KEPRO PRIOR AUTHORIZATION

Presented by Wendy Sprigler RN, Provider and Member Liaison Coordinator

Kepro®

TOPICS

- About Kepro
- How to contact Kepro
- Requesting prior authorization (PA)
- The PA process
- Monitoring the PA status
- How to update a PA
- Helpful links
- Questions

Kepro®

About Kepro

KEPRO'S BEGINNINGS

- Founded in 1985 by physicians from the Commonwealth of Pennsylvania Medical Society
- Founded at the request of the Centers for Medicare & Medicaid Services (CMS) to serve as the state's Quality Improvement Organization (QIO)
- Enhancing clinical outcomes for government healthcare programs remains at the core of the organization
- Currently services 38 Medicaid programs, touching 77 million lives

KEPRO VALUES

Kepro strives to uphold these values in every aspect of business:

- Dedicated
- Passionate
- Trustworthy
- Collaborative
- Innovative

WHAT KEPRO DOES

- PA contractor for traditional Medicaid/Fee-For-Service (FFS) non-pharmacy
- Utilization management (UM) team:
  - Reviews prior authorization requests: individual & case-by-case basis
  - Makes decisions to authorize, modify, or deny requests: based on medical necessity, appropriateness, & other criteria

Kepro®

HOW TO CONTACT KEPRO

HOW TO CONTACT THE KEPRO TEAM

ATREZZO PROVIDER PORTAL:
HTTPS://PORTAL.KEPRO.COM

PHONE CUSTOMER SERVICE:
866-725-9991

FAX: 800-261-2774

EMAIL ASSISTANCE

INpriorauthissues@Kepro.com

System access, registration, and submissions issues including:

Send detailed information about your issue:

- Member ID (MID)
- Provider's National Provider Identifier (NPI)
- Case number
- Screen shots of error messages
- Additional information to assist in determining the problem

EMAIL ASSISTANCE CONTINUED

- Authorizations are not processed from this e-mail
- Email is not monitored for authorization requests
- Do not send protected health information (PHI) for case creation or correction to this e-mail address

Kepro®

REQUESTING PRIOR AUTHORIZATION (PA)

REQUESTING PA: ATREZZO PORTAL

Preferred method of submission

- Streamlines processes and allows for more benefits
- Allows direct communication with clinicians, case status changes, and letter availability
- Indiana Health Coverage Programs (IHCP) universal PA form not required when utilizing portal

Faxing

- IHCP Universal PA Form is still required. Please ensure that all required information is included in the document as a case cannot be entered when there is not enough information (in.gov/medicaid/providers/files/pa-form.pdf)

Kepro®

REQUESTING PA: FAXING

- Fax: 800-261-2774
- IHCP universal PA form is still required
- Ensure all required information is included in document
- Cases cannot be entered without sufficient information

Kepro®

WHY PROVIDERS MUST REQUEST A PA

To determine:

Medical necessity for services or continued when normal limits are exhausted

To make sure service are covered under the member's plan

Ensures Indiana Medicaid funding is utilized for appropriate services:

Medically necessary, appropriate, cost effective

Note: PA is not a guarantee of payment

Kepro®

COVERAGE VERIFICATION & PA REQUIREMENT

- Refer to provider fee schedules - accessible from the Family and Social Services Administration (FSSA) Provider web page

  https://www.in.gov/medicaid/providers/business-transactions/billing-and-remittance/ihcp-fee-schedules/

- Modules in the providers references section

  https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules/ihcp-provider-reference-modules/

- If PA is required, this should be requested PRIOR to services being rendered

Kepro®

THE PA PROCESS

ATTREZZO PROVIDER ACCESS

- Portal Access: https://portal.kepro.com

- The orange Atrezzo PA Portal Login button provides direct access to the log in screen

