



# **Administrative Services Organization (ASO) Provider Operations Manual for Socially Necessary Services - Version 2.5**

*For the following WV-DHHR Bureau for Children and Families  
Enrolled Providers:*

*Licensed Behavioral Health Centers  
Provider Organizations  
Independent Providers*

Presented by:

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*On behalf of the  
State of West Virginia  
Department of Health and Human Resources*

# Administrative Services Organization (ASO) Provider Operations Manual for Socially Necessary Services- Version 2.5

## Table of Contents

Introduction.....	3
Overview .....	4
Related Regulatory Information .....	5
Eligible Services.....	5
Provider Enrollment.....	5
 ASO Functions.....	 6
Administrative .....	6
KEPRO-WV Mission .....	7
Key Contacts and Help/Information Lines.....	8
 Service Integration .....	 8
Utilization Guidelines .....	10
Utilization Management .....	10
Authorization Process .....	11
Provider Complaints.....	13
Reviews, Reconsiderations, and Appeals.....	13
 Network Development.....	 14
Training & Technical Assistance.....	14
Provider Trainings.....	15
Orientation .....	16
Statewide & Regional Trainings.....	16
Focused Trainings .....	16
Feedback .....	17
Technical Assistance .....	18
Consultative Technical Assistance .....	18
Other Technical Assistance .....	18
Consultations .....	19
Consultation Procedures.....	20
Service Record Sample .....	20
Schedule/Notification to Providers .....	20
Reviews .....	20
Consultation Report .....	20
Feedback to Providers.....	21
Network Survey .....	21

Family Support Educator .....	22
Consumer Education .....	22
Provider Education .....	22
Community Education.....	23
Focus Groups .....	23
Information and Referral .....	23
Consumer Complaints .....	23
Appeals.....	23
Information Integration .....	24
Secure Website Instructions .....	24
Claims Submission and Reimbursement .....	25
Performance Indicators.....	25
Provider Profiles .....	25
ASO Reporting.....	26

**APPENDICES**

I. Policies and Procedures-	
Requests for Service: Authorization Resolution and Timelines; Pend and Review Process .....	i
II. Requests for Service: Appeals Process Providers & Consumers .....	iv
III. Manuals & Reference Materials.....	ix

## **INTRODUCTION**

### **APS HEALTHCARE, INC.**

APS Healthcare, Inc. (APS) was formed in Iowa on October 26, 1993. The company was originally named Principal Behavioral Health Care, Inc. and was the managed behavioral health care subsidiary of Principal Health Care, Inc. In 1997, APS acquired the company and changed its name to American Psych Systems, Inc. Since its acquisition, the company has evolved into a specialty health care company. In 2001, the name was changed to APS Healthcare, Inc. to reflect our transition to a full service specialty company with public sector, employer and disease management interests. In 2007, the private equity firm GTCR Golder Rauner, LLC, completed recapitalization of APS.

APS is a private, financially sound company that delivers behavioral and specialty utilization review services to over 20 million beneficiaries throughout the United States and Puerto Rico. A dedicated business unit, APS Public Programs, which supports fully developed local service centers for each program, operates our public sector initiatives. APS was founded by experienced behavioral health care professionals who wanted to make a meaningful difference in quality care for consumers. APS is committed to using our managed care knowledge and expertise to improve the health and well-being of the people we serve.

#### ***Facts about APS Healthcare, Inc.***

- ✓ *One of the Largest Specialty/Independent Managed Behavioral Healthcare Company in the United States with over 20 Million Members*
- ✓ *Provider of Recovery, Support, Behavioral Health and Disease Management Services for over 10 years*
- ✓ *Serving clients responsible for more than 40 percent of the nation's Medicaid population*

Since our inception in 1993, APS has steadily grown and become one of the nation's largest independently owned specialty healthcare companies. APS Healthcare is one of the largest healthcare services companies in the public

programs area, serving clients responsible for more than 40 percent of the nation's Medicaid population through nearly 40 programs in more than 20 states.

APS differentiates itself from other behavioral health and managed care companies through our highly experienced management team and staff, provider partnerships, delivery of quality programs at competitive rates, investment in technology, and commitment to outstanding customer service.

APS has an exceptional commitment to customer service demonstrated by:

- Investing the time to understand our clients' healthcare challenges and requirements;
- Developing practical, innovative, and electronic solutions that help people lead healthier lives;
- Customizing our products and services to meet the unique needs of our clients and exceed their expectations; and
- Achieving results.

APS leadership in automation is well established being the first company to use automated, web-based assessment, authorization and quality reporting in a statewide Medicaid program (Georgia-1999). Because of our Internet-based system and independence from legacy technologies, our system virtually eliminates incomplete provider submissions, allowing us to efficiently perform documentation verification and UM processes.

## **OVERVIEW**

In July 2000, the West Virginia Department of Health and Human Resources (WV-DHHR) selected APS Healthcare, Inc. (formerly American Psych Systems) to serve as the Administrative Services Organization (ASO) to enhance the provision of quality services for West Virginia's Medicaid recipients. In August 2003, APS Healthcare, Inc. (APS) embarked on a new contract with WV-DHHR that included Medicaid and Bureau for Behavioral Health and Health Facilities consumers as well as services connected with the Bureau for Children and Families. The focus of materials in this manual is for providers who perform Socially Necessary Services for children administered through the Bureau for Children and Families.

An emphasis in the new contract will be the concept of integration as APS assists DHHR in enhancing well-being for families, improving the core capacity of the provider network and fortifying system efficiency.

APS works collaboratively with the State, consumers, families, and providers throughout West Virginia to continually improve the quality and accountability of services. Serving as the ASO on behalf of the DHHR (the Department), APS administers a statewide utilization management system incorporating focused quality improvement services, consumer education and empowerment,

regional/statewide as well as on-site provider trainings, provider UM analysis, and clinical consultations, technical assistance, data analysis, reporting and other activities in support of the Department's goals.

## **RELATED REGULATORY INFORMATION**

### **Eligible Services**

The West Virginia Bureau for Children and Families coordinates eligibility and determination for consumers through their internal referral process. KEPRO should NOT be contacted for any questions regarding a consumer's eligibility for services. It is the provider's responsibility to coordinate care through the referral process established by the Bureau for Children and Families. Once a referral is received for specific services, the provider initiates the prior authorization process with KEPRO.

