DXC Workshop
Spring 2019

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
- 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

Health Homes

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

Member Eligibility Criteria

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

Terrance Hamm, MSW LGSW

- *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

IDD Waiver

Effective 7/01/2018 with anchor dates, a new budget methodology is in use.

- All members continue to participate in Annual Functional Assessments with KEPRO.
- Assessment results are still utilized to determine continued program eligibility and the annual budget used to access services.
- The new budget calculation method includes a base range that is dependent on living arrangement and age, with add-on dollar amounts related to some ICAP domain scores.

Helpful ADW Tips

- Special characters should not be keyed on the MNER screen in ADW CC. Special characters on the MNER screen prevent the PAS from submitting correctly for the RN.
- Commas should not be used in the title of attachments in ADW CC because they will not open in Google Chrome, only in IE. Most RNs use Google Chrome for ADW CC because of the offline PAS feature.
- After attaching additional requested information for a pended ADW service level change (SLC), providers need to open the request and then click resubmit in the upper left corner.
- SLC requests submitted prior to the member's anchor date following a recent annual PAS that resulted in a higher service level, must be faxed or emailed, not keyed directly in the system.
  - Providers cannot request a SLC utilizing the previous PAS. ADW CC only allows Service Level Changes to be requested on the most recent PAS which is at a higher service level and will result in a denial.

Home Health Update

The Home Health manual was updated 12/21/2018. Providers are required to document that a face-to-face encounter occurred.

- The face-to-face must occur prior to ordering the provision of Home Health services and no more than 90 days prior to the Home Health start of care date or within 30 days of the start of the Home Health care.
- The date of encounter must be included in the certification documentation.
- The face-to-face encounter must be conducted by a physician, physician assistant, or an Advanced Practice Registered Nurse. **The face-to-face is the responsibility of the Ordering, Referring, Prescribing (ORP) to perform and document in their record.**
- A face-to-face is required for certification any time a new start of care assessment is completed to initiate care for services.
- The non-physician practitioner (PA or APRN) performing the face-to-face encounter, working in collaboration with the certifying physician, must document the clinical findings of that face-to face patient encounter and communicate those findings to the certifying physician.
- The documentation of the face-to-face encounter must be a separate and distinct section of the medical record and must be clearly titled, dated and signed by the certifying physician in accordance with 42 CFR §424.22.
- More information can be found at https://dhhr.wv.gov/bms/pages/manuals.aspx WV Medicaid Provider Manual Section 506.3.

PT/OT

Fee-for-Service Members

- Fee for service members can receive up to 20 (combined) visits per calendar year without prior authorization.
- The initial request's prior authorization number will be all 0's
  - Submission of an initial prior authorization is recommended for benefit tracking.
  - This number is not to be used for billing purposes.
- Upon the 21st visit the provider will submit an ESTABLISHED request that will be reviewed for medical necessity.

Alternative Benefit Plan (ABP)

- ABP members require prior authorization from the start of PT/OT services.
- Upon approval of an INITIAL request, the C3 system will generate all 0's for the authorization number.
  - This number should not be used for billing purposes.
- A manual authorization number (WXUTH) will be placed in the notes and annotations section at the bottom of the review request screen.

Dental Code Update

Deleted Code	Description	Replacement Codes	Description
D1515	Space maintainer-fixed-bilateral	D1516	Space Maintainer-fixed-bilateral, maxillary
		D1517	Space Maintainer-fixed-bilateral, mandibular
D1525	Space maintainer-removable-bilateral	D1526	Space Maintainer-Removable-bilateral, maxillary
		D1527	Space Maintainer-Removable-bilateral, mandibular
D5281	Removable unilateral partial denture-one piece cast metal (including clasps and teeth)	D5282	Removable unilateral partial denture-one piece case metal(including clasps and teeth), maxillary
		D5283	Removable unilateral partial denture-one piece case metal(including clasps and teeth), mandibular
D9940	Occlusal guard, by report	D9944	Occlusal Guard-hard appliance, full arch
		D9945	Occlusal Guard-soft appliance, full arch
		D9946	Occlusal Guard-hard appliance, partial arch

