

# KEPRO PRIOR AUTHORIZATION

Presented by Wendy Sprigler RN, Provider and Member Liaison Coordinator

# 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

# 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

# HOW TO CONTACT KEPRO

# HOW TO CONTACT THE KEPRO TEAM



ATREZZO PROVIDER PORTAL:  
[HTTPS://PORTAL.KEPRO.COM](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

# 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](http://in.gov/medicaid/providers/files/pa-form.pdf))

# 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

# 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**

# COVERAGE VERIFICATION & PA REQUIREMENT

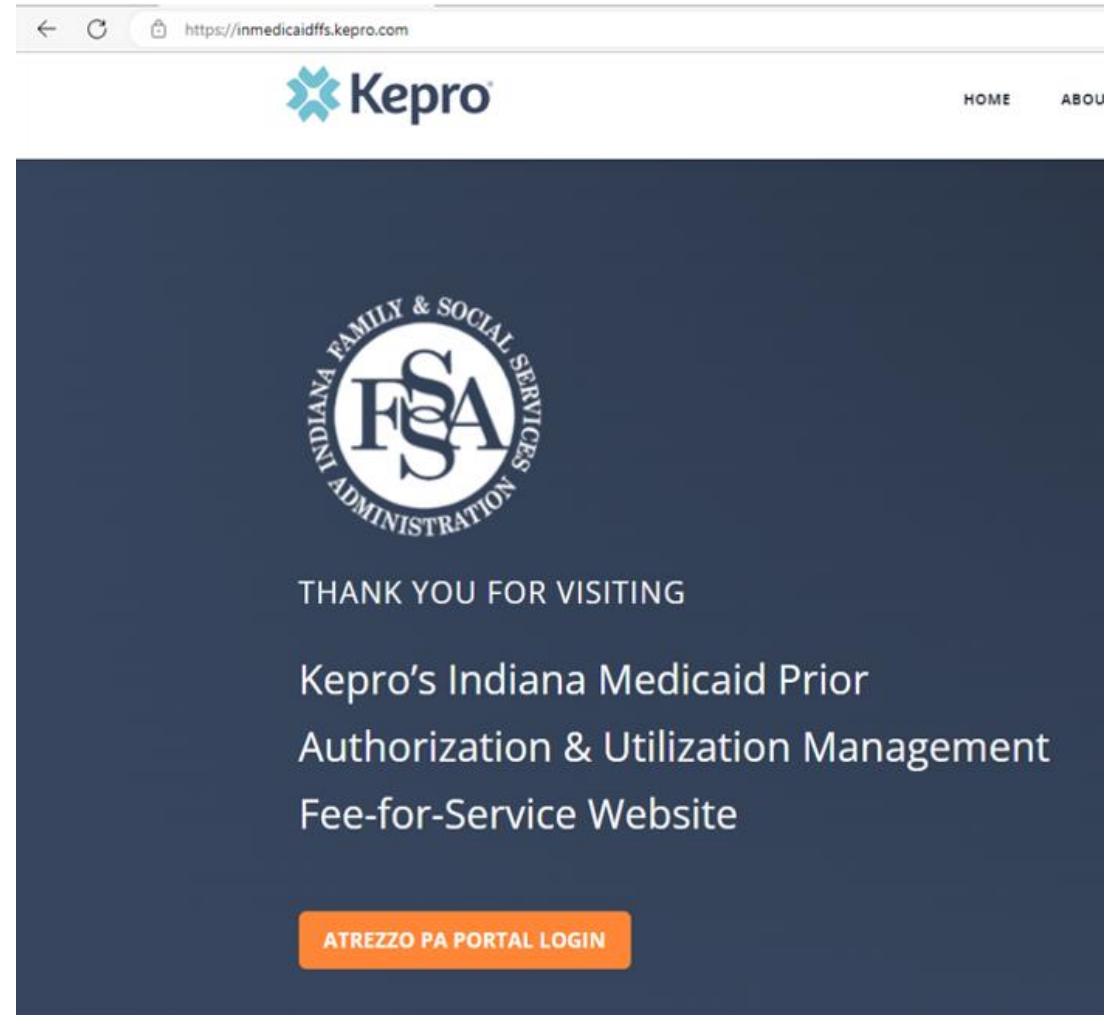
- Refer to provider fee schedules - accessible from the Family and Social Services Administration (FSSA) Provider web page  
<https://www.in.gov/medicaid/providers/business-transactions/billing-and-remittance/ihcp-fee-schedules/>
- Modules in the providers references section  
<https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules/ihcp-provider-reference-modules/>
- If PA is required, this should be requested PRIOR to services being rendered