- Perform 2-step multifactor authentication (MFA) via phone or email
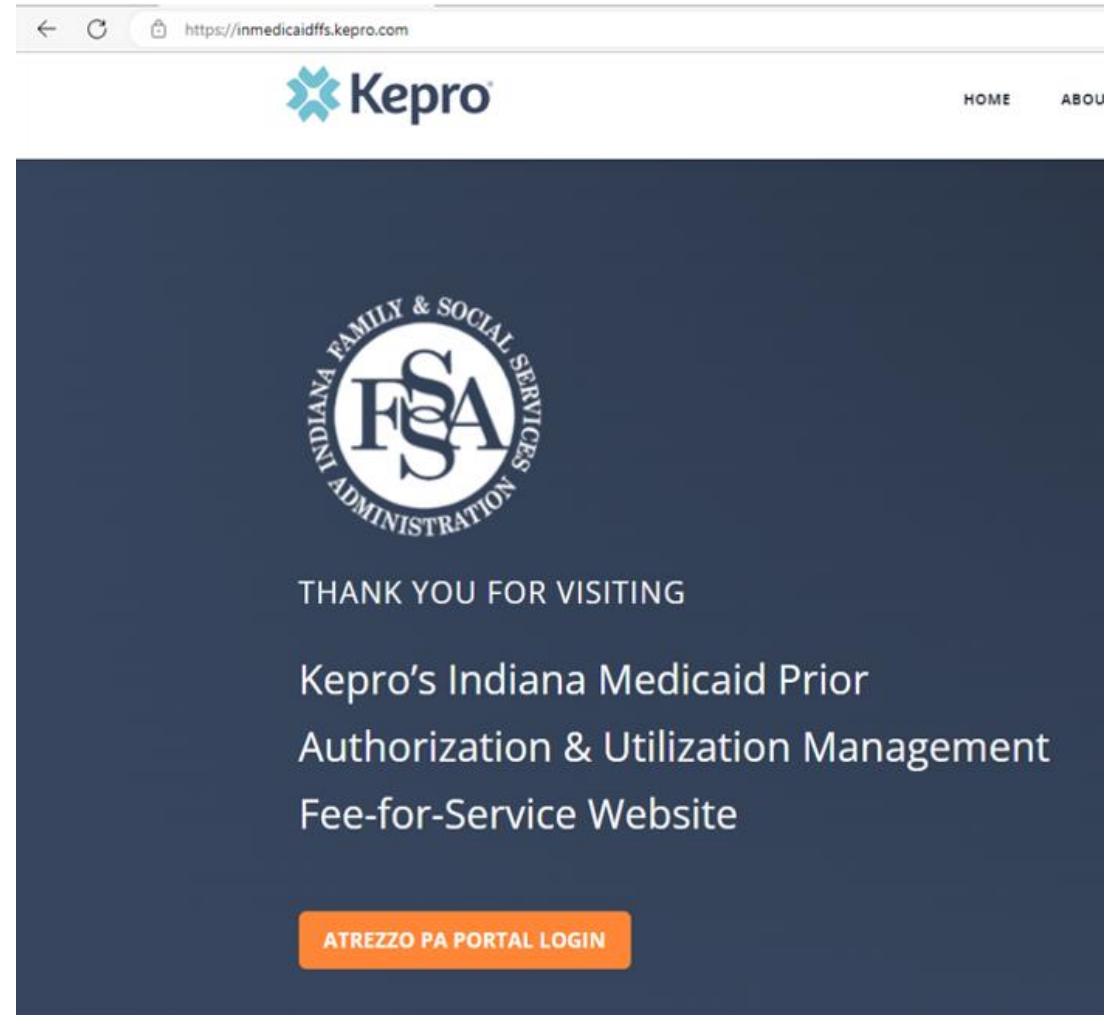
WHERE TO START PA PROCESS AFTER LOGGING IN
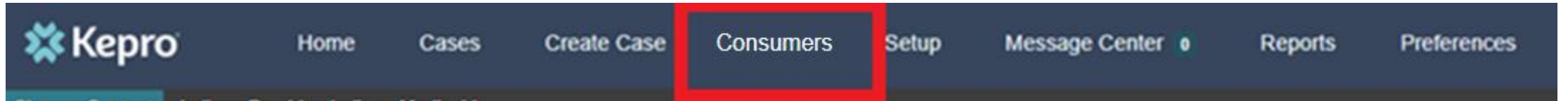
USING CREATE CASE FROM THE HOME SCREEN