### **Provider Enrollment**

All provider enrollment activities are coordinated through the Bureau for Children and Families. For this information, go to the WV-DHHR website in the Bureau for Children and Families section regarding Socially Necessary Services. [www.wvdhhr.org/bcf/aso](http://www.wvdhhr.org/bcf/aso).

*This ASO Manual was developed to answer your questions and to serve as an operations manual for provider staff. From time to time it may be necessary to update this manual. Providers may receive replacement sections with explanations of changes, additions, or deletions. Periodically, providers will also receive KEPRO informational letters, updates, and newsletters that may be added. In addition, Frequently Asked Questions (FAQ's) will be tracked and answers posted to the website, with frequent updates.*

## **ASO FUNCTIONS**

KEPRO - West Virginia is fully dedicated to orienting and training all Socially Necessary Service practitioners to provider-based utilization management protocols and procedures.

KEPRO supports a comprehensive utilization management (UM) program to ensure and enhance the appropriate utilization of Socially Necessary Services. The UM program is based on the State's Bureau for Children and Families requirements and the KEPRO mission and philosophy. It is designed to assure compliance with state and federal regulatory bodies and nationally recognized criteria.

This program encompasses a full continuum of services that includes initial authorization, concurrent and continuing stay reviews (reauthorization), and retrospective reviews. These components, described in detail throughout this manual, are utilized to develop an accountable social welfare system that helps attain the State's goals for quality, accessibility, cost-effectiveness, and ultimately, provider self-sufficiency. These services are also designed to support key community goals of consumer independence, self-reliance, and involvement in the individual service planning process.

Acknowledging the important role of care management, KEPRO - West Virginia seeks to fulfill more than the traditional role of determining social necessity. Instead, the program is designed to serve as a resource to providers to help them improve services to children and families. This approach goes beyond prior authorizations of services to include training and consultation, consumer educational activities, focus groups, data analysis, quality improvement activities, and stakeholder involvement.

## **ADMINISTRATIVE**

The general scope of work for the Administrative Department is twofold: to provide comprehensive utilization management and to consult with DHHR on its long-range plans for children's services. With this mandate, the overall

responsibility is one of planning and managing the internal operations for Socially Necessary Services utilization management with an emphasis on continual analysis that culminates in providing recommendations on the future system for providing state of the art children's programs in West Virginia. Through the ASO functions, the Administrative Department addresses the DHHR goals of effectively managing change, integrating systems of care, improving accountability, addressing regulatory concerns, exploring service options, improving the innovative use of technology, facilitating collaborative opportunities, and designing a coordinated system with effective outcomes for all stakeholders.

Specific duties required to achieve these goals include, but are not limited to, the following:

- Oversee the design, development, and implementation of all activities related to the statewide Utilization Management Program for Socially Necessary Services.
- Responsible for the state, regional, and community relations specific to this contract.
- Responsible for all program management activities.
- Responsible for executive-level provider relations and problem solving issues related to the specific UM activities.
- Providing necessary data to make appropriate, quality care decisions.
- Providing consultation and education that will assist the state with future systems planning.

*To design and manage a high quality, accountable system of Socially Necessary Services provision for West Virginia through state of the art utilization management, technical assistance, training, consultation and collaboration that will result in improved services and outcomes for all stakeholders.*

## **Key Contacts and Help/Information Lines**

Providers can contact the following KEPRO representatives for routine assistance and resolution of inquiries.

<b>Executive Director</b>	304 343-9663
<b>Associate Director-Service Integration</b>	304 343-9663
<b>Director of Children's Services</b>	304 380-0616
<b>Children's Care Managers</b>	304 380-0616
<b>Training/Consulting Team Leader</b>	304 343-9663
<b>Family Support Educator</b>	304 380-0616
<b>Network Development Director</b>	304 343-9663
<b>Information Integration Director</b>	304 343-9663

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### West Virginia Office Information:

KEPRO - West Virginia  
100 Capitol Street, Suite 600  
Charleston, West Virginia 25301

Administrative Phone Number:	304-343-9663
Socially Necessary Phone Number:	304-380-0616
	800-461-9371
Administrative FAX	304-343-9010
Secure FAX	304-343-1198

Internet Address: [www.KEPRO.com](http://www.KEPRO.com)

KEPRO - WV staff are available by phone 8:00 a.m. to 5:30 p.m., Monday through Friday.

## **SERVICE INTEGRATION**

The Service Integration Department is contacted for information regarding utilization management guidelines and specific authorization requests. It is supported by a secure website designed for provider notification of the status of prior authorization requests.

The Service Integration Department is committed to using their social welfare expertise and managed care knowledge to develop and deliver a utilization management system that will ensure the appropriate access, utilization, and effectiveness of Socially Necessary Services. The goal is to promote staff teamwork and partner with service providers to improve the quality of care and outcomes for consumers of Socially Necessary Services in West Virginia. The Service Integration Department:

- Develops appropriate utilization management guidelines, protocols, prior authorization rules, and policies for the services provided under the West Virginia Bureau for Children and Families.
- Develops the data set to be used for prior authorization and reauthorization requests.
- Reviews prior authorization requests within established time frames per authorization guidelines.
- Refines, edits, updates, and disseminates utilization management criteria to providers and other staff.
- Integrates utilization of the service plan relative to requests for prior authorization for appropriate Socially Necessary Services and determines appropriate services when discussing pending cases with providers.
- Provides input on training and communication to providers and internal staff related to service policies and procedures based on the analysis of information obtained through provider consultations and utilization data analysis.
- Establishes individualized recommendations for provider technical assistance and training related to service 'best' practices.
- Identifies service gaps and makes recommendations regarding changes or additions to Bureau for Children and Families services.

## **Utilization Guidelines**

KEPRO works proactively with providers to build consensus around the appropriate level of care, service plan, and goal for the Bureau for Children and Families services. KEPRO believes that the relationship between service standards and sound judgment is one of assistance and collaboration rather than one of control. The intent of service standards is to inform and guide, not to overrule professional judgment.

