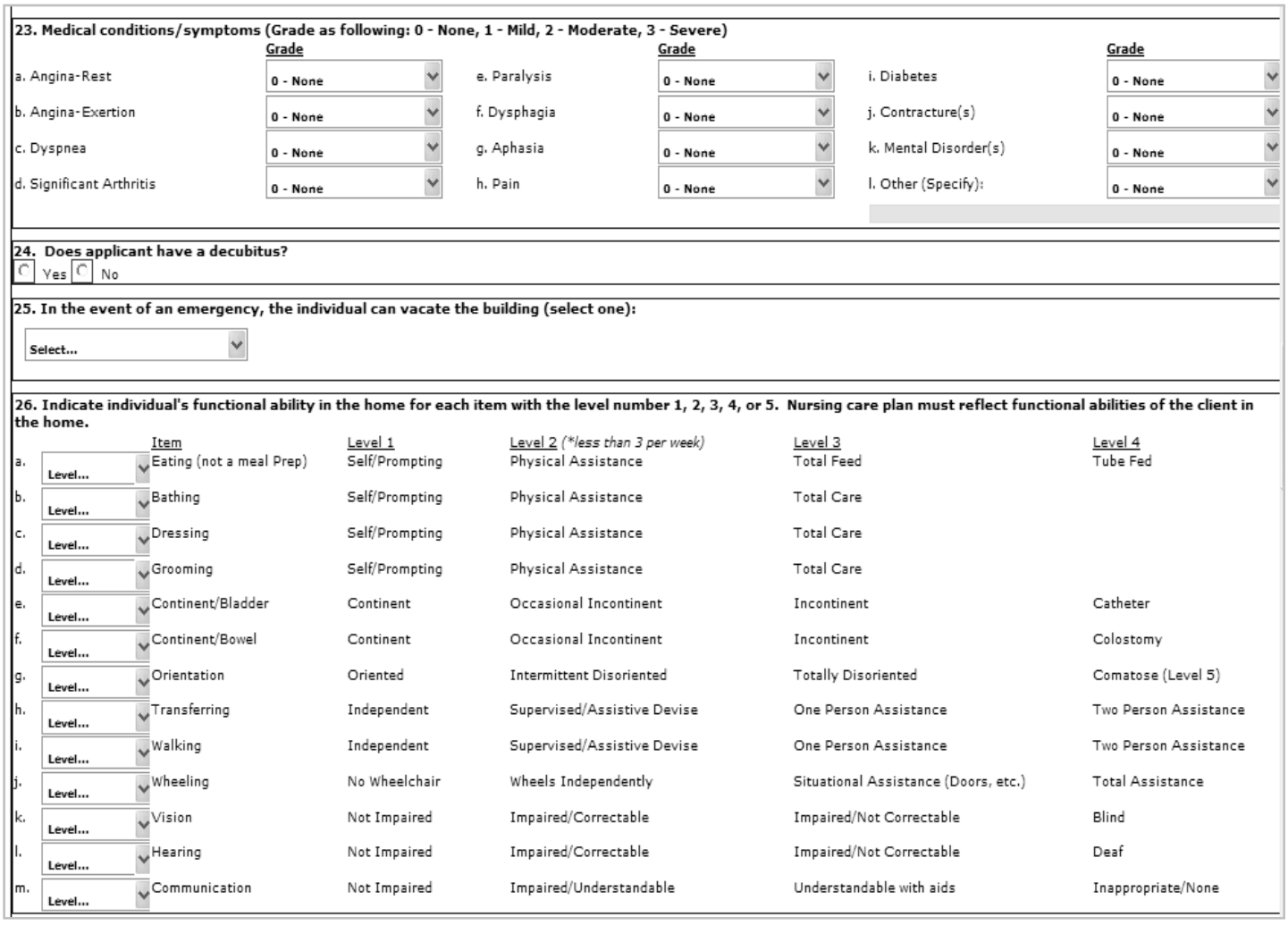


Figure 16

***20.**	**Health assessment**	The health assessment is required and the information can be typed into the free-text field. Alternatively, a copy of the consumer's physical examination can be attached as a Word document or picture file (e.g. jpeg, pdf) to the PAS after it has been submitted. After submission, open the PAS again and you will find the Attachment box. Browse for the file to be attached on your computer and attach. If the assessment will be attached please type "attached" in the free-text box.
21.	**Vital Signs**	a. Height - enter numbers and then choose inches or cm from the drop down box. b. Weight - enter numbers and then choose pounds or kg from the drop down box. c. Blood pressure - enter in standard mm/Hg units (up to three digits for each entry). d. Temperature - enter temperature using 2 or 3 digits and you must have a decimal, then choose degrees F or degrees C from the drop-down box. e. Pulse - enter pulse as by numbers.

