
Aged and Disabled Waiver Medical Necessity Evaluation Request-MNER

Presented by KEPRO

Who is KEPRO?



- KEPRO is the Utilization Management Contractor for the Aged & Disabled Waiver (ADW) program.
- BMS contracts with KEPRO to complete the PAS to determine initial and continuing medical eligibility for ADW services.
- KEPRO provides a framework and a process for application and approval of ADW services through ADW Care Connection.
- KEPRO communicates member status to the Bureau for Medical Services (BMS), Bureau of Senior Services (BoSS), providers, the claims payer and members throughout the application process and subsequent to slot release.

ADW-MNER General Information



- ALL AREAS MUST BE COMPLETE, LEGIBLE, WITH NO BLANK AREAS OR THIS FORM WILL BE RETURNED.
- Referring Physician: The physician information on this request must be complete and legible to be processed.
- Enter Applicant/Participant information: Complete all areas leaving NO blanks, if not applicable enter N/A.
- Check the box at top of form for an Initial Evaluation (for a new applicant) or Re-evaluation (for a current ADW recipient).
- Location of current MNER - <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/ADWProgram/Pages/ADW-Policy-and-Forms.aspx>

AGED AND DISABLED WAIVER PROGRAM
MEDICAL NECESSITY EVALUATION REQUEST

ALL INFORMATION MUST BE LEGIBLE, OR THE REQUEST CANNOT BE PROCESSED

Type of Request: **Initial**. Submit to: KEPRO-ADW | 1007 Bullitt Street, Suite 200, Charleston, WV 25301, FAX: 866-212-5053
 Reevaluation. Send completed form to Case Manager: _____ FAX: _____

- Case Management Agency or Fiscal Employer Agent Information: Only completed if this is a current participant requesting reevaluation. For reevaluations, the CM/RC must upload the MNER to the Attachments tab in ADW CareConnection©. Update the MNER page in ADW CareConnection© to match the uploaded document and submit the MNER. This generates the notification to KEPRO to review the annual MNER.
- The attached MNER in the record must “MIRROR” what the agency has entered in CareConnection©. Example: Dates must align, signatures, addresses, etc.
- For a Re-evaluation, enter Case Manager’s name and agency fax number in the space provided. To avoid confusion on Re-evaluations, you can redact KEPRO’s fax number at the top of the form.

- The applicant/participant must sign and date (if unable a Legal Representative must sign).
- Legal Representative, Guardian or Contact Area: **MUST** be complete if the applicant/participant has Alzheimer's, dementia, or a related diagnosis, if not applicable enter N/A.
 - The Legal Representative signing the form must also be listed on the application.
- The request must be signed by the Physician (MD or DO), Nurse Practitioner, or Physician's Assistant. Original signature is required. (Signature is valid for 60 days.)

Signature of Physician (MD, DO, PA or Nurse Practitioner; original required)	X	Date (valid for 60 days):
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Applicant/Participant Information



APPLICANT/PARTICIPANT INFORMATION		
Legal Full Name:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
SSN #:	Medicaid #:	Medicare #:
Physical Address:		
Mailing Address:		
Phone #:	County of Residence:	
Signature of Applicant/Participant	X	Date:

- When entering the applicant's demographics be sure that all information is correct and current.
 - If there is a discrepancy in the applicant's demographics (e.g., social security number does not match applicant's name and DOB) this will cause a delay in processing MNER.
- Do not use 'nicknames', legal name only.
 - If a nickname is used it will be printed on all documentation released to applicant including the yellow DHS2 form.
 - Using a nickname can cause confusion not only for KEPRO, but for also the applicant's local DHHR.
- Include the applicant's address whether physical/mailing or both.
 - The nurse for ADW will use the physical address to complete their visit.
 - If the applicant does not receive mail at their physical address, please include their mailing address.
- PLEASE BE SURE COUNTY OF RESIDENCE IS ACCURATE.
 - Depending on the county listed, KEPRO will send a list of CMA's and PAA's to the applicant. If the county is incorrect the applicant could select a CMA that does not provide services to the area of residence.