To effectively authorize and review care, objective and measurable utilization management criteria based on sound practice principles and processes have been developed and included in the manual of UM Guidelines. These criteria support fair, impartial, and consistent UM decision making that serves the best interests of enrollees, with consistency throughout West Virginia. KEPRO continues to work with its QI Advisory Councils and the Department to refine these criteria throughout the program. Any newly developed or refined criteria will be distributed to providers and adequate training will be provided for any refined criteria.

UM Guidelines provide criteria for the service listings including the definition, target population, program option, authorization limits, admission criteria, continuing stay criteria, discharge criteria, service exclusions, clinical exclusions, documentation standards, and additional service criteria. The elements of these service listings are the basis for utilization management in conjunction with KEPRO service integration management staff.

## **Utilization Management**

Enhancing provider ability to manage care according to established standards is a crucial element of the Department's service system improvement plan. The Department seeks to ensure that each consumer can access needed services with the appropriate provider, intensity of service, and duration of care, with special attention to, involvement of, and collaboration with, natural and community supports. KEPRO is in place to support provider utilization management through troubleshooting and analysis to address the wide spectrum of organizational dynamics that form a provider's utilization management structure.

The general process providers should follow to comply with the UM standards of the Department's program is presented in this Manual and updates to this Manual.

*Providers should review and maintain this Provider's Operations Manual, the UM Guidelines, and all related updates.*

*Providers should frequently review the KEPRO website for current information regarding ASO policies, procedures and training opportunities.*

*In addition, providers must thoroughly review State guidelines for Socially Necessary Services as articulated in the KEPRO UM Guidelines for Socially Necessary Services.*

KEPRO supports the idea of using advanced technology as much as possible to reduce manual processing and associated error rates and costs. Therefore, we hope to encourage cooperation and active interface with State-based and provider-based management information systems to automate and streamline the authorization process as much as possible for providers.

### **Authorization Process**

The authorization process starts once a referral has been received from the Bureau for Children and Families worker. The provider then completes and submits the CareConnection® which will have some pre-filled data elements populated from BCF's referral file. KEPRO utilizes a tiered system for the purpose of authorizing services delivered to The Bureau for Children and Families consumers. All data is submitted electronically. Increasing levels of data are required as the complexity of a case increases. Tier One (1) involves a minimal set of data elements. At Tier Two (2), the number of data elements increases. This tier is utilized for more complex case scenarios where the intensity of service may be minimal but the need for continued stay warrants further review. Tier Three (3) is reserved for transitional living services.

#### **Step by Step Authorization/Re-Authorization Process**

#### **(Once the information is received by KEPRO.)**

1. Information received is automatically entered into the KEPRO information system, which compares the consumer data to UM criteria.
2. KEPRO promptly makes a confirmation of authorization available to providers for those requests that meet the criteria via the secure KEPRO website at: <https://careconnectionwv.kepro.com>.
3. For each eligible consumer for whom the provider has submitted an authorization request, there is an initial amount of each service that is

automatically authorized for a particular level of care, if the UM criteria are met. Please note that the State-approved Socially Necessary Services UM criteria must be followed for all initial and reauthorization requests.

4. Cases that do not meet the criteria are automatically flagged by the system and deemed “pending” or “pended.” Submissions that do not appear to meet state criteria for authorization are automatically forwarded to a care manager, who is a licensed social worker or counselor, for electronic review and/or telephonic review with the requesting provider. Providers are notified of “pended” requests via the secure KEPRO website: <https://careconnection.kepro.com>.
5. The KEPRO care manager will review the request and may contact the provider and ask questions which assist in making the most informed decisions for the future support of the consumer. The KEPRO care manager may also request other service information related to assessment, service planning or other documentation needed to resolve the pended request.
6. In the event that a consumer currently in care needs service beyond the initial authorization, providers obtain re-authorization for continuing services through the use of the submission of data at the appropriate Tier based on the defined UM Guidelines for the service.
7. The authorization/pending process for re-authorization requests functions in the same manner as for initial authorization requests.

### Requests for Reauthorization/Continued Stay Review

Reauthorization/continued stay reviews help ensure that appropriate services are delivered and that either anticipated progress is being made toward the established service goals or the service plan is adjusted accordingly. This step allows KEPRO to obtain necessary additional information to document the social necessity of ongoing care.

To obtain reauthorization for additional services, the provider should provide updated data to KEPRO through the submission of elements at the appropriate Tier prior to the last anticipated authorized session. This review may include the following information:

- Presenting problem
- Current service needs
- Current level of support
- Prior psychosocial history of system involvement
- Service plan and progress

When obtaining a reauthorization or continued stay review for an initially authorized service, it is recommended that providers contact KEPRO Healthcare at least one week or five business days before the authorized service has expired after having contacted the assigned DHHR case worker discuss that status of the case.

This allows KEPRO and providers to track recipients' schedules for concurrent or continued stay reviews, monitor utilization trends, and coordinate accurate and timely authorization information.

- ❖ For more information, refer to the Policy and Procedures for the Pend and Review process (Appendix I).

## **PROVIDER COMPLAINTS**

KEPRO-WV assures that provider interactions are managed in a professional manner and provides a mechanism for providers to file complaints for timely resolution. Each complaint is documented on a complaint log and tracked through resolution.

A complaint is defined as dissatisfaction formally communicated (verbally or in writing) to KEPRO by a provider or someone acting on behalf of a provider regardless of whether any remedial action is requested. In instances where providers have contacted KEPRO Healthcare to discuss issues or concerns, providers may be asked if they wish to register a complaint. Complaints shall be received in the following categories: Care Management Services, Training, Consultations, and Staff Response Time. All provider complaints shall be responded to within 30 business days and all written complaints will receive a written response.

## **REVIEWS, RECONSIDERATIONS, AND APPEALS**

### **Level of Care Authorizations for Services**

KEPRO, in cooperation with DHHR, has developed Policy and Procedures for Reviews, Reconsiderations, and Appeals of clinical or service authorization determinations. These procedures are designed to efficiently address provider exceptions to preauthorization and reauthorization denials without disruptions in necessary care.

Denials may be further appealed by following established state procedures for Administrative or Fair Hearing Appeals

## **NETWORK DEVELOPMENT**

Our Network Development Department directs activities to stimulate, recognize and support efforts to improve the provision of Socially Necessary Services in the State of West Virginia. In addition, trainers/consultants help assure that quality outcomes are achieved through deliberate, focused training and evaluation of the system of social welfare. Our coordinated team of experienced trainer/consultants provides ongoing and specific feedback to providers in order to assist them in improving both their documentation practices and their utilization management structures.

