

# Molina Workshop Fall 2018

Presented by KEPRO

# Existing KEPRO Scope of Work



- Health Homes
- IDD Waiver Services
- AD Waiver Services
- Personal Care Services
- TBI Waiver Services
- Nursing Home PAS Review
- Behavioral Health Services
- Medical Services
- BBHMF
- BCF-Socially Necessary Services
- Substance Use Disorder Waiver

# Websites/Direct Data Entry Portals



- 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>
- IDD Waiver <https://wvltc.kepro.com>
- TBI Waiver <https://wvltc.kepro.com>

## What Types of Providers Can Become Part of Health Homes?

- Physicians
- Clinical Practices or Clinical Group Practices
- Rural Health Clinics
- Community Health Centers
- Community Mental Health Centers
- Case Management Agencies
- Community/Behavioral Health Agencies
- Federally Qualified Health Centers (FQHC)

## Services Provided by Health Home Providers

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

# Who is Needed for a Health Homes Core Team?



- **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. Must complete an internal credentialing process through a provider designated as a health home.
- **Care Coordinator** – Bachelor’s Degree in a social science with some applicable patient care or counseling experience. Must complete a care coordination training program through a provider designated as a health home.

***Please note that one person can fill multiple roles.***

## 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 the following: *Anxiety or Depression*
  - Geographic limitations to following 14 counties in WV: Boone, Cabell, Fayette, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Putnam, Raleigh, Wayne, Wyoming

# Health Home Contacts



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- *Director-Health Homes*

Beverly Turpin

- *Review Assistant-Health Homes*

Caroline Duckworth, MSW LCSW

- *Director-Socially Necessary Services*

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

For additional information: <http://dhhr.wv.gov/bms/pages/default.aspx>

Per direction from BMS, the Agency Selection process for Aged and Disabled Waiver (ADW) applicants will be changing.

- Applicants will be required to make a Service Delivery Model (Traditional versus Personal Options) selection at the initial Pre-Admission Screening (PAS).
- Selections will be saved to the applicant's record in ADW CareConnection®.
- When slots become available, referrals will be made based on these initial selections.
- Applicants will be able to transfer once they are enrolled.



# Changes to the Drug Screening Medical Necessity



Effective 07/01/2018, changes have occurred related to drug testing codes and their Medical Necessity Authorization limits.

- Medical Necessity Authorization is required in order to EXCEED 24 presumptive drug screens in a calendar year (1/1-12/31)- this includes CPT codes 80305, 80306, & 80307 in COMBINATION.
- Medical Necessity Authorization is required in order to EXCEED 12 definitive drug screens in a calendar year (1/1-12/31)- this includes HCPCS codes G0480, G0481, and G0482 in COMBINATION.
- Policy has been updated to require medical necessity authorization for G0483 and G0659 from the initial service in the calendar year.
- This revised policy is effective July 1, 2018.

- Medical Case Management (CM) is a collaborative process including member assessment, planning, case coordination, advocating services which meet the needs of the member, and monitoring, and evaluation to meet the member's comprehensive healthcare needs.
- Individualized goals are developed with the member, healthcare providers, family members, guardians, legal representatives and others who may play a role. Case Management serves to facilitate the following:
  - Promotes member participation and accountability in their health care
  - Utilization of cost effective measures while facilitating access to resources

# Medical Case Management (Continued)



- WV Medicaid has a very complex and diverse population. Any patient may need Case Management.
- Our goal is to help the members by being supportive and resourceful, and advocate on their behalf when necessary. We want to exceed expectations and add value by going above the contract requirements and assist members with their healthcare needs.
- Referrals can be initiated by BMS, staff that are involved in the PA process, hospitals, physicians, and can even be requested by the member and/or their legal guardian.
- Case management services must be proven medically necessary as well as being consistent with the diagnosis, treatment plan, and any applicable criteria such as IQ or BMS

# Areas for Case Management



Specific review areas trigger an automatic referral of members to medical case management services including the following:

- Organ transplant
- Bariatric procedures
- In-patient medical rehab
- Private duty nursing
- Hospice
- Cardiac and/or pulmonary rehabilitation
- Cases that are classified as high cost outliers

Please note, Case Management is not restricted to these areas.