		f. Respiratory Rate - enter respiratory rate as numbers.
22.	**Abnormalities**	Check all that apply for the consumer and then explain the abnormalities in the free-text box. If allergies are chosen, then a free-text field is enabled to specify the allergies.



23. Medical conditions/symptoms (Grade as following: 0 - None, 1 - Mild, 2 - Moderate, 3 - Severe)

	Grade		Grade		Grade
a. Angina-Rest	0 - None	e. Paralysis	0 - None	i. Diabetes	0 - None
b. Angina-Exertion	0 - None	f. Dysphagia	0 - None	j. Contracture(s)	0 - None
c. Dyspnea	0 - None	g. Aphasia	0 - None	k. Mental Disorder(s)	0 - None
d. Significant Arthritis	0 - None	h. Pain	0 - None	l. Other (Specify):	0 - None

24. Does applicant have a decubitus?

Yes No

25. In the event of an emergency, the individual can vacate the building (select one):

Select...

26. Indicate individual's functional ability in the home for each item with the level number 1, 2, 3, 4, or 5. Nursing care plan must reflect functional abilities of the client in the home.

	Item	Level 1	Level 2 *(*less than 3 per week)*	Level 3	Level 4
a.	Eating (not a meal Prep)	Self/Prompting	Physical Assistance	Total Feed	Tube Fed
b.	Bathing	Self/Prompting	Physical Assistance	Total Care	
c.	Dressing	Self/Prompting	Physical Assistance	Total Care	
d.	Grooming	Self/Prompting	Physical Assistance	Total Care	
e.	Continent/Bladder	Continent	Occasional Incontinent	Incontinent	Catheter
f.	Continent/Bowel	Continent	Occasional Incontinent	Incontinent	Colostomy
g.	Orientation	Oriented	Intermittent Disoriented	Totally Disoriented	Comatose (Level 5)
h.	Transferring	Independent	Supervised/Assistive Devise	One Person Assistance	Two Person Assistance
i.	Walking	Independent	Supervised/Assistive Devise	One Person Assistance	Two Person Assistance
j.	Wheeling	No Wheelchair	Wheels Independently	Situational Assistance (Doors, etc.)	Total Assistance
k.	Vision	Not Impaired	Impaired/Correctable	Impaired/Not Correctable	Blind
l.	Hearing	Not Impaired	Impaired/Correctable	Impaired/Not Correctable	Deaf
m.	Communication	Not Impaired	Impaired/Understandable	Understandable with aids	Inappropriate/None

Figure 17

23.	**Medical conditions/symptoms**	Indicate grade for each condition listed (0 – None, 1 – Mild, 2 – Moderate, 3 – Severe). The default score is 0. If you choose "other" a text box will be enabled.
***24.**	**Decubitus**	Answer **Yes** or **No** by clicking the appropriate radio button.

		If **YES,** a blue hyperlink will appear the states [Add Location] Clicking on the "**Add Location**" link will open a dialogue box with the following fields below: • *Location* – use drop down box or choose other • *Description* – field is only enabled if you choose OTHER • *Stage* – choose one from drop down box • *Size* –numerical entry • *Treatment* – indicate the current treatment • *Developed* – indicate where the consumer was when the decubitus was developed Save the information and the entries will then be displayed under the Yes/No radio buttons in the Decubitus box. If you need to remove the entry, place a check in the **Remove** box next to the row you wish to remove. You will be asked you if you are sure you want to remove the entry. If yes, then click **OK.**
***25.**	**Vacating building**	Choose the appropriate answer from the drop down box. **Clinical note**: Counts as deficit if mentally or physically unable to vacate; Should correspond with remainder of PAS; Independently or Supervision means that no hands-on assistance would be required.
***26.**	**Level of functioning**	Choose 1, 2, 3, 4 or 5 as applicable for each section. (5 is only an option for Orientation). Item descriptions can be found to the right of each listed item. **Clinical note**: Vision, Hearing & Communication are not counted when determining deficits. Eating, Bathing, Dressing & Grooming count as a deficit if level 2 or 3 AND should correspond with each other as well as other areas of the PAS. ▪ Eating: Level 3 = does not participate at all; Level 4, choose if tube feeding is SOLE source of nutrition; no PO taken. ▪ Bathing: Level 3 = does not participate in any element of bathing & requires total care. If applicant requires assistance in/out of tub or shower this counts as hands-on, even if bathes independently. ▪ Continence: Level 4 = catheter or colostomy. ▪ Orientation: Forgetfulness is not the same as being disoriented. ▪ Transferring/Walking: Level 2 = Supervised/Assistive Device, but no hands-on assistance required. ▪ Wheeling: Wheelchair must be used in the home. Level chosen should be consistent with level response to "Walking." ▪ Communication: Level 4 = unable to understand.