# THE PA PROCESS

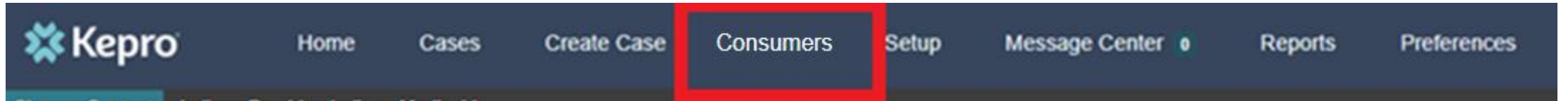


# ATTREZZO PROVIDER ACCESS

- 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

Kepro Home Cases Create Case Members Setup

Change Context Indiana Provider, Indiana Medicaid

<b>New UM Case</b>	Indiana Provider	Indiana FSSA	-
	Requesting Provider	Inpatient	-

Step 1 Case Parameters Step 2 Consumer Information

Case Parameters / Choose Request Type


Case Type \*  
 Assessment  UM

Case Contract \*  
Indiana FSSA

Request Type \*  
 Inpatient  Outpatient


Cancel Go To Consumer Information

# CHOOSING A MEMBER FROM THE CREATE CASE OPTION


 Home Cases Create Case Members Setup Message Center 0 Reports Prefe

Change Context Indiana Provider, Indiana Medicaid

**New UM Case** | Indiana Provider | Indiana FSSA -  
Requesting Provider | Outpatient -

Step 1 Case Parameters |  Step 2 Consumer Information

Member Information/ **Search Member**

MEMBER ID	LAST NAME	FIRST NAME (MIN 1ST LETTER)	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/> 

\*Combination of DOB and Last Name or Member ID

# 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**

**New UM Case**    Doctor Test    Indiana FSSA    WIFE AJTEST (F)  
Requesting Provider    Outpatient    01/01/1987

Step 1     Step 2  
Case Parameters    Consumer Information

Member Information/ Search Member/ **Member Cases**

Submitted Requests    Servicing Requests

Request ▲	Status ⚙	Submit Date ⚙	Category ⚙	Discharge Date ⚙	Service Type ⚙	Service Dates ⚙	Procedures	Letters	Actions
Showing 10 ▼ of 0									

Previous    Page 1    of 1    Next

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

# 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

# REVIEWING AND UPDATING PROVIDERS

Step 2 Consumer Information   Step 3 **Additional Providers**   Step 4 Service Details   Step 5 Diagnoses   Step 6 Requests   Step 7 Questionnaires   Step 8 Attachments   Step 9 Communications   Step 10 Submit Case

Additional Providers/ Provider/Facility

[Add Attending Physician](#)

**Selected Providers**

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	Indiana Provider	12345678		12345678	1 main street , mytown, IN US 12345		(123) 456-7890	<input type="text" value="(123) 456-7890"/>	
Servicing	Indiana Provider	12345678		12345678	1 main street , mytown, IN US 12345		(123) 456-7890		<a href="#">Update</a> <a href="#">Remove</a>

Atrezzo

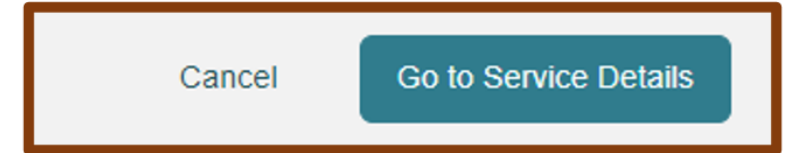
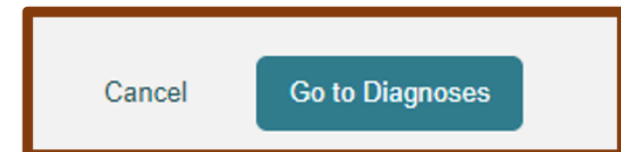
Provider is Not Currently Eligible To Provide Service During the Requested Time Frame [E]