- **The face-to-face is the responsibility of the Ordering, Referring, Prescribing (ORP) to perform and document in their record. It and/or other necessary documentation must be sent to the DME vendor in order to prepare the certificate of medical necessity (CMN)**
- The DME provider determines the specific member needs, performs any necessary assessments (mobility evaluation/home visit) to clarify specific needs, and prepares CMN. from the order.
- The physician's signature is required on the CMN to carry out the written order/prescription.
- The CMN should be specific and clarify the order where necessary but **MUST** correspond to the order/prescription.
- If there is a question regarding clinical need, medical appropriateness or ANY clinical issue, the review staff will contact the physician's office for further documentation.
  - If the missing information directly correlates to the DME equipment (type of equipment, make, model, pricing, etc.) the DME vendor will be contacted by the review staff.

**\*More information can be found at <https://dhhr.wv.gov/bms/pages/manuals.aspx>  
WV Medicaid Provider Manual Section 506.3**

# Prescription/Order Requirements



The prescription/order must include:

- Physician Name
- Physician Address
- Physician Telephone Number
- Specific item being ordered
- Quantity/Amount to dispense per day/month
- Diagnosis
- Length of time
  - Please Note: Orders are only considered valid for 1 year, even if the order is written for 99 months.
  - Service end date for approved prior authorizations will not be extended past the expiration date of the order.
- Date the order was signed
- Must be on physicians prescription or letterhead.

- The medical department has offered various types of training during 2017/2018.
- We offer training via webinar, phone, and various materials.
  - These are offered to make submitting online for Prior Authorization an easier process for providers.
  - There are also annual reviews/trainings available to providers.
- Provider training is also offered for various provider groups.
- Each PowerPoint presentation from the provider trainings are posted to the <http://www.wvaso.kepro.com> in the Manuals and Reference Materials section of our website.

## Trainings Conducted in 2018

- Home Health
- PT/OT
- Chiropractic
- Dental
- PDN
- EPSDT
- Podiatry

## Upcoming Trainings in 2018

- Hospice
- DME
- Speech and Audiology
- Case Management



# Substance Use Disorder Waiver



The West Virginia Medicaid Section 1115 SUD Waiver has been implemented in two phases:

- Phase One began January 14, 2018:
  - SBIRT
  - Opioid Treatment Programs (Methadone)
  - Naloxone Initiative
- Phase Two began July 1, 2018:
  - Adult Residential Treatment Services
  - Withdrawal Management
  - Peer Recovery Support Services

# Substance Use Disorder (SUD) Waiver



- After the morning presentations there will be a special training just for the SUD Waiver from 1:30-4:00 pm.
- If you are interested in attending and have not registered, please stop by the KEPRO table to register.
- If you are not able to attend today other trainings will be held at each Molina Workshop location after the morning presentations:
  - September 10th: Morgantown – Waterfront Hotel
  - September 11th: Martinsburg – Holiday Inn
  - September 13th: Wheeling – Oglebay Resort/Pine Room
  - September 14th: Vienna – Grande Pointe Conf. Center
  - September 17th: Huntington – St. Mary’s Conf. Center
  - September 18th: Beckley – Tamarack
  - September 19th: Charleston – Holiday Inn and Suites
  - September 20th: Flatwoods – Days Inn

# 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)

## TBI Waiver

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

## 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)

# KEPRO Contact Information



## 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)

## Medical Fax Numbers

- 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/EPSTD/ Out of Network

# KEPRO Medical Contact Information



**1-800-346-8272**

**MEDICAL SERVICES GENERAL VOICEMAIL- EXT. 7996**

**MEDICAL SERVICES EMAIL: [WVMEDICALSERVICES@KEPRO.COM](mailto:WVMEDICALSERVICES@KEPRO.COM)**

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GENERAL KEPRO INFORMATION: [WWW.WVASO.KEPRO.COM](http://WWW.WVASO.KEPRO.COM)

FAX #: 866-209-9632 (REGISTRATION AND TECHNICAL SUPPORT ONLY)

WEBSITE FOR SUBMITTING AUTHORIZATIONS: [HTTPS://PROVIDERPORTAL.KEPRO.COM](https://PROVIDERPORTAL.KEPRO.COM)

WEBSITE FOR ORG MANAGERS TO ADD/MODIFY USERS: [HTTPS://C3WV.KEPRO.COM](https://C3WV.KEPRO.COM)

**QUESTIONS?**