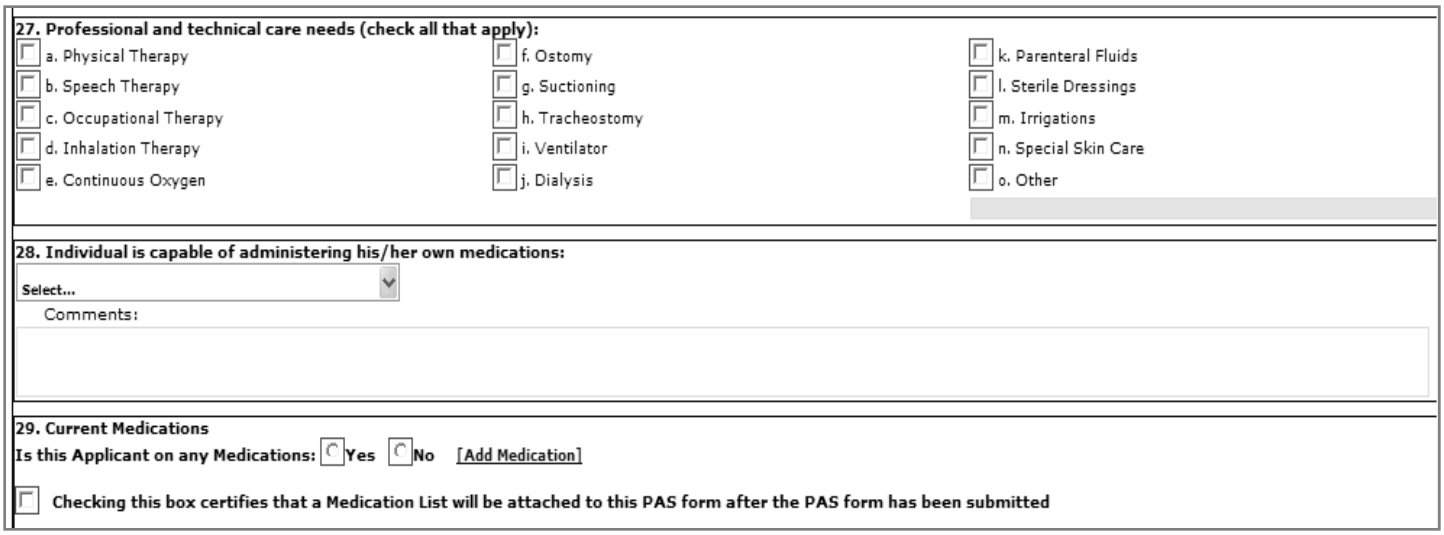
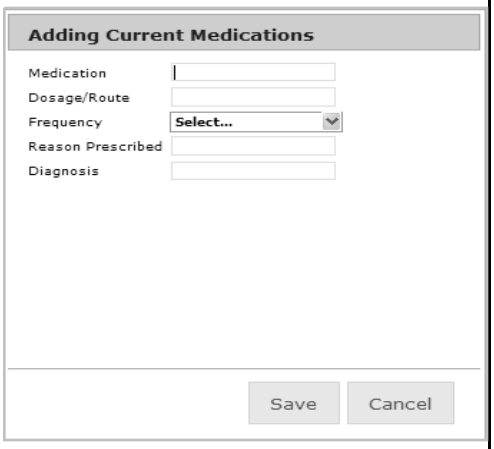