# 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**

A screenshot of the Kepro web application interface. The top navigation bar includes the Kepro logo and links for 'Home', 'Cases', 'Create Case', and 'Members'. Below this, a 'Change Context' bar shows 'Indiana Provider, Indiana Medicaid'. A 'New UM Case' section displays 'Indiana Provider' as the 'Requesting Provider', 'Indiana FSSA' as 'Outpatient', and 'Jbug Stopher (M)' as the member with a date of '10/30/2013'. A progress bar shows five steps: 'Step 2 Consumer Information', 'Step 3 Additional Providers' (locked), 'Step 4 Service Details' (active), and 'Step 5 Diagnoses'. The main content area is titled 'Service Details/ Enter Service Details' and features two dropdown menus: 'Place Of Service' (set to 'Select One') and 'Service Type \*' (set to 'Select One'). The 'Service Type' dropdown is open, showing a list of options: '01 - Home Health' (highlighted in blue), '02 - IOP Psychiatric', '02 - IOP Chemical Dependency', '03 - Outpatient Surgery', '03 - Imaging Studies', and '03 - Vision Care'. An 'Add a Note' button is located below the 'Place Of Service' dropdown.



# 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

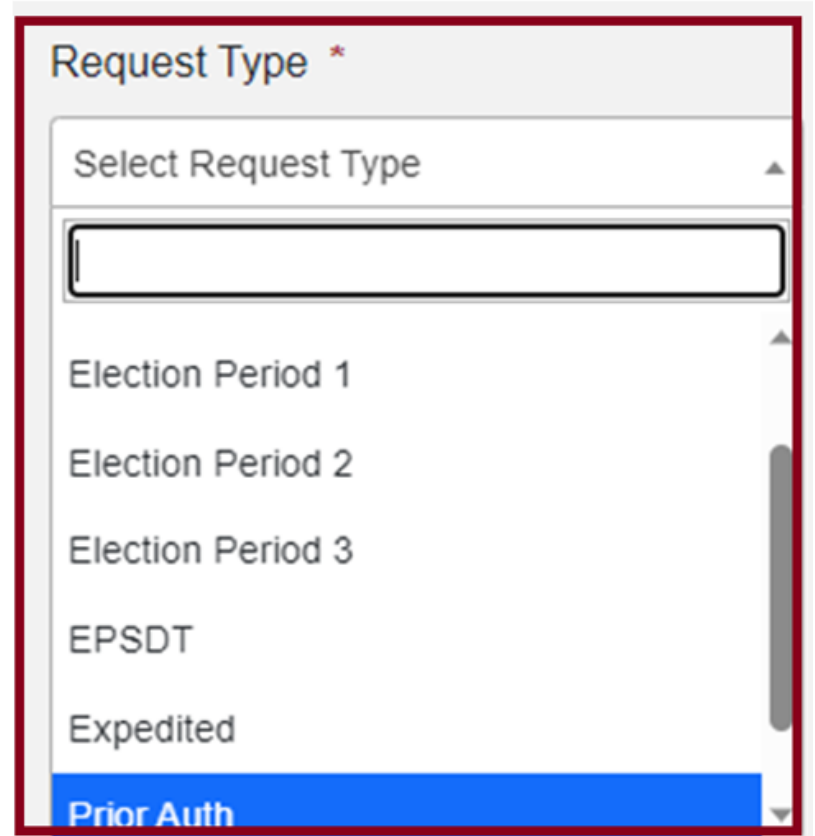
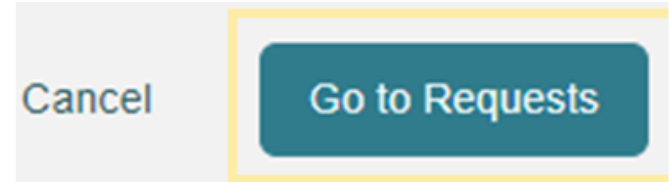
The screenshot shows the Kepro web application interface. At the top, there is a navigation bar with the Kepro logo and various menu items like Home, Cases, Create Case, Members, Setup, Message Center, Reports, and Preferences. Below this, there is a header for the current case: 'Indiana Provider, Indiana Medicaid'. The main content area shows a progress bar with steps from 2 to 10. Step 5, 'Diagnoses', is currently active. Underneath, there is a 'Diagnosis/Add Diagnosis' section. It includes a 'Code Type' dropdown menu set to 'ICD10' and a search input field with a placeholder 'Select a Diagnosis Code'. The search input field is highlighted with a yellow box. Below the search field, there is a table with columns for Order Rank, Code, Description, Source, Created By, and Deactivate. The table currently shows 'No records found.' and a 'Showing 10 of 0' indicator.