After selecting Create Case:

- Choose UM for Case Type

- Choose Inpatient or Outpatient for Request Type

- Only those sections noted with a red asterisk are required sections

CHOOSING A MEMBER FROM THE CREATE CASE OPTION

CHECK FOR EXISTING CASES

- Review the existing cases associated with the provider NPI here
- Verify that this request will not duplicate another case
- If not duplicated, select Create Case

CASE CREATED FROM MEMBER PROFILE

MEMBERS

RESET

MEMBER ID	LAST NAME	FIRST NAME (MIN 1ST LETTER)	DATE OF BIRTH	
300046051399			MM/DD/YYYY 📅	SEARCH

*Combination of DOB and Last Name or Member ID

+ ADD TEMPORARY MEMBER

NAME	⊘ DATE OF BIRTH	ADDRESS	MEMBER ID	CONTRACT	CASE COUNT
YKID ATEST	04/05/2003	,	300046051399	Indiana Medicaid	0

Step 1 ✓	Step 2
Case Parameters	**Consumer Information**

Member Information

MEMBER NAME	ADDRESS	DATE OF BIRTH	SSN	MEMBER MEMBER ID	CITY	STATE	COUNTRY	COUNTY
YKID ATEST		04/05/2003	000-00-0000	300046051399				

Once you click **Create Case**, your changes will be saved and the case will be created **but not submitted.**

Cancel   Create Case

❋ Kepro®

REVIEWING AND UPDATING PROVIDERS

SERVICE DETAILS

Next select Go to Service Details

This page is where the user will select service type for requested codes

Move to next section by selecting Go to Diagnoses

SEARCHING FOR DIAGNOSES

Enter at least 3 characters; this may take a moment to filter

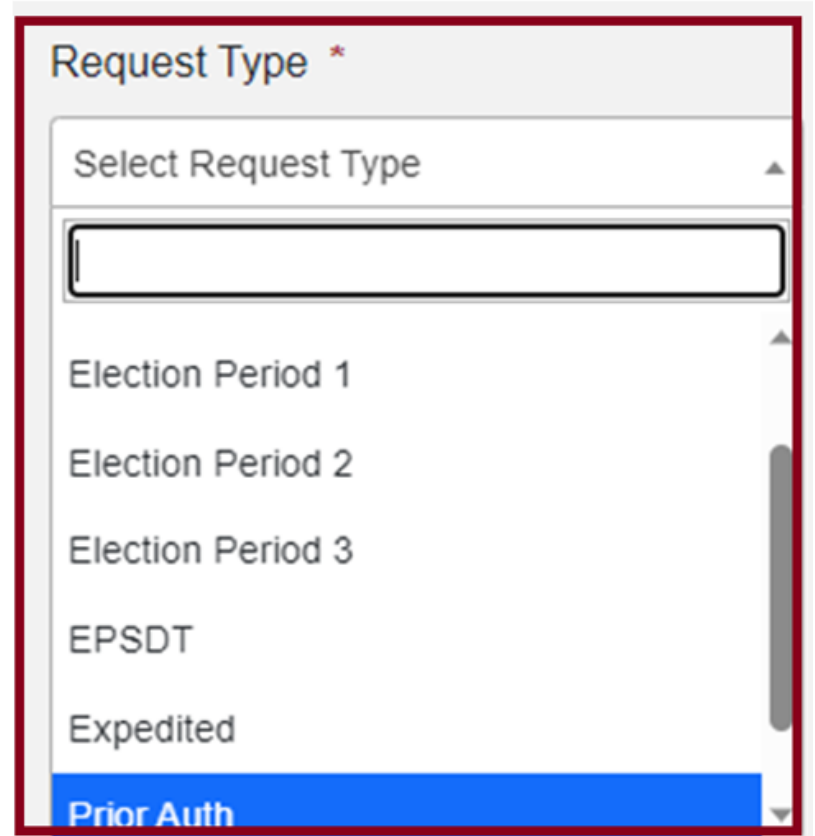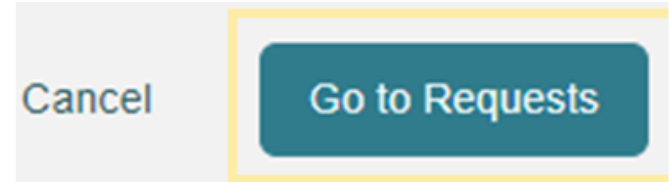**Add as many diagnoses as needed using search window; add one at a time**