Figure 18

27.	**Professional and technical care needs**	Check all the needs that the consumer requires. Checking **OTHER** opens a free-text box in the lower right-hand which then requires an entry. **Clinical note**: Only one deficit is counted regardless of the number of areas indicated, but check all that apply.
***28.**	**Capable of administering medications**	Select the answer that applies to the consumer from the drop-down box. Add comments if necessary. **Clinical note**: • Yes = takes appropriate meds at appropriate time via appropriate route; • With Prompting Supervision = requires set up or reminders but is able to place pill in mouth independently; • No = cannot place meds in mouth.

29.	**Current medications**	Click link to add medications [Add Medication] . A dialogue box will open that allows you to enter the following: • Medication • Dosage/Route • Frequency – Select from dropdown box • Reason Prescribed • Diagnosis If you wish to attach a medication list, check the box that certifies you will do so, "Medication list will be attached."  Figure 19 If you need to remove the entry, place a check in the **Remove** box as shown in Figure 20. You will be asked you if you are sure you want to remove the entry. If yes, then click **OK.**

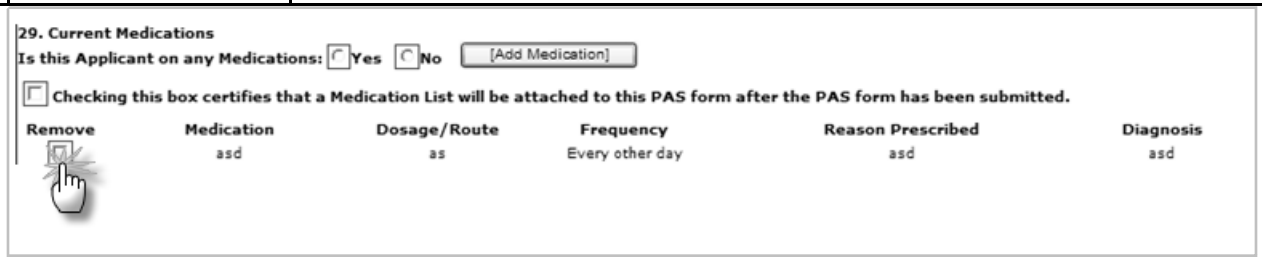


Figure 20

4.3 MI/MR Assessment

Clinical note: MI/MR Assessment is used to determine the need for a Level II evaluation for Nursing Home. Review for Level II is a federal requirement to assess the possible need for specialized services.