In the service delivery sphere, providers receive on-site technical assistance/trainings, feedback from chart reviews, and precise consultative reports that may be utilized as tools to enhance provider performance. In the utilization management arena, providers, when needed, receive a comprehensive systems analysis based on their need that allows for ongoing/continual growth in developing needed structures to assure improved outcomes. As program performance data are analyzed over time, providers are educated on the results and attend training that assists in improving their own internal utilization management structure.

KEPRO also distributes a quarterly newsletter through the website that provides a forum for sharing information about social service and behavioral health care conferences and resources, as well as updates about new KEPRO operational procedures and changes in the program.

*Please note that upcoming events can be found on the KEPRO website:  
[www.KEPRO.com](http://www.KEPRO.com)*

### **Training & Technical Assistance**

Training and technical assistance are designed to meet providers' needs and will be delivered in two distinct venues involving on-site trainings at the provider location and regional/statewide trainings in various locations throughout the state. A sample of topics includes:

- Appropriate Use of Service Codes;
- Tiered System for data submission;
- Authorization/Reauthorization Procedures;
- Best Documentation practices;
- Provider-based Internal UM;
- Service Planning;
- Discharge Planning;
- Mechanisms to Assure Staff Competency; and
- Utilization Management.

KEPRO trainer/consultants are accessible by phone for providers to contact regarding questions or issues about the program.

Additionally, in an effort to assist providers in addressing specific concerns and improving performance, KEPRO offers extensive technical assistance. Technical assistance is available regarding issues such as best practices, utilization management, information/data processing and tracking, and the prior authorization process.

### **Provider Trainings**

KEPRO offers training in venues designed to meet the needs of providers. Training topics are identified through an annual provider needs survey, consultation score results, provider input, and stakeholder recommendations through the QI Council process. Training modules are developed through research and consultation to address the targeted areas. Training gatherings may include web sessions, lecture, panel discussion, question and answer sessions, and/or small group discussions or may be individualized for a specific provider. Trainings may also be web-based.

KEPRO trainings may be statewide, regional, or provider specific. To accommodate the needs of our wide range of providers, trainings on some topics may be open to all interested parties (subject to facility limitations), while others may be offered by invitation only. While every effort will be made to provide adequate advance notice to providers, some training may require a short planning time frame to address pressing concerns and meet the needs of providers. Training announcements include the training topic, learning objectives, target population, dates, time, location, and continuing education information. Training information may be provided through phone calls, mailings, email, fax and/or website posting. A training module or topic objective will be

established for all trainings, along with a roster of participants and completed evaluations.

***KEPRO currently offers free CEU's for Social Workers, Licensed Professional Counselors, Psychologists and Nurses at most Regional/Statewide trainings***

### Orientation

The provider orientation program is KEPRO's first step in the development of long-lasting partnerships with providers. Orientation is offered to assure that providers develop effective utilization management. During the initial implementation of the ASO process, KEPRO held extensive provider orientation trainings in conjunction with Bureau for Children and Families staff. As the ASO process continues, orientation with new providers is scheduled as they begin participation and with existing providers as new services are established. Orientation activities are provided in the form of focused training or technical assistance, depending upon the needs of the provider.

### Statewide & Regional Trainings

Statewide and regional trainings are offered each year to address topics that impact providers of Socially Necessary Services. Topics are identified based on provider needs, stakeholder feedback, ASO requirements, and best practice issues. Trainings will be developed around a variety of topics such as:

- Utilization Management
- Data Submission
- Documentation Standards
- Service Planning
- Coordination of Care

In addition to statewide/regional trainings, specific documentation trainings are also planned covering re-assessment process models, progress documentation and discharge criteria formulation, among others. KEPRO works with various licensing/credentialing boards to gain approval for continuing education credits. Providers are encouraged to watch for training updates on the KEPRO – West Virginia website, [www.KEPRO.com](http://www.KEPRO.com).

### Focused Trainings

KEPRO also offers focused or specialized trainings that are tailored to the specific needs of providers. Those providers who have taken advantage of on-site training for behavioral health services have generally improved their

consultation scores; providers of the Socially Necessary Services can expect similar results. Focused or specialized providers who took advantage of these on-site trainings by allowing access to front-line staff, have generally improved their consultation scores. Focused or specialized trainings can assist providers as they seek to improve their performance in areas that have a direct impact on the actual day-to-day processes staff members encounter, especially as they relate to documentation requirements.

### Feedback

In accordance with the KEPRO Quality Improvement Plan, stakeholder input is solicited through a variety of means to insure that the training provided is based on identified needs and is clear, relevant, beneficial, and of high quality. Evaluations are requested for all training sessions. The results of the training evaluations are reviewed for future training needs and for internal quality improvement. KEPRO also conducts an annual survey of provider training needs. Consultation scores are reviewed monthly to identify and target further training issues. Additionally, the Quality Improvement Council process provides ongoing stakeholder input into the development of quality provider training.

## **Technical Assistance**

KEPRO-WV is dedicated to providing responsive technical assistance to providers of Socially Necessary Services. KEPRO is available for consultative technical assistance, which is scheduled around the consultation process, or general technical assistance that is available on both a scheduled or non-scheduled/as-needed basis. Providers are encouraged to utilize technical assistance provided through KEPRO. All technical assistance is available by telephone, written communication, or face-to-face communication, and all technical assistance activities are tracked.

### **Consultative Technical Assistance**

KEPRO Trainer/Consultants are individually assigned, to develop an in-depth understanding of each provider's quality improvement needs. With this knowledge, Trainer/Consultants provide customized technical assistance to providers on issues regarding best practices, utilization management, and the prior authorization process.

Consultative technical assistance is centered on the consultation process and follows pre-set timelines. The Exit Interview, or Exit TA, is provided at the end of the on-site review and involves a discussion of the initial findings of the consultation/review.

The Consultation Follow-up Technical Assistance addresses areas for improvement identified through the review process and follows the delivery of the Consultation Review report to the provider. This Technical Assistance is to occur within ten (10) working days after the review report is mailed (or e-mailed) to the provider, giving the provider time to review the report.

