

Prior Authorization for Children's
Group Home -Level A & Therapeutic
Group Home -Level B Services
Through KePRO

May 15, 2008

Overview of Presentation

- Information about KePRO
- Method of Submitting a PA request for Level A and Level B services
- Helpful Hints for a successful submission
- Questions

Keystone Peer Review Organization (KePRO)

- Innovative healthcare management solution company
- Owned by the Pennsylvania Medical Society
- More than 20 years of experience
- Multiple state and federal contracts
- Contractor for Fee for Service Medicaid Services in Virginia

Submitting a Request via iEXCHANGE

- The preferred method is the iEXCHANGE[®] web-based program
- Registration required
- Information may be found by going to the KePRO website <https://dmas.kepro.org> For questions call 1-888-827-2884 or email at ProviderIssues@kepro.org

Slide 4

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Discussion: Expect to receive your iEXCHANGE user login & password by email within 10 business days. The advantage of using this method is that the provider can f/u by iEXCHANGE to communicate with KePRO electronically regarding any details of the case & verify PA status.

ahall, 11/16/2007

Additional Methods of Submission

Requests may also be submitted via

- Fax to: 877-652-9329
- Telephone to: 888-827-2884 or
804-622-8900 (local)
- Mail to:
KePRO
2810 North Parham Rd, Suite 305
Richmond, VA 23284

Fax Forms Used for Submission

- PA request fax forms (DMAS 365 A/B, 7/1/08) have been created to facilitate the PA process and are posted on the DMAS and KePRO websites.

- Use the **Community Based Residential Services for Children and Adolescents form (Level A and B)** for your requests.

- 2 Versions:
 - 1) An editable Word version
 - 2) A PDF version that providers can download and complete manually

Community Based Residential Services for Children & Adolescents Level A&B
Prior Authorization Request Form



KePRO & DMAS now require that any Medicaid Provider submitting Prior Authorization Requests using their National Provider Identifier (NPI) or Atypical Provider Identifier (API) to provide a 9 digit Zip code. If you do not know your 9 digit Zip code, please visit: <http://zip4.usps.com/zip4/welcome.jsp>

Fax: 1-877-OKBYFAX (877-652-9329) Phone: 1-888-827-2884 |

Initial Review Continued Stay Review Retro Authorization Transfer

1) <input type="checkbox"/> CSA Modifier HW Locality Code: <input type="text"/> <input type="checkbox"/> Non-CSA Modifier HK		2) Service Type: <input type="checkbox"/> Level A (0752) <input type="checkbox"/> Level B (0753)		3) Requested Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Admission Date: <input type="text"/> / <input type="text"/> / <input type="text"/>		4) Expected Discharge Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
5) Enrollee Last Name: <input type="text"/>		6) Enrollee First Name: <input type="text"/>			7) Enrollee Medicaid ID #: <input type="text"/>		
8) Date of Birth (mm/dd/yyyy): <input type="text"/> / <input type="text"/> / <input type="text"/>		9) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		10) Provider Name: <input type="text"/>		12) Provider Address (including required 9-digit Zip Code): <input type="text"/>	
				11) Provider NPI/API Number: <input type="text"/>			
13) Contact Person: <input type="text"/>		14) Provider Phone Number: <input type="text"/>			15) Provider Fax Number: <input type="text"/>		
16) DSM IV Diagnostic Codes:							
Axis I <input type="text"/>		Axis II <input type="text"/>		Axis III <input type="text"/>		Axis IV <input type="text"/>	
						Axis V (GAF): Current: <input type="text"/>	
						Highest level in past 6 months: <input type="text"/>	

Community Based Residential Services for Children & Adolescents Level A&B
Prior Authorization Request Form



17) Enrollee Last Name:	18) Enrollee First Name:	19) Enrollee Medicaid ID Number:
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20) INITIAL REVIEW

Initial Plan of Care (IPC) with all the required elements completed, signed, and dated within 3 days of admission (*signed by QMHP for Level A; LMHP for Level B*)? Yes No Date of IPC:

For CSA:

a. CON signed and dated by the physician and 3 members of the team? Yes No Date of CON:

b. CAFAS documenting at least 2 moderate impairments and current within 30 days of admission? Yes No Date of CAFAS:

For Non-CSA:

a. Certification of services completed, signed and dated by physician and LMHP? Yes No Date of Certification:

b. Assessment documenting 2 moderate impairments completed by PCP or EPSDT physician and LMHP? Yes No
Date of Assessment:

If NO to any of the above, please explain:

21) CONCURRENT REVIEW

a. Comprehensive Individual Plan of Care (CIPOC) completed within 30 days of admission with dated signature (*signed by QMHP and Program Director for Level A; LMHP for Level B*)? Yes No Date of CIPOC:

b. CIPOC updated every 30 days with dated signature (*signed by QMHP for Level A; LMHP for Level B*)? Yes No
Date of CIPOC update:

c. Weekly individual psychotherapy provided by LMHP? Yes No

d. Seven (7) psycho educational activities provided each week? Yes No

e. Group psychotherapy provided by LMHP (*Level B only*)? Yes No

If NO to any of the above, please explain:



Community Based Residential Services for Children & Adolescents Level A&B
Prior Authorization Request Form

CONFIDENTIAL

Enrollee Last Name: [Redacted]	Enrollee First Name: [Redacted]	Enrollee Medicaid ID Number: [Redacted]
<p>22. Severity of Illness / Current Behaviors: For the Initial Review, provide a narrative of the behaviors exhibited by the client within the last week that warrant the requested level of care (please identify frequency, intensity, and duration of behavior). Describe failed treatments within the past month. Describe support system. For continued stay, this information should come from the most current 30 day progress report. Describe functioning (peer relations, school behaviors, self-care) in past month.</p> <p>[Redacted]</p>		

Providers must submit a PA request for Level A and Level B Services

- The new form and requirements are in effect for dates of service requested on or after July 1, 2008.
- PA must be submitted within 3 days of admission.
- Retroactive requests for authorizations will not be approved with the exception of retroactive Medicaid eligibility for the recipient. The request for authorization should be submitted no later than 30 days from the date the provider was notified of Medicaid eligibility.

Initial Review

Level A

- PA within 3 business days of admit
- CON-signed by EPSDT MD and “team” Completed prior to admit
 - CSA-3 members of FAPT and MD
 - NON-CSA-independent LMHP and MD
- UAI-2 moderate impairments-current to 30 days of admit
 - CSA-CAFAS by locality
 - NON-CSA-Assessment-EPSDT Provider and independent LMHP

Level B

- PA within 3 business days of admit
- CON-signed by EPSDT MD and “team” Completed prior to admit
 - CSA-3 members of FAPT and MD
 - NON-CSA-independent LMHP and MD
- UAI-2 moderate impairments-current to 30 days of admit
 - CSA-CAFAS by locality
 - NON-CSA-Assessment-EPSDT Provider and independent LMHP

Initial Review (continued)

Level A

- **IPOC- completed within 3 days of admission by QMPH**
- **DSM-IV (Axes I-V)**
- **Functional level**
- **Discharge Date**
- **QMHP dated signature**
- **InterQual criteria must be met**

Level B

- **IPOC- completed within 3 days of admission by LMHP:**
- **DSM-IV (Axes I-V)**
- **Functional level**
- **Discharge date**
- **LMHP dated signature**
- **InterQual criteria must be met**

Concurrent Review

Level A

- PA prior to end of previous authorization
- Confirm Comprehensive Individual Plan of Care (CIPOC) completed-dated signature of QMHP and program director (LMHP)
- CIPOC update (every 30 days), dated signature of QMHP
- Confirm weekly individual psychotherapy by LMHP is provided

Level B

- PA prior to end of previous authorization
- Confirm Comprehensive Individual Plan of Care (CIPOC) completed-dated signature of LMHP
- CIPOC update (every 30 days), dated signature of LMHP
- Confirm weekly individual psychotherapy by LMHP is provided
- Confirm group psychotherapy by LMHP is provided

What happens if demographic information is missing?

- The case will be pended for insufficient information.
- A fax notification will be sent to the provider.
- Provider will have until 11:59 PM the next business day from notification to submit the information to KePRO or the case will be voided.

What happens if clinical information is missing on an PA request?

- Case will be pended for additional information
- Provider will be notified through iEXCHANGE® & fax notification
- The provider will have until 11:59PM the third business day following notification to submit.
- If KePRO does not receive a response within this timeframe, the request will be denied.

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Discussion: Do not submit additional information after a case has been denied. If additional information is available that potentially could assist with the recipient's denial being overturned, the provider has a right to an appeal. Please provide contact information when submitting by iEXCHANGE as well as fax number.

ahall, 1/8/2008

Helpful Submission Points for Level A and Level B Services

- Patient must meet Level of Care criteria for McKesson InterQual ® Level of Care, Behavioral Health Criteria, Residential & Community Based Treatment, 2008, as amended by DMAS.
- Active treatment, with a specific discharge plan, must begin on the day of admission.
- Use iEXCHANGE
- Complete the form in its entirety
- When responding to a request for additional information, use only the reply form that accompanies the additional information notice and address the questions specifically

Helpful Submission Points for Level A and Level B Services

- Do not submit additional information on a denied case. Providers have the right to appeal any adverse decision on their request.
- Appeals are to be submitted in writing to:

Director, Appeals Division

Department of Medical Assistance Services

600 East Broad Street, Suite 1300

Richmond, VA

Resources

- KePRO Website <https://dmas.kepro.org>
- DMAS website www.dmas.virginia.gov
- For any questions regarding the submission of PA requests please contact KePRO at 888-827-2884 or 804-622-8900

Questions

Thank you!