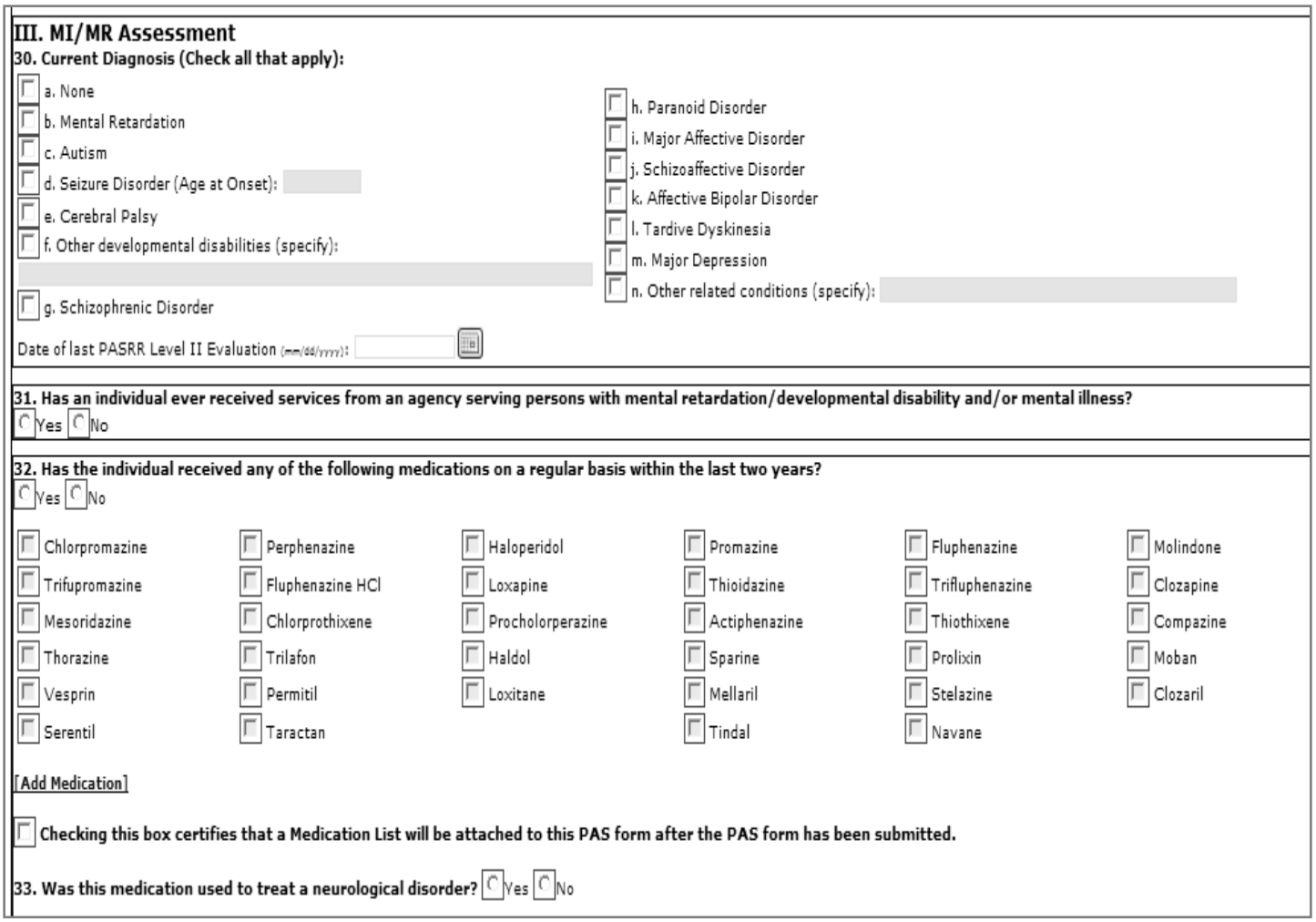
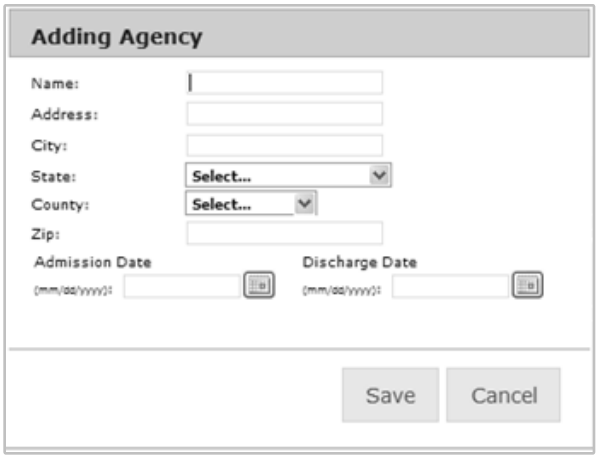


Figure 21

30.	**Current Diagnosis**	Check all diagnoses that apply or **a. None**, as applicable. The **Date of last PASRR Level II Evaluation** field is optional. If you select options **d**, **f**, or **n** you will be required to enter information into the free text fields.
31.	**Ever received services from agency for MR/DD or MI**	Check Yes or No If Yes, a box will appear to enter the agency name, address, city, state, zip, county, admission and discharge dates. The Agency Name is the only required field. Add as

		many agencies as necessary using the dialogue box as shown in Figure 24.  Figure 22
***32.**	**Medications in last 2 years**	Check Yes or No. If Yes, the Medication List will be enabled and you can check all that apply. If you need to add a medication that is not listed clic [Add Medication] . If you wish to attach a list of current medications place a check in the box certifying that one will be attached to this PAS after submission. Please see directions for attaching forms if necessary.
33.	**For Neurological disorder**	Check Yes or No.