### **Other Technical Assistance**

(In addition to the Consultative technical assistance provided by Trainer/Consultants). Other KEPRO staff members also provide both scheduled and unscheduled technical assistance to providers regarding issues such as best practices, utilization management, information/data processing and tracking, and the prior authorization process. Providers may contact KEPRO staff directly for technical assistance as needed or may contact KEPRO to arrange a scheduled technical assistance session.

- ❖ To request any type of technical assistance, contact KEPRO at (304) 380-0616 or 1-800-461-9371.

## Consultations

KEPRO developed a process for retrospective consultation (review) that is user-friendly for all provider groups. KEPRO Trainer/Consultants perform retrospective consultations of provider documentation practices and utilization management processes relative to their level of interaction with the ASO and WV-DHHR. The consultation process is designed to assure that providers are fully educated and aware of documentation expectations. Technical assistance is offered as needed so that improvements can be attained and sustained. The ultimate goal of the consultation process is to assist providers in identifying documentation 'best practices' and in achieving positive outcomes for children and families through the services provided. Consultants are assigned specific providers with the expressed design of developing an ongoing relationship where communication and collaboration become routine. Within a consultative atmosphere, providers are given an optimal opportunity to succeed in meeting the documentation standards set forth by WV-DHHR.

The consultation process is designed to incorporate service record reviews, and is supported by definitively scored review tools. Technical assistance and follow-up activities are made available to providers on a consistent basis. The tools and scoring instruments are reviewed by the KEPRO Provider Quality Improvement Council and sanctioned by DHHR-BCF staff.

As the Bureau for Children and Families and KEPRO -WV develop and refine the consultation process the review tool and information/training will be open to all providers.

Consultations provide feedback to providers pertaining to areas of strength as well as recommendations for improvement when needed. The results of consultations provide opportunities to identify best practices, to address training needs, and to determine provider network capabilities from a systemic view.

KEPRO staff works collaboratively with DHHR-Bureau for Children and Families (BCF) in order to develop consistency and congruence regarding documentation standards.

KEPRO conducts consultative reviews of all **enrolled** providers who have been active during the specified review period. Consultations may be on-site or office-based (desk reviews).

## **Consultation Procedures**

### **Service Records Sample**

A sample of service records of consumers receiving Bureau for Children and Families services will be requested for review. KEPRO has developed a sampling methodology based on the volume and complexity of service array of the various enrolled providers. These samples are intended to reflect a representation of the individuals receiving services by a provider but may be limited in size or scope to accommodate system operational parameters. All service denials are included for review.

### **Schedule/Notification to Providers**

Consultations will be scheduled in advance by the designated trainer/consultant for a specific provider. Providers will be contacted in advance of a site visit or desk review. A list of case records for potential review will be provided by fax or and one day for smaller providers to allow time to pull the requested records the KEPRO Trainer/Consultant will review. In the event that a scheduling conflict arises, the consultation will be rescheduled for the earliest possible date agreeable to all parties.

*For Licensed Behavioral Health Centers, Socially Necessary Services will be reviewed as part of a Comprehensive Consultation. Socially Necessary Services will be considered a Focused Service in this instance.*

### **Reviews**

Consultants will conduct reviews of participating providers. As agents of the Bureau for Children and Families, consultants will explain the purpose of the consultation activities that may include interviews with key staff and a review of policies and procedures as well as the review of specific case records. The consultants will maintain confidentiality. If questions arise, providers will be given the opportunity to provide an explanation or to locate missing or misfiled information.

### **Consultation Report**

A Consultation Report, which includes a discussion of the results along with recommendations, will be mailed or provided electronically to the provider. Providers should utilize the results of the Consultation Report to determine training needs and to implement quality improvements. Subsequent consultations are expected to reflect improvements by providers and will be utilized for provider profiling and systems recommendations.

The distribution of the Consultation Report: the consultant will contact the provider to answer any further questions, to discuss corrective actions, and to offer/provide technical assistance or schedule training, if necessary.

### **Feedback to Providers**

Provider profiles support a variety of quality improvement and quality control activities, including care management and training. Using data generated from provider profiling, KEPRO routinely evaluates a provider's performance, which drives decisions to conduct more frequent consultations, surveys, and/or focused training.

A central feature of the provider profiling system is that it identifies providers who may be in need of additional training and guidance. Education is particularly important in cases where a provider with a weak profiling score serves a significant number of consumers. KEPRO attempts to work with these providers on a more intensive basis to strengthen their understanding of ASO & DHHR-BCF procedures and program policies. A training representative assists these providers to clarify procedures. Additional education initiatives can include training of the provider's administrative staff, reorientation on the ASO and UM procedures, and as necessary, individualized technical assistance provided on-site.

Profiles are generated for each Socially Necessary Services provider for comparison with statewide data. Examples of key quality of care standards to be measured may involve:

- Utilization Patterns that include the number of consumers served, the most frequently utilized services, and utilization patterns.
- System Change and Outcomes: Improvement or decline in consumer status during the course of service as measured by the initial versus end-of-service assessment scores and service data.

In addition, consumer feedback regarding satisfaction with services and with service outcomes will be addressed through consumer focus groups, service plan reviews, consumer follow-ups, and consumer complaint summaries.

To keep providers informed, KEPRO also provides Frequently Asked Questions (FAQ's), a quarterly newsletter, and archived tips of the month on the website at [www.KEPRO.com](http://www.KEPRO.com).

### **NETWORK SURVEY**

The purpose of the survey is to achieve a comprehensive compilation of information (covering a multitude of categories) about the status of a large sector

of the Socially Necessary Service delivery system in West Virginia. The gathering of this information is intended to develop a picture of the types of services available to consumers and their families.

This information also provides an impression of the capability of providers in the following areas:

- Service array accessibility;
- Internal tracking mechanisms;
- Adaptability/flexibility;
- Competency of care givers;
- Identification of service gaps;
- Identification of funding resources.

The exercise also acts as a means of initiating providers in the process of maintaining up to date information on an array of topics relevant to defining systems of care issues.