SELECTING THE TYPE OF REQUEST

Click Go to Requests

For Request Type, the user will select the appropriate type from the drop down

Cancel   **Go to Requests**

Request Type *

Select Request Type

Election Period 1

Election Period 2

Election Period 3

EPSDT

Expedited

Prior Auth

Kepro®

ENTERING PROCEDURE CODES

- Click Go to Procedures
- Enter service codes being requested in the Search box
- There should be one line for each service code being requested

Requests/**Request 01/Procedures**

Code Type *

CPT

Cancel   Go to Procedures

Search

Search by code or description

99600

Preferred

D5110 COMPLETE DENTURE - MAXILLAR

All

99600 UNLISTED HOME VISIT SVC/PX

ENTERING REQUIRED INFORMATION


It will take a few moments to load after selecting a code.

The user will enter all required information for duration and quantity.

QUESTIONNAIRES

- Once all codes are entered, users will click on Go to Questionnaires

- Only TBI requests require a questionnaire

- Jump to Submit goes to submission review page without going through each section of requestion

- If not jumping to submit page, click on Go to Attachments

Jump to Submit   Cancel   Go to Questionnaires

Jump to Submit   Cancel   Go to Attachments

Kepro®
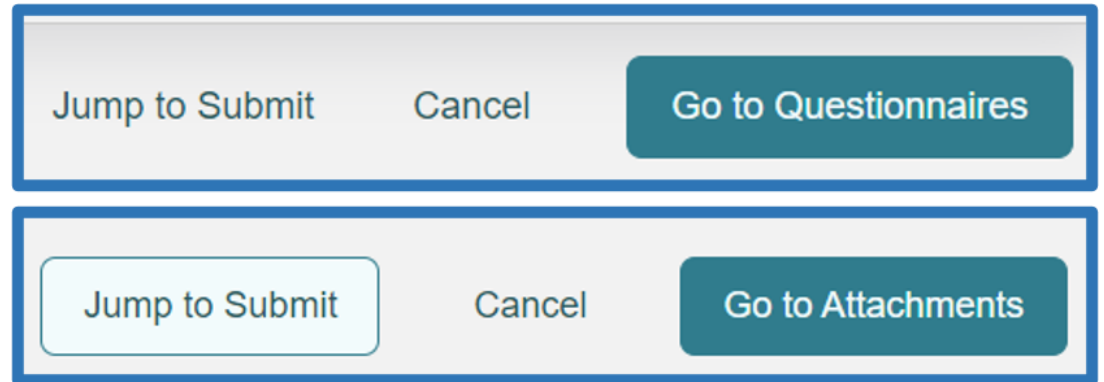
ADDING ATTACHMENTS

- Click Upload a Document

- Upload all required documentation

- Label documents appropriately

ADDING NOTES

- Click Go to Communications
- If a note is needed, click Add a Note (notes can be added in any section with the Add a Note radio button)

REVIEW OF SELECTIONS

- Click Go to Submit
- The screen will display a summary page
- Click on any blue 'Update' hyperlink to review selections in each section of the authorization request

SUBMISSION

- Select Submit

- A disclaimer appears as a reminder that a PA does not guarantee payment

- Click Agree to agree to the disclaimer

- Then, the case will be submitted

Cancel   Submit

Disclaimer

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Once you click **Agree**, a case number will be assigned and you will be taken to that case.