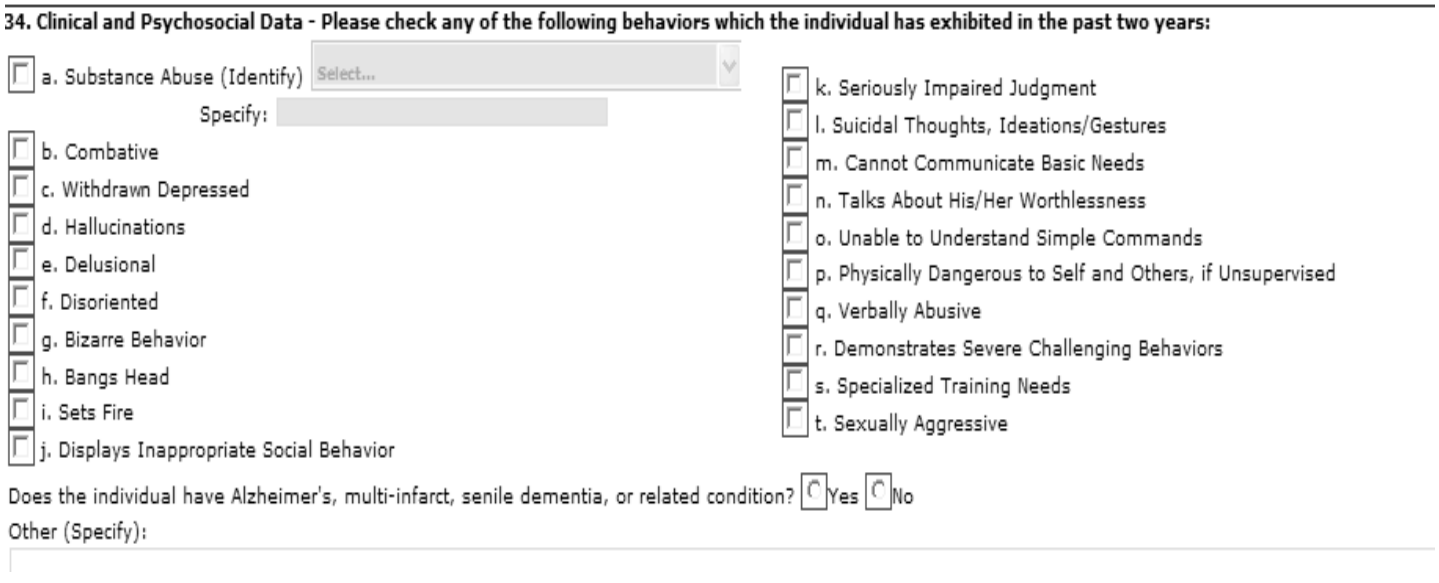


Figure 23

34.	**Clinical and Psychological data**	Check all that apply. If **Substance Abuse** is checked, choose the applicable substance(s) from drop down list. If **Other** is chosen from the drop down, the **Specify** box is enabled. List the "other" substance there. It is mandatory to identify "Does the individual have Alzheimer's?" Check **Yes** or **No**.