### **Family Support Educator**

The Family Support Educator is responsible for community liaison activities and works to promote consumer and community awareness by providing educational trainings on empowerment and personal accountability with regard to service and recovery. Children and their family members, are also educated on actively participating in service/discharge planning activities. This department helps to ensure best practices on service delivery and understanding of the UM process for Bureau for Children and Families services. The goal of the Family Support Educator is to train bio-parent/foster parent providers, solicit input and feedback from stakeholders regarding improvement of services and addressing the unmet needs of those persons receiving Socially Necessary Services throughout West Virginia.

### **Consumer Education**

The central function of this department is to provide consumers with information about their rights and responsibilities in dealing with providers and DHHR staff.

### **Provider Education**

The Family Support Educator provides education to providers about their duties, not only to consumers, but also to the organization delivering the care. Providers are informed of their responsibilities in serving children and family members. The consumer has a right to actively participate in his or her care, and should, for best outcomes. Providers are also informed about requests for letters of denial (related to any service reviewed by the ASO and denied) and letters of choice for case management services.

### **Community Education**

Information and education regarding the role of an Administrative Service Organization with BCF's services will be supplied to the community including, but not limited to: all stakeholders, senior groups, religious groups, civic organizations, educational institutions, parent groups, business groups and local government entities.

### **Focus Groups**

In depth focus groups with stakeholders involved with social welfare system of care in order to assist in assessing outcomes and the impact of Socially Necessary Services.

### **Information and Referral**

When consumers, providers, and others involved in the care giving or service of a consumer have issues, needs, or questions regarding their care, answers are needed. There are times when a simple referral to a community or advocate organization is the answer sought to various issues.

If seeking information on service delivery, reduction in services or miscommunication between a provider and/or client or guardian, an inquiry is made by the Family Support Educator to the appropriate parties. After all information is gathered and presented to the management team, a decision is then made to provide accurate information, refer to an outside entity, and/or assist in resolving the miscommunication. If there is no resolution, it is then determined to be a consumer complaint.

### **Consumer Complaints**

Every consumer of West Virginia Bureau for Children and Families Socially Necessary Services has the right to register complaints. KEPRO, in cooperation with DHHR and the Quality Improvement Councils has developed Complaint Policies and Procedures to ensure prompt response to and resolution of consumer complaints. Consumers may contact the Family Support Educator to discuss an issue or to register a complaint. Complaints will be responded to within (5) five business days.

### **Appeals**

Denials of requests for service authorization may be appealed by following the established state procedures for administrative or fair hearing appeals.

- ❖ Refer to Appendix II for more information regarding the appeals process.

## **INFORMATION INTEGRATION**

The Information Integration Department is responsible for planning, executing and maintaining all hardware and software needs for information management. Additionally, this Department provides the analysis and reporting activities for all standard and ad hoc reports. These reports are for internal analysis as well as those generated for dissemination to Department of Health and Human Resources, other state agencies, providers and other stakeholders.

Major activities of this Department include the following:

- Preparation of programs to process data and solve problems (e.g., WV Prior Authorization Request System and provider file transfers).
- Consultations with internal and external IS Coordinators.
- Clarifies program intent and determines extent of programming.
- Analyzes test runs for program development and revision.
- Manages and analyzes data for recommendations on system changes, utilization projections, and quality improvements.
- Designs reporting formats and collects necessary data.
- Provides for tracking of service, consultation, quality and utilization data.
- Maintains network infrastructure, PC and related hardware and software.
- Liaison to entities interfacing with the KEPRO system including the Bureau for Children and Families.

### **Secure Website Instructions**

Refer to the KEPRO website.

## **Claims Submission and Reimbursement**

All invoices and claims are submitted directly to the Bureau for Children and Families.

**KEPRO is not responsible for accepting provider claims, claims/payment research, or other claims related inquiries.**

*The West Virginia Bureau for Children and Families has responsibility for claims payment for this program and receives an upload of approved service authorizations. Providers should continue to submit billing information and any questions regarding payment directly to the Bureau for Children and Families.*

## **Performance Indicators**

With regard to the West Virginia Bureau for Children and Families Socially Necessary Service Providers, KEPRO works with stakeholders to identify a select number of provider performance indicators to monitor, track, report upon, and address in support of DHHR approved quality improvement goals. By examining a limited number of indicators that are highly relevant to provider-based utilization management, KEPRO intends to minimize the burden for providers in demonstrating compliance.

KEPRO monitors performance on these indicators through processes including provider profiling, consultations, evaluations, surveys, and other tools. These indicators will be refined over time to ensure their applicability and utility. To improve the social welfare system, profiling will be phased-in by focusing on mechanics, data/information flow, linkage to clinical information, and clinical data. Ultimately, profiling will include evaluating outcomes and provider networks.

## **Provider Profiles**

Integral to the success of the West Virginia Bureau for Children and Families ASO program is the ability to offer providers accurate feedback on how they compare with their peers. KEPRO works with stakeholders to generate management reports to assess provider performance on the basis of utilization and long-term consumer outcomes. These reports allow Socially Necessary Service Providers to confront major issues internally, identify role models within their organization, and develop practice standards benefiting consumers and payors alike.

The KEPRO profiling process evaluates clinical performance across a number of dimensions utilizing a variety of information to create a profile for each provider. Profiles are based on best practice standards, utilization patterns, and

cooperation with administrative protocols. Sources of information include provider participation, utilization management data, consultation activities, reviews, outcomes, and network development information.

KEPRO - West Virginia will address additional critical issues of interest to DHHR through profiling of providers on additional measures such as:

- Compliance with UM criteria for appropriate use of Bureau for Children and Families services;
- Comprehensive Consultation findings concerning appropriate documentation of services billed; and
- Documentation of consumer and family involvement in service planning.

### **ASO REPORTING**

The KEPRO West Virginia ASO produces monthly, quarterly and annual reports of utilization management activities, service request authorization and pend rates, denials, and ad hoc reports for the Bureau for Children and Families.

Additionally, reports are prepared regarding analysis of outcome data for selected targeted populations, provider satisfaction, results of provider reviews and consultations and comparison to previous benchmarks, financial analysis of specific service utilization, ad hoc analysis of specific issues upon request, and other reports as requested by DHHR.

KEPRO also regularly develops standardized reports for use in UM, surveys, provider profiling, training/technical assistance activities and other outcomes initiatives. This reporting system includes all relevant authorization, utilization information, and full reporting capability in adherence to program requirements.