Cancel   Agree
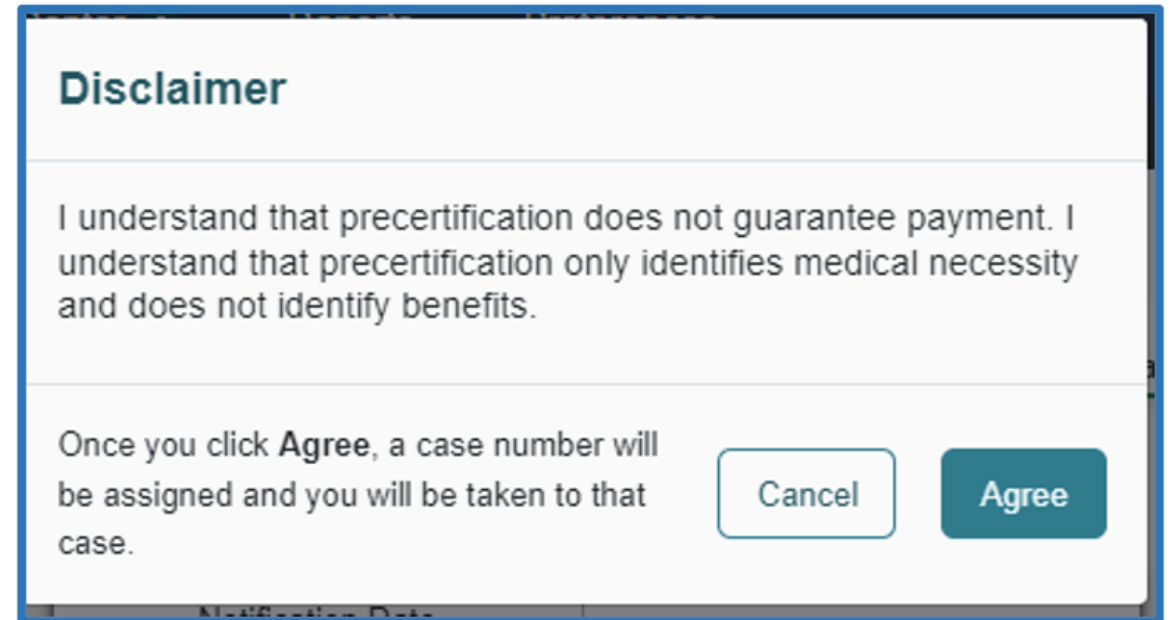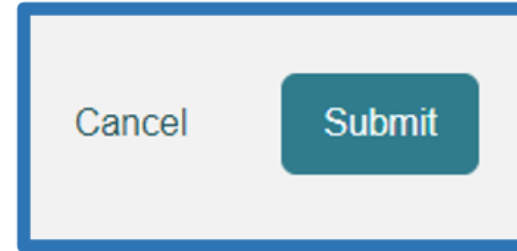
OVERVIEW OF PA REQUEST

- After submission, the PA request overview appears
- The user will go to this page to monitor status of the PA

CHECKING STATUS AND CASE SUMMARY

- Top left of Case Overview: case status and case ID number

- Top center is a button for Case Summary; shows overview of each section

- The case summary is read only; no changes can be made

CASE SUMMARY OF ENTERED INFORMATION

Case Summary: 231370066

Consumer Information

Name Location	DOB Gender	MemberID SubscriberID	Contract	Eligibility Program StartDate - EndDate
DOLLY MOUSE RR17 INDIANAPOLIS Indiana	08/05/1990 F	501316698001 501316698001	Indiana Medicaid	

Case Information

Status	Category	Case Contract	Submit Date	SRV Auth
COMPLETED	Inpatient	Indiana FSSA	05/17/2023	K231390005

Provider Information
Requesting Provider

Name	ID NPI	Specialty	Address	Phone	Fax
Indiana Provider	12345678		1 main street , mytown, IN US 12345	(123) 456-7890	123-456-7890

