Prior Authorization Program
Frequently Asked Questions

Program Changes

When will providers start contacting KePRO for preauthorization?

Begin contacting KePRO at the start date for your program as indicated in the table below:

Service	KePRO Start Date
Out Patient Psychiatric Services	Monday, May 22
Traditional Services, including: • Inpatient Med/Surg (excluding maternity) • Inpatient Psychiatric • Inpatient Rehabilitation • Outpatient Rehabilitation • Home Health • DME and Orthotics • Non-Emergent Out Patient Scans (CAT, PET, and MRI)	Monday, June 5
Home and Community Based Care Waivers and Specialized Behavioral Health including: • Treatment Foster Care Case Management • Residential Treatment Services • Intensive In-Home (PA required for extension of services)	Monday, June 19

What services do not require PA from KePRO?

Any service that is not listed in the chart above does not require PA from KePRO. This contract excludes PAs for: Pharmacy, Dental, Transportation, MR & Day Support waivers, and services provided under MCOs. These services will continue through the current vendors.

DMAS will continue to PA for: organ transplants, gastric bypass, prostheses (excluding orthotics), Alzheimer's waiver, and cosmetic procedures (providers will be required to obtain a PA from KePRO for the inpatient admission for payment).

Note: All transplants except (cornea transplants) require prior written authorization by the Medical Support Unit of DMAS and must have the admission and length of stay for inpatient services authorized on the preauthorization file by KePRO.

How will the KePRO PA process be different?

DMAS is not changing the types of services that require prior authorization, but only the PAUR process. KePRO was selected as the new PA Contractor based upon their ability to implement interactive web-based technology (iExchange) and to move the PAUR process from a primarily fax and paper-based process to a speedier, provider-friendly paperless process that the Department believes will reduce providers' administrative burden. KePRO will also maintain a process for providers who prefer to use a traditional paper based system, *i.e*. fax, mail, or telephone.

DMAS will make the following changes:

- Implement a paperless prior authorization request system in order to reduce the burden on providers.
- Move to nationally recognized criteria whenever possible to assure appropriate and consistent determinations.

This change does not apply to

- Pharmacy
- Dental
- Transportation
- MR & Day Support waivers
- MCOs

These services will continue through the current vendors

Will the forms and current fax request system stay in place or will that change?

The forms will be modified in an effort to streamline our overall prior authorization processes. The final revisions to the forms will be posted on the DMAS website and transmitted along with manual updates and Medicaid Memos. We will continue to post updated information to http://www.dmas.virginia.gov under the "What's New" section as the information becomes available.

What "Nationally Recognized Criteria" will be used in determining Prior Authorizations?

The KePRO reviewer will perform the initial review of the case to evaluate the proposed services for medical necessity and appropriateness of the setting by comparing the information contained in the request against InterQual ® Criteria and the Department's Medicaid rules and regulations. Where the reviewer is unable to approve the request based upon the above criteria, he or she will refer the case for peer review to a physician whose specialty matches the case under review. The KePRO physician reviewer will make a determination based upon practice standards, Virginia Medicaid policy, and his or her clinical experience and judgment.

What is the turn around time for a response if submitted by internet? By phone? By fax?

The PA approval process will involve a clinical review process which will be completed by KePRO along with an eligibility verification process that will be completed each day by DMAS. The process will expedite the response time for the majority of providers.

Inpatient providers accustomed to receiving PA numbers while on the telephone will see this change slightly with the new system.

If a PA is received and processed at KePRO by 5:30 pm the goal is to have a PA number posted by the next business day on iExchange.

Depending on the time of day the PA is received and processed as well as the file transfer process and verifications that need to take place before a PA number is issued it is expected that providers will have their response in 24 to 72 hours of submission.

What is the "Date of Receipt?"

If a request is received by 11:59 pm that day, the request is consider received that day. Requests received after 12:00 am are considered received on the next business day. This differs from the 5:30 PM deadline for processing PAs that will make it into the file transfer for that day's PAs being submitted to DMAS for eligibility verification.