## APPENDIX I

### KEPRO ASO POLICY AND PROCEDURE:

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**SUBJECT: Requests for Service: Authorization Resolution and Timelines; Pend and Review Process**      **Effective: 7/04**

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#### POLICY

All children and families seeking Socially Necessary Services under the Bureau for Children's and Families ASO guidelines must be determined to meet the established criteria for the service to which they are referred. Authorization requests are processed in a timely manner by the ASO. Those requests that are authorized automatically will be returned within two business days. Those that require Care Management review will be returned within five business days of receipt of all additional necessary information from the Provider.

Exceptions to these timelines may be authorized by DHHR for such issues as maintenance of the database, acts of nature, etc.

#### DEFINITIONS

**PEND STATUS:** Service authorization request that, upon computer review, does not meet the UM Criteria for that service

**INITIAL REVIEW:** A first review of a pending service authorization request by a Care Manager to determine if the written Care Plan contains sufficient data to authorize the service based upon the information submitted.

**PROVIDER:** An agency receiving reimbursement by WV Department of Health and Human Resources, Bureau for Children and Families to provide Socially Necessary Services.

**REVIEW STATUS:** Service authorization that has been pending for examination and is actively under discussion with the provider's staff and/or DHHR staff.

**RECONSIDERATION:** A request for KEPRO, following care management Review, to modify a decision it has made in regard to a non-authorization for service.

**RENEGOTIATION:** An agreement between Provider and KEPRO staff to place a service request in closed status when a different or alternate service is more appropriate after discussion of the case has occurred

between the Provider, DHHR staff and Care Manager. The Provider then requests the alternate or different service.

**CLOSED STATUS:** A service request that is neither authorized nor denied for any one of the following reasons:

- Service request was submitted by mistake,
- Service was never needed/provided or request was a duplicate of a previously submitted and approved request for service, or
- Service authorization request that is closed by the care manager for missing or incongruent data and/or that has not been provided within the timelines following requests for the information.

**DENIAL:** A final decision by KEPRO, following the Review process and the Renegotiation process (if appropriate), to deny authorization for service. Service authorization may be denied for any one of the following reasons:

- Documentation does not warrant the requested service(s)
- Documentation does not warrant the Level of Care requested
- The provider (with treatment team input) does not agree with the recommended service change
- The maximum allowable number of authorizations has been exhausted for the service requested.
- The service is being used by the provider in a way that does not meet the service definition approved by the WV DHHR.

**APPEAL:** The process for KEPRO to review a decision it has made, following Review, in regard to a denial of authorization for service.

## **PROCEDURE**

1. The information reported on the authorization form is electronically compared to the criteria established by the UM guidelines for that particular service code. Cases that meet criteria are approved and an authorization number is sent to the provider. Cases that do not meet the criteria are automatically pended by the system for review by an KEPRO Care Manager.
2. The Initial Review by an KEPRO Care Manager will take place within two business days of receipt of the pended authorization request. (Authorization requests appear on the KEPRO Care Manager's list approximately one business day after submission by the provider.) The requested service may be Approved, Closed, or placed in Review as appropriate. This Initial Review does not require discussion with the provider.
3. If additional information is needed, the pended authorization request is placed on Review Status. The list of consumers placed on Review Status will be communicated to the Provider utilization management staff of the requesting

provider within two business day of being placed on Review Status via the provider's Response file.

4. Those cases placed on Review Status will be reviewed within five business days. During this review of pended authorizations, information may be given to the Care Manager by the Provider utilization management staff that will enable the authorization request to be Authorized or Closed.
5. Provider Utilization Management staff will have three business days to gather additional information if there is insufficient justification to approve a service. During this second review of pended authorizations, information may be given to the Care Manager that will enable the authorization request to be authorized or closed.
6. If there is still insufficient data, a third review will be conducted. The Provider Utilization Management staff will have an additional two business days to gather necessary information to justify the service request. At this time, KEPRO Care Managers may also request a faxed copy of the consumer's Service Plan or other pertinent information documenting the need for the requested service.
7. During this third review of pended authorizations, the final status of the authorization request will be determined. Information may be given to the Care Manager that will enable the authorization request to be authorized or closed. If insufficient information is received, one of the following will occur:
  - **Renegotiation** for an alternative service that better meets the level of care need documented. The provider will be instructed to seek a new referral from the DHHR and submit an authorization request for the negotiated service that will take the place of the service that was closed.
  - **Denial** of request for services within a category of services based on insufficient justification or insufficient data. The Provider has the option to request reconsideration of the decision using the KEPRO Policy and Procedure for Appeals.
8. Authorization requests that pend for missing or incorrect data are the responsibility of the provider. KEPRO will close the request for which data is unavailable or incorrect and instruct the provider to resubmit the corrected request.

## APPENDIX II

### **POLICY AND PROCEDURE:**

**SUBJECT: Requests for Service: Appeals Process  
Providers & Consumers**

**Effective: 7/04**

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### POLICY

This policy outlines the Appeal process for both Providers and Consumers. All children/youth seeking Socially Necessary Services under the WV Department of Health and Human Resources, Bureau for Children and Families (WVDHHR BCF) Administrative Service Organization (ASO) guidelines must be determined to meet the criteria for the service to which they are referred. When children/youth do not meet the criteria for requested services the service in question will be denied. Consumers (or their legal representative) and Providers have the right to appeal all decisions regarding denials made by the WV Department of Health and Human Resources, Bureau for Children and Families' ASO.

### **DEFINITIONS**

**PROVIDER:** An agency receiving reimbursement by WV Department of Health and Human Resources, Bureau for Children and Families to provide Socially Necessary Services.

**CONSUMER:** A child/youth and/or their family seeking services to promote safety, permanency and well being through the WV DHHR BCF

**CARE MANAGER:** KEPRO staff member, with social service and/or clinical experience in Child Protective Services or Youth Services, responsible for prior authorization of Socially Necessary Service requests.

**PEND STATUS:** Authorization request that upon computer review does not clearly meet the Utilization Management Criteria for that service.

**REVIEW STATUS:** Authorization request that has been pended for examination and is actively under discussion with the provider's staff or DHHR staff.