Contact Information



CONTACT INFORMATION (REQUIRED IF APPLICANT/PARTICIPANT HAS ALZHEIMER'S, DEMENTIA OR RELATED DIAGNOSES) - ALL APPLICANTS ARE ENCOURAGED TO LIST A CONTACT PERSON		
Name:		Phone #:
Mailing Address:		
Relationship to Applicant/Participant: (Choose <u>ONLY ONE</u> type of relationship)	<input type="checkbox"/> Guardian <input type="checkbox"/> Committee <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Medical Power of Attorney <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Contact Person	
Signature of Legal Representative (not needed if contact person)	X	Date:

Does the patient have Alzheimer's, brain multi-infarct, senile dementia or a related condition?

Yes No If "Yes," please specify:

- If an applicant has Alzheimer's, dementia, or a related diagnoses the contact information is a required field.
- **Choose only one relationship to the applicant:**
 - Guardian
 - Committee
 - Power of Attorney
 - Medical Power of Attorney
 - Contact Person
 - Durable Power of Attorney
- The person who is listed as a ***Legal Representative*** is required to sign and date.
- If person listed is **ONLY** a contact, no signature is required.

Case Management Agency or Fiscal Agent Information



CASE MANAGEMENT AGENCY OR FISCAL EMPLOYER AGENT INFORMATION (Reevaluation Only)		
Agency Name:	Phone #:	Fax #:
Case Manager/Resource Consultant:		
Mailing Address:		

- This section is completed for Reevaluation only.

REFERRING PHYSICIAN'S INFORMATION (This information may be shared with the applicant/participant).		
Name: (MD, DO, PA, Nurse Practitioner)	Phone #:	Fax #:
Mailing Address:		

- When completing the name of the physician include first and last name.
 - Example: Listing Dr. Smith does not indicate who the doctor is, this is due to multiple doctors having the same last name.
- Phone number and fax number are imperative and required for KEPRO to contact the applicant's physician.
 - KEPRO uses this information to contact the applicant's physician for additional information and Potential Denials.

Diagnoses and ICD-10 Codes



Patient Diagnoses and other Pertinent Medical Conditions:	ICD-10 codes:

- ICD-10 codes and descriptors should both be indicated in this section.
 - If the descriptors are indicated but no ICD-10 codes, the application will be returned to the physician for completion. This delays the processing of the application.
 - MUST BE LEGIBLE.
- When the form indicates that the applicant has Alzheimer’s, brain multi-infarct, senile dementia or a related condition it is required that the ICD-10 code be listed.

Is Patient Terminal?



Is the patient terminal? Yes No

- Terminal, meaning prognosis of less than 6 months to live or can be defined by the physician providing services to the applicant.
- Please mark 'Yes' or 'No' only.

- 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.
- Acceptable 'special characters' are periods (.) and the commas (,).
- All other characters are unacceptable, example: !@#\$%&* ()_ +=<>?/;:”

- 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.

Contact Information



- **KEPRO**
Phone: 844.723.7811
Fax: 866.212.5053
General Email: WVADWaiver@kepro.com
Additional Information for
PAS: ADWDocumentation@kepro.com
- **Bureau for Medical Services**
Website: <http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/ADWProgram/Pages/default.aspx>
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: 304.558.1700
Fax: 304.558.4398
- **Bureau of Senior Services – Operating Agency**
Website: <http://www.wvseniorservices.gov/HelpatHome/MedicaidAgedandDisabledWaiver/tabid/77/Default.aspx>
1900 Kanawha Blvd., East
Charleston, WV 25305
Phone: 304.558.2241
- **Claims Processing**
DXC Technology (Formerly Molina Medicaid Solutions)
Website: <https://www.wvmmis.com/default.aspx>
For Providers: 888.483.0793
For Members: 304.343.3380
Fax: 304.348.3380
- **WV CARES**
Website: <https://www.wvdhhr.org/oig/wvcare.html>
Phone: 304.558.2018
[WV CARES Helpful Tips](#)
- **Fiscal Employer Agent (Personal Options)**
Website: <http://www.publicpartnerships.com/programs/westvirginia/PersonalOptions/index.html>
Public Partnerships, LLC (PPL)
Phone: 877.908.1757
Efax: 877.567.0071