How will the provider be notified if not using internet?

For PA requests that are phoned or faxed in the PA number will be faxed back to the provider and will be available on iEXCHANGE. Providers also have the ability to verify via DMAS ARS (web-based) or Medicall.

Services

Will the changes for Prior Authorization include authorizations for Durable Medical Equipment and specifically orthotics?

Yes. All prior authorizations that are currently handled by WVMI are moving to KePRO. DME and orthotics will be transitioned in early June.

Does this new Prior Authorization program include Pharmacy Prior Authorizations to obtain medications, or will that continue to be handled by First Health?

Pharmacy prior authorizations to obtain medications are not included under the KePRO contract; these will continue through First Health at 1-800-932-6648.

What medications will need a prior authorization? Also what can be done at the corporate office to make sure our VA Pharmacies get signed up and a login account?

Pharmacy is not included under the KePRO contract; these will continue through First Health; therefore your pharmacies do not need to be signed up. However, if any of your stores submit requests for DME to WVMI, our current PA Contractor, then these requests will be submitted to KePRO as the prior authorization for DME is transitioning to KePRO.

We are a skilled nursing home facility. Is this an additional system for prior authorization and is it something we have to do?

No. Prior Authorization for Nursing Home Facilities is not included in the KePRO contract and therefore is not changing.

We are a long term care facility. We currently get authorization for level 1 (room and board) and level 2 billing (skilled care after Medicare) with First Health. Will this PAUR service affect us as well?

No. Nursing Facility processes are not impacted by the new PA Contract.

Can you please provide me with the basic information that a home health agency will need to get started with KePRO? Also, when will the PAUR be transitioned for home health services?

The implementation date for Home Health services is June 5, 2006. In order to use iEXCHANGE (the KePRO web-based portal for PA submission) providers will need to register with KePRO. iEXCHANGE offers many useful value added features, and is therefore the preferred method of PA submission; however, KePRO will also accept PA submissions via fax or phone.

Currently, there is no pre-authorization for services required under intensive in-home. Are intensive in-home services now going require a prior authorization? If so, when can we expect this change, and where can I find information about the process?

For intensive in-home services, there is a limit of 26 weeks of treatment without the requirement for prior authorization. If treatment is medically necessary and needs to continue beyond this period, a request for prior authorization of the extension is required. Presently these requests are being sent by providers to DMAS. In the future (beginning June 19th) these requests will need to be sent to KePRO.

One enhancement over the current process is that through KePRO, these requests for extension beyond 26 weeks of therapy can be submitted through iExchange (the secure KePRO web-based system).

Current criteria for authorization do not require authorization when secondary to Medicare. With the increase of Medicare Replacements we are curious about whether Medicare guidelines will still be followed. When we currently phone WVMI for an Inpatient authorization, for a patient with a Medicare replacement, the response we get is that their records identify the patient as a Medicare recipient and will therefore not initiate an authorization. To my knowledge we have not had any claims issues occur. We would just like to know if you have any information in relation to this and whether we can presume the same will apply.

The process will remain the same. If Medicare A is primary, no PA is required unless Medicare A is exhausted.

For scheduled procedures on or after June 5th it was recommended that we phone June 5th to initiate/question an authorization. For recurrent authorizations we were told that the current information in WVMI's records will transfer. Will that hold true with scheduled procedures initiated prior to June 5th?

Example: A Gastric Bypass is typically set up for review in enough time for proper review wherein phoning June 5th for a June 5th or near after appointment would probably not provide sufficient time for consideration.

Scheduled MRIs and CTs are normally booked at least 1-2 weeks in advance. Will WVMI be initiating the authorizations to carry to KePRO or will we need to wait until June 5th, which of course would require patient's to reschedule as again there would not be sufficient time for review?

If a provider has obtained an 11-digit PA number for an inpatient procedure the PA number will continue to be valid for the approved date of service. The same applies for scans. There would not be a need to phone again unless the date of service changes after the PA number was obtained.