4.4 Physician Recommendations

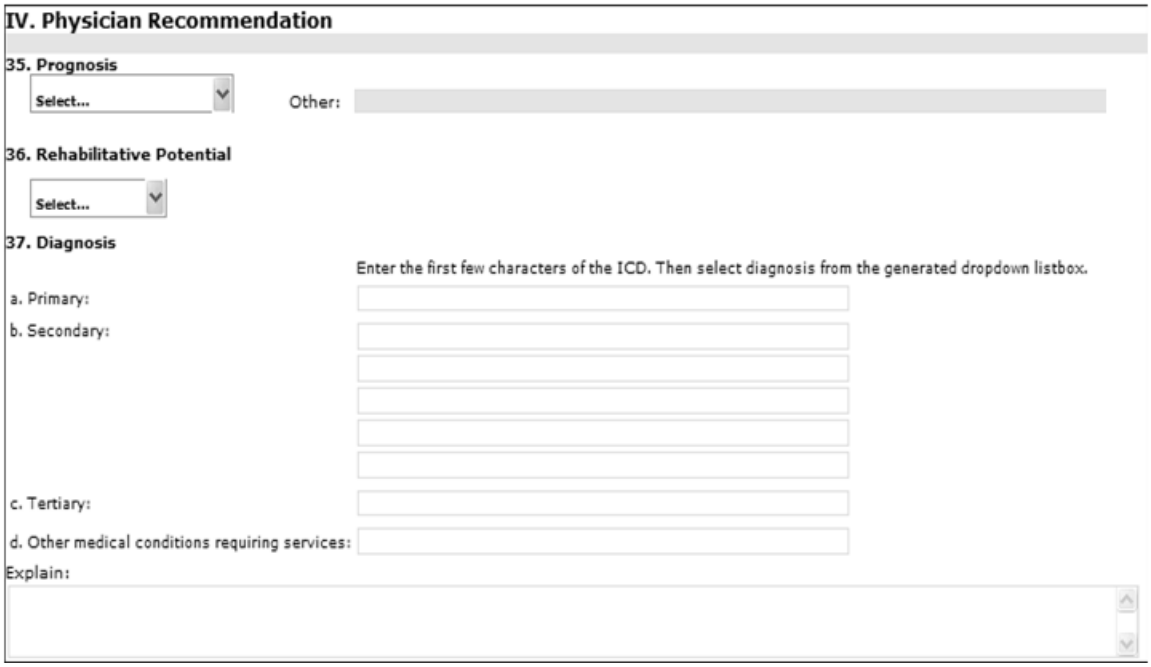


Figure 24

***35.**	**Prognosis**	Select from the drop down box. If **Other**, enter into text box. **Clinical note**: Terminal = applicant has a prognosis of less than 6 months to live.
***36.**	**Rehabilitative Potential**	Select from the drop down box.
***37.**	**Diagnosis**	Primary diagnosis is required. Secondary and Tertiary are optional but if you enter in all available fields and need additional space you can list those in the "Explain" section. **NOTE**: You can enter the first few letters or numbers of diagnosis code and the names associated with your entry will populate so that you can choose the applicable diagnosis.

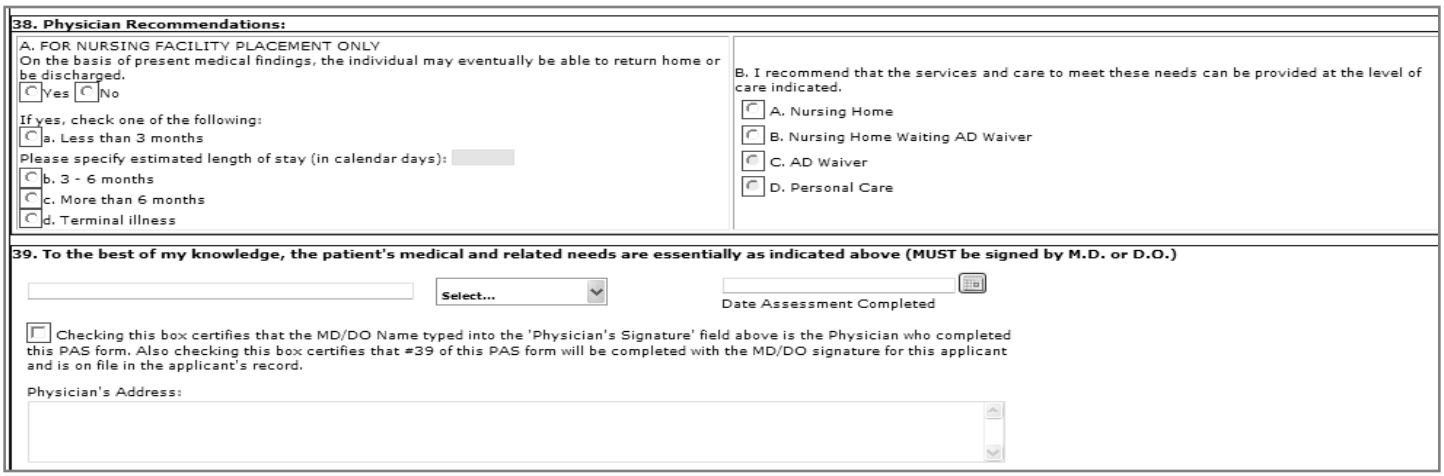


Figure 25

***38.**	**Physician Recommendations**	A. Check **Yes** or **No** to identify whether the physician feels the individual may be able to return home or be discharged. The options below this question will only be enabled if you choose **Yes**. If **Yes**, the user must specify an estimate of the necessary length of stay. B. Check either **A Nursing Home** or **B Nursing Home Waiting AD Waiver**. In section B, only two options are enabled: Nursing Home and Nursing Home Waiting AD Waiver.
***39.**	**Certifying all statements are accurate**	Type the physician's name, select credentials from drop down box, indicate date the assessment was completed and enter the physician's complete address. Be sure to check the box certifying that the physician listed is the physician who completed the PAS.