Attending Physician

	ID

Kepro

ADDITIONAL OPTIONS ON CASE OVERVIEW

- **ACTIONS**: lists actions for the case
- **COPY**: allows copying into a new case for same service
- **EXTEND**: allows request for additional dates of service for active PA
- **EXPAND ALL**: uses down carat to expand all rows in case landing page

ACTIONS ▾   COPY   EXTEND   EXPAND ALL ⌄

ACTIONS ▾

Add Additional Clinical Information

Reconsideration

Request Authorization Revision

Request Peer To Peer Review
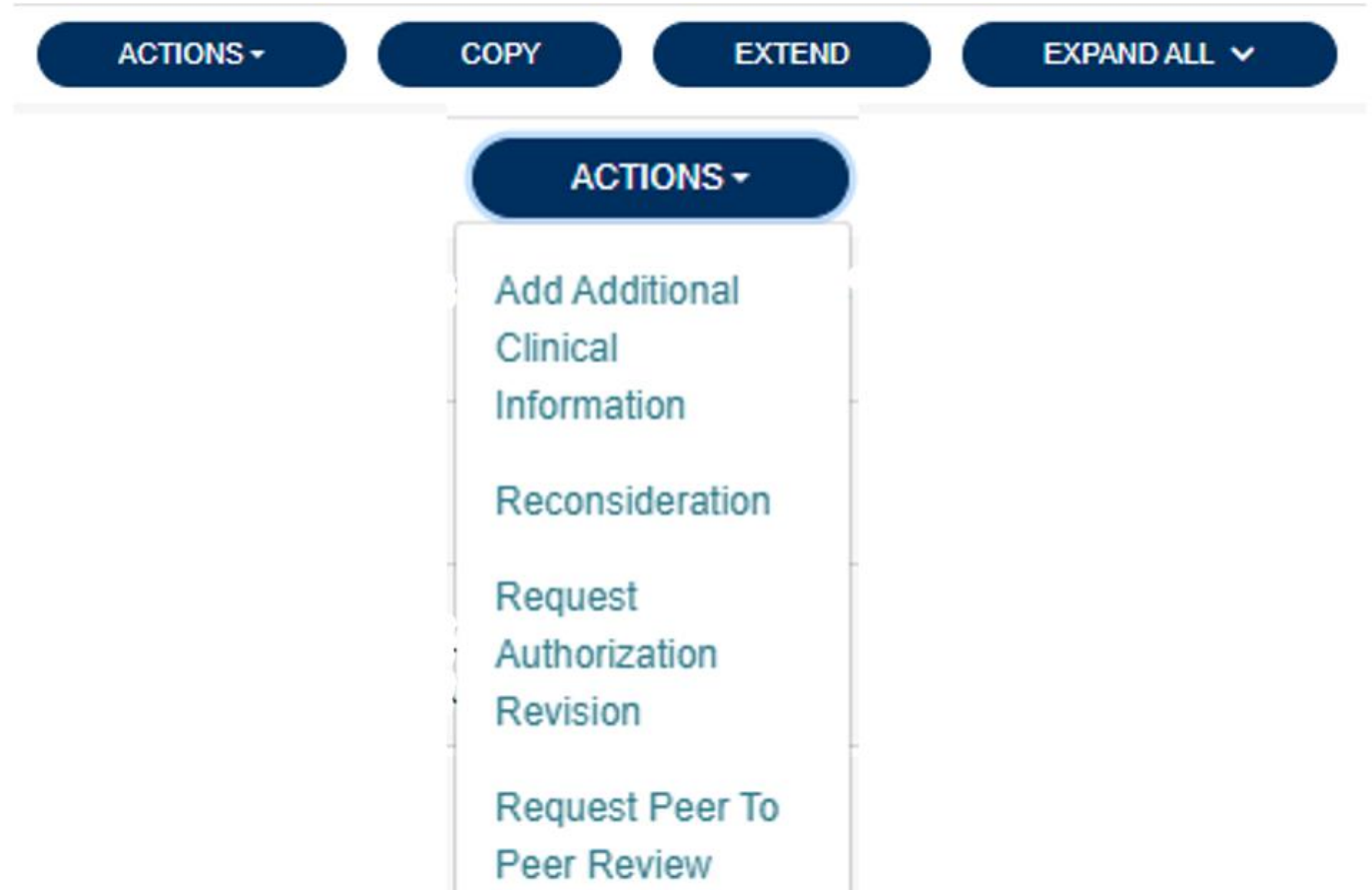
ACTION OPTIONS

All of the options look similar, only the label is different.