Why do I have to wait 4 hours to get a PA response from DMAS (rather than getting a response right away from WVMI over the phone) and how is that going to work for Friday afternoon admissions?

The PA approval process will involve a clinical review process which will be completed by KePRO along with an eligibility verification process that will be completed each day by DMAS. The process will expedite the response time for the majority of providers. Inpatient providers accustomed to receiving PA numbers while on the telephone will see this change slightly with the new system.

If a PA is received and processed at KePRO by 5:30 pm the goal is to have a PA number posted by the next business day on iExchange.

Will KePro be handling Prior Authorization for School base billing?

School based services do not require prior authorization under the KePRO contract.

For home health services, are we to get authorizations for all visits or if five or less are going to be done is that automatically approved?

Home health allows 5 visits without PA. When a provider submits a PA request to KePRO, the request will be reviewed for medical necessity to determine if it meets criteria and authorized accordingly. The turn around time for a response if submitted by

internet: If received and reviewed by KePRO by 5:30 PM, the final response will be available the following morning.

iEXCHANGE

Is this website HIPAA compliant?

KePRO has existing internet-enabled, HIPAA-compliant systems and databases in place to support the DMAS contract. Pre-authorization requests can be submitted by phone/fax or via the HIPAA secure website, known as iEXCHANGE.

Can you provide the web address for iEXCHANGE to add it to our list of trusted sites?

The iEXCHANGE website is coming, but the first step for providers is to register for iEXCHANGE through the http://dmas.kepro.org website. Providers can register for iEXCHANGE beginning April 6, 2006. Reference http://www.dmas.virginia.gov/pr-prior_authorization.htm/ for a copy of the Spring Medicaid Memo, and the Training Schedule.

I am having difficulty locating the form to register with KePRO - please advise where I can find this form.

We are happy to report that registration for our KePRO Web-based PA system (including iEXCHANGE) can be done as an on-line process at http://dmas.kepro.org. To register for iEXCHANGE, providers need to go to this website address: http://dmas.kepro.org; and at the prompt simply enter your Medicaid Provider ID number and your Federal Tax ID Number. Once you enter this data, you will be prompted for some additional information. You must complete each required field for your registration to be valid. When you are finished, hit "submit;" you will then receive notification that your registration has been received.

If you are unclear about what is required in each field, just hold your mouse over the words and detailed instructions will appear. On or about May 8, KePRO will contact you via email to provide you with each facility/provider unique user identification number and password.

We have over 100 providers in our group, are we going to have to register each and every one of them individually?

No, you would only need to register once and only for those providers for whom you will be submitting prior authorizations. You have the option to set this up in the manner that best suits your business practice. It depends on if you want your providers all under one umbrella versus multiple umbrellas. You can set it up to have all under one or a few iEXCHANGE user number(s) (this is generally preferred) or if it meets your business

needs better, you can register each provider separately. Additional clarification is available at http://dmas.kepro.org under iEXCHANGE (first bullet in the left margin).

Training

Are there are any "online" training sessions scheduled yet for the new PAUR process? I would like to be able to attend via high-speed internet.

On line training is not available at this time for the trainings that are being held in April. The sessions in April are informational sessions. On-line trainings will be available in May and June.

Please tune into our website http://www.dmas.virginia.gov for the most up-to-date information, including regarding training sessions (on-site and on-line.)

Other Questions

Will the appeals process change as a result of the contract with KePRO? Will providers still have the opportunity to appeal directly to DMAS?

No, the appeals process will not change, other than the fact that KePRO will be addressing appeals instead of WVMI.

How will providers receive transition information from DMAS if they do not have internet access?

Providers will receive information via Medicaid Memos, manual revisions, and on-site trainings.

Updates

Please look for information in the coming weeks about training to use the iEXCHANGE® system, and for detailed program information. The most up-to-date information will be posted on the DMAS Website at this website address: http://www.dmas.virginia.gov/pr-prior_authorization.htm and on the KePRO website address http://dmas.kepro.org

Should you have any questions regarding the prior authorization program, please send your inquiries via e-mail to PAUR06@dmas.virginia.gov.