Tips for Successful Medical Authorizations

- Please check Master Code List (MCL) or search by the CPT code when submitting via direct data entry (DDE) or by fax. There are some studies that do not require prior authorization.
  - The MCL can be found at www.wvaso.kepro.com under Resources then Manuals and Reference Materials.
- Remember to attach or fax documentation to justify medical necessity.
  - Also, be sure to include written or electronic orders where applicable.
  - Dental: X-rays and attachments must contain the member's name.
- 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 member.
- 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.

Emergency Department, Observation and Inpatient Services

- Emergency Department and Observation services do not require prior authorization;
- Diagnostic services and testing that requires prior authorization in outpatient settings must be prior authorized during an observation stay, if performed;
- Inpatient admissions require prior authorization, except labor and delivery and exclusion noted on the MCL; and
- Direct inpatient admission from observation is encompassed in the inpatient authorization and payment.

Medical Case Management

- 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.
- WV Medicaid has a very complex and diverse population. Any patient may need Case Management.

Medical Case Management (Continued)

- 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.

Training and Technical Assistance

- 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.
- KEPRO will begin ADW quarterly trainings in 2019.

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 DXC Workshop location after the morning presentations:

April 1st	Martinsburg – Holiday Inn
April 2nd	Wheeling – Oglebay Resort/Pine Room
April 3rd	Morgantown – Waterfront Hotel
April 4th	Vienna – Grande Pointe Conf. Center
April 8th	Roanoke – Stonewall Jackson Resort
April 9th	Charleston – Four Points by Sheraton
April 10th	Beckley – Tamarack
April 11th	Huntington – Big Sandy Superstore Arena

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
- Email to submit documentation: ADWdocumentation@kepro.com

TBI Waiver

- Toll Free: 866.385.8920
- Fax: 866.607.9903
- 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

Nursing Home PAS

- Toll Free: 844.723.7811
- Fax: 844.633.8425
- General Email: WVPAS@kepro.com

Personal Care

- Toll Free: 844.723.7811
- Fax: 866.212.5053
- General Email: 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

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/EPSDT/ Out of Network

KEPRO Medical Contact Information

1-800-346-8272
MEDICAL SERVICES GENERAL VOICEMAIL- EXT. 7996
MEDICAL SERVICES EMAIL: WVMEDICALSERVICES@KEPRO.COM

HELEN SNYDER	DIRECTOR	HCSNYDER@KEPRO.COM	EXT. 4463
KAREN WILKINSON	UM NURSE SUPERVISIOR	KAREN.WILKINSON@KEPRO.COM	EXT. 4474
ALICIA PERRY	OFFICE MANAGER	APERRY@KEPRO.COM	EXT. 4452
SIERRA HALL	TRAINING SPECIALIST	SIERRA.HALL@KEPRO.COM	EXT. 4454
JASPER SMITH	ELIGIBILITY SPECIALIST	JASPER.SMITH@KEPRO.COM	EXT. 4490
ROMEDA HICKS	ELIGIBILITY SPECIALIST	RHICKS@KEPRO.COM	EXT. 4492
JAMI PLANTIN	ELIGIBILITY SPECIALIST	JAMI.PLANTIN@KEPRO.COM	EXT. 4502

GENERAL KEPRO INFORMATION: WWW.WVASO.KEPRO.COM
FAX #: 866-209-9632 (REGISTRATION AND TECHNICAL SUPPORT ONLY)
WEBSITE FOR SUBMITTING AUTHORIZATIONS: HTTPS://PROVIDERPORTAL.KEPRO.COM
WEBSITE FOR ORG MANAGERS TO ADD/MODIFY USERS: HTTPS://C3WV.KEPRO.COM

QUESTIONS?