Case 231370054 | MARY MOUSE (F) | Indiana FSSA
Request 01 | 07/25/1997 | Outpatient

Note

Document Type

Select One ▲

Augmentative Communication System Selection

Certificate of Medical Necessity for Oxygen

DME Information Form: Enteral and Parenteral Nutrition

Face to Face Encounter

Hospice Authorization Notice for Dually Eligible

Hospice Election

Drag And Drop Or Browse Your Files.

CANCEL   SUBMIT

Kepro®

MONITORING THE PA STATUS

CHECKING STATUS OF REQUEST

There are three ways to review the case status: search the Case ID, from the case queue, or pull up the consumer and select the case.

Below is what each stage of the status will look like.
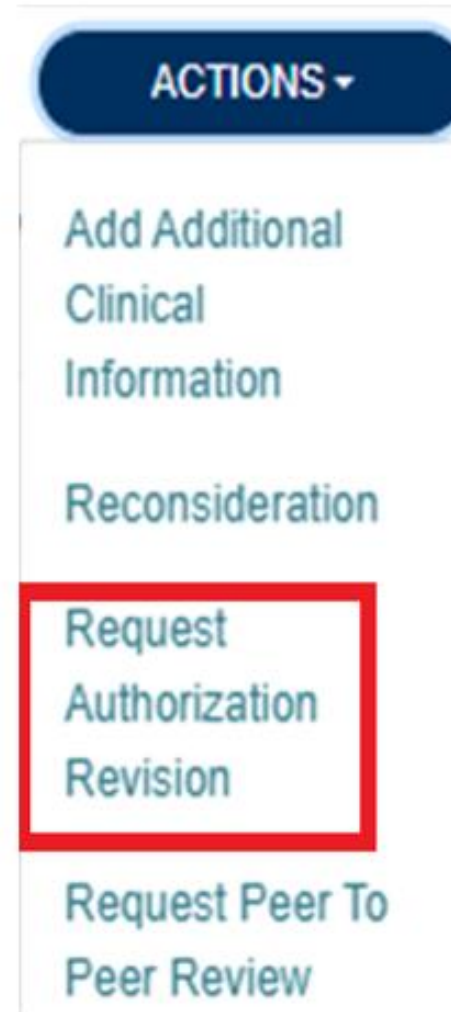
UN-SUBMITTED

SUBMITTED

ACTIVE REVIEW

COMPLETED

HOW TO UPDATE A PA

AUTHORIZATION REVISION

- Use Request Authorization Revision in Actions drop down

- When faxing a request to update a PA, utilize the System Update Request form

- IHCP Prior Authorization - System Update Request Form

HELPFUL LINKS

IMPORTANT LINKS

- [Atrezzo Provider Portal](#) (log in)

- [Provider Education](#) page for Indiana Medicaid FFS (training videos, step by step guides, important links, and news items)

- [Standard System Training](#) at Atrezzo Help site (not specific to Indiana but helpful to navigate system in general)

IMPORTANT LINKS CONTINUED

- [FSSA forms](#) (outlines all required forms for PA)

- [Provider Modules](#) (outlines requirements for specific request types including PA, claims, documentation requirements)

- [Provider Fee Schedules](#) (outpatient fee schedule and professional fee schedule)

Kepro®

REVISITING CUSTOMER SERVICE CONTACT INFORMATION

- Phone: 866-725-9991 for case specific questions and authorization requests

- Fax: 800-261-2774 for authorization requests and clinical submission for PA

- Email: INPriorAuthIssues@kepro.com system access, registration, and submissions issues

QUESTIONS?