Once all information is filled out appropriately, click **Submit Form** .

4.5 Adding a Note or Attachment

After you click the Submit Form button, your form will display a box below the Submit Form button entitled Add Note/Attachment. When you click this button, a box appears where you may add a note or attach documents. Indicate the name of the document and use the "browse" button to retrieve the document from its location on your computer. You may attach as many documents as necessary.

Note – If you have placed a check in any of the boxes above certifying you will attach a document a pop up will appear once you have clicked submit form. This is a reminder for you to attach your documents and you can follow the steps as presented above.

4.6 Printing

You can print a hard copy of the form you have submitted. Once your form is filled out correctly you can right click your mouse. A menu will appear as shown in Figure 26. Click **Print** and your form will be printed. Your hard copy will contain two signature lines, one for the applicant and one for the physician. You may also click the **Print** button at the top of the form.

Figure 26

5. Logout – End your session

When finished, log out by using the Logout button  in the upper right hand corner of your screen, as shown in Figure 27.

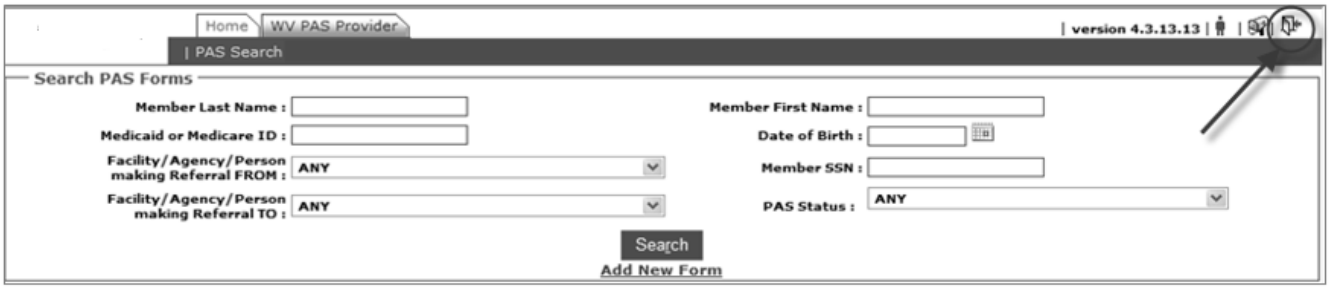


Figure 27

6. C3 NH PAS Web User Request Form

KEPRO
INTELLIGENT VALUE

CareConnection©
PAS for NURSING HOME CARE - WEB USER REQUEST
Please Type or Print Legibly

PROVIDER _____

ADDRESS _____

CITY _____ STATE ___ _____ ZIP CODE _____

WEB USER'S NAME:_____
First Name Middle Initial Last Name

User's E-Mail: _____
MANDATORY – Account reset information will be sent to this address – make certain it is legible and valid to ensure receipt - MANDATORY

User's Direct Phone # & Extension: _____

For User Account Reset/Security **Significant Date (e.g. Birth Date, Anniversary Date):** __ __ / __ __ / __ __ __ __

Security Question (e.g. Name of Elementary School, Father's Middle Name) _____

_____+

Answer to Security Question: _____

User Agreement: I, individually and as an authorized web user of the aforementioned Provider, agree that I will access and use the information available through KEPRO's secure web site only for treatment and healthcare operations purposes. 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. By signing this request, I agree to adhere to all security and privacy requirements when using the web application, as mandated by HIPAA.

User Signature _____ Date _____

KEPRO DATA CONTACT AUTHORIZATION

DATA CONTACT'S NAME:_____

Phone: _____**E-Mail Address:** _____

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

Data Contact's Signature: _____ Date _____

Submit Hardcopy to KEPRO NF-PAS User 1007 Bullitt Street, Suite 200 Charleston WV 25301 or
Fax 844-723-7811 or **Email** Scanned/Signed Request to WVPAS@kepro.com.

KEPRO Use: **PASADMIN** **BMSPAS** **PCAPAS**
PASCLRK **PASPRO** **RN**