**CLOSED STATUS:** A service request that is neither authorized nor denied for any one of the following reasons:

- Service request was submitted by mistake,
- Service was never needed/provided or request was a duplicate of a previously submitted and approved request for service, or
- Service authorization request that is closed by the care manager for missing or incongruent data and/or that has not been provided within the timelines following requests for the information.

**RENEGOTIATION:** An agreement between Provider and KEPRO staff to place a service request in closed status when a different or alternate service is more appropriate after discussion of the case has occurred between the Provider, DHHR staff and Care Manager. The Provider then requests the alternate or different service.

**DENIAL:** A final decision by KEPRO, following the Review process and the Renegotiation process (if appropriate), to deny authorization for service. Service authorization may be denied for any one of the following reasons:

- Documentation does not warrant the requested service(s)
- Documentation does not warrant the Level of Care requested
- The provider (with treatment team input) does not agree with the recommended service change
- The maximum allowable number of authorizations has been exhausted for the service requested.
- The service is being used by the provider in a way that does not meet the service definition approved by the WV DHHR.

**APPEAL:** The process for KEPRO to review a decision it has made, following Review and Renegotiation, in regard to a denial of authorization for service.

**CONTRACT MANAGER:** The designated staff member for the West Virginia Department of Health and Human Resources, Bureau for Children and Families who serves as the liaison between the Department and KEPRO (WV).

**DIRECTOR OF CHILDREN'S SERVICES:** The KEPRO staff member who is responsible for the oversight of the prior authorization of Socially Necessary Services and linkage with the Contract Manager.

## **PROCEDURES**

### **1. Review Process for Pended Service Authorization**

- A. When an Authorization is pended by the computer for review, a Care Manager conducts an initial review. If needed, the Care Manager contacts the provider to discuss the consumer's needs and/or insufficient or inconsistent data in greater detail.
- B. After the Review process, one of the following outcomes will occur:
- The service is authorized
  - The authorization request is closed for incomplete or incorrect data that was requested but not received within the timelines.
  - An alternative service is recommended;
  - An appropriate Medicaid reimbursable service is recommended (e.g. therapy, basic living skills, day treatment etc.)
    - The service is not authorized for one of the following reasons:
      - The consumer is ineligible for all requested services
      - The consumer is ineligible for a specific service requested
      - The agency and/or consumer does not agree with the recommended service change
      - The maximum allowable number of authorizations has been exhausted for the service requested.
      - The service is being used by the provider in a way that does not meet the service definition approved by the WV DHHR.

## **2. Renegotiation of Alternative Services**

A) Renegotiation of services may occur when an alternative service (medical or social) is recommended, the consumer is ineligible for all requested services and/or the consumer is ineligible for a specific service requested. It is completed through two means: Care Management Review or Record Review.

B) The assigned Care Manager will be prepared to review/approve the new authorization request after provider has staffed case with DHHR and the alternative service referral was made.

## **3. Denial of Service**

If a renegotiation is not appropriate or the agency and/or consumer and/or DHHR staff does not agree with the recommended service change, the denial process begins

A. Reconsideration of a request for service follows review of data that is found to be insufficient to justify services at the requested level. This review is completed by an internal KEPRO employee who is a master's

level licensed social worker, counselor or psychologist and has no conflict of interest or prior knowledge of the case being reconsidered.

- B. If the KEPRO internal reviewer, after analyzing the case and data available, determines that the request does meet standards the service will be authorized.
- C. In the event that an KEPRO internal reviewer does not find justification to authorize the service following review of the case and data available, the service will be denied. A non-certification letter detailing the reasons and dates of service that are not authorized will be sent. Notice of the denial will be sent to the Provider of services and it is the Provider's responsibility to ensure that the Consumer and/or their representative is fully informed of the denial, the reasons for denial, and related consumer rights. In tandem, the Bureau for Children and Families Regional Program Manager, Child Welfare Consultant and DHHR worker will be notified of the decision via secure e-mail.

#### **4. Appeal of Denials**

To request an appeal of a denial, providers will send an authorization request with a note in case discussion asking for a review committee. If the DHHR worker agrees that a review committee is necessary, KEPRO will complete the review packet and send all applicable, available information to the Office of Children and Adult Services as well as notify appropriate DHHR Field Staff. If the DHHR worker disagrees and does not feel that a review committee is necessary but the provider still feels it is necessary, the provider may pursue a DHHR Fair Hearing.

#### **APPEALS PROCESS**

If further appeal is requested by the Provider:

- The Director of Children's Services or designee will notify the Bureau for Children and Families Review Committee Chair within three business days of the notice to request a level two review via secure e-mail.
- The case will be reviewed by DHHR Field Staff to determine if a Review Committee is needed. If the DHHR Review Committee is held, it will advise the Director of Children's Services of the decision that was made. If the initial decision (denial) is upheld, a notice detailing the reasons for the Denial and dates of service that are not authorized will be sent within five working days by the WVDHHR Review Committee. Notice of denial will be given to the Provider of services and the DHHR worker assigned to the case and it is the Provider's responsibility to ensure that the Consumer and/or their representative is fully informed of the denial, the reasons for the denial, and related consumer rights.
- The Director of Children's Services will advise the KEPRO Care Manager handling the case of the Denial and the Care Manager will

document in the computer the out come of the WV DHHR Review Committee.

## **State External Appeal Process**

### Provider Appeals

If a Provider wishes to appeal further based upon adverse consequences, the Provider may file an appeal with DHHR upon receipt of the Denial letter or may assist a consumer in requesting an Appeal under state guidelines. DHHR will notify the KEPRO Executive Director or Director of Children's Services of the outcome.

### Consumer Appeals

Upon receipt of a Denial letter, Consumers and/or their legal representative may appeal the Denial directly to BCF for a Fair Hearing under state guidelines. DHHR will notify the KEPRO Executive Director or Director of Children's Services of the outcome.

## APPENDIX III

### **Manuals and Reference Materials**

For information about the ASO in West Virginia and to locate general information, updates, upcoming events, manuals and contact information, refer to the KEPRO website: [www.KEPRO.com](http://www.KEPRO.com). The following items can be located on the website and can be downloaded:

- Utilization Management Guidelines for Socially Necessary Services
- WV CareConnection® Instructions
- Consultation Review Tools
- Secure Website Access Instructions