This is a close-up view of the search input field. The 'Code Type' dropdown is set to 'ICD10'. The search input field contains the text 'i50.33'. The search results dropdown is open, showing a list of options. The first option, 'Preferred', is highlighted in blue. Below it, there is an option 'All'. At the bottom of the dropdown, the text '150.33 ACUTE ON CHRONIC DIASTOLIC CHF' is visible. The 'Showing 10 of 0' indicator is also visible at the bottom left of the search area.

# SELECTING THE TYPE OF REQUEST

Click **Go to Requests**

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



# 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

Cancel **Go to Procedures**

Requests/Request 01/Procedures

Code Type \*  
CPT

Search  
Search by code or description  
99600|  
Preferred  
D5110 COMPLETE DENTURE - MAXILLAR  
All  
**99600 UNLISTED HOME VISIT SVC/PX**

# ENTERING REQUIRED INFORMATION

Requests/Request 01/Procedures

Code Type \*  
CPT

Search  
Search by code or description

Request 01  
Un-Submitted 1/0

99600 Un-Submitted  
N/A - N/A 0/0

99600 UNLISTED HOME VISIT SVC/PX

Modifier  
Select One

Unit Qualifier  
Select One

Requested

Requested Start Date \*  
MM/DD/YYYY

Requested End Date \*  
MM/DD/YYYY

Requested Duration \*  
[ ]

Requested Quantity \*  
[ ]

Rates

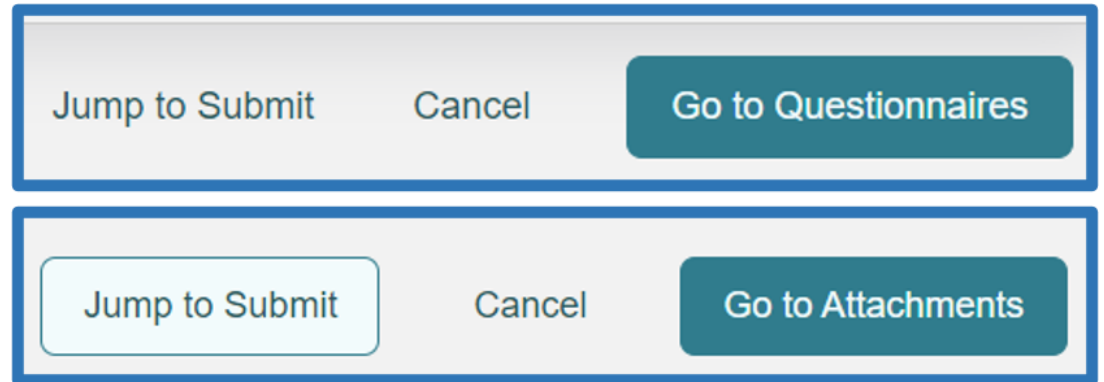
Jump to Submit

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**



# ADDING ATTACHMENTS

- Click **Upload a Document**
- Upload all required documentation
- Label documents appropriately

## Attachments/Documents

No documents have been added yet.

Upload a document

Add a Note

## Upload a document

Max File Size: 4 MB

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps

Request \*

R01

Document Type \*

Medical Record

Drag And Drop Or Browse Your Files. \*

Medical Documentation.docx

Remove

All files uploaded will be encrypted and stored in a secure location in accordance with HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Larger files will take longer to upload/download. Please be patient.

Cancel

Upload

# 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)

Go to Communications

Add a Note

The screenshot displays the Kepro web application interface. At the top, there is a navigation bar with the Kepro logo and menu items: Home, Cases, Create Case, Members, and a search bar. Below the navigation bar, the main content area shows a case summary for 'Indiana Provider, Indiana Medicaid'. The case details include 'New UM Case', 'Indiana Provider', 'Indiana FSSA', and 'Jbug Stopher (M)'. A progress bar indicates the current step is 'Service Details'. A modal dialog box titled 'Add a Note' is open in the foreground. It contains a 'Note Type' dropdown menu with 'External' selected, a text input field with the placeholder 'Your note goes here', and a 'Cancel' button. At the bottom right of the dialog, there is an 'Add Note' button. The background of the application is dimmed.

# 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

The screenshot displays the 'Submit Case/ Review' page in the Kepro system. The page is divided into several sections, each with a summary card and an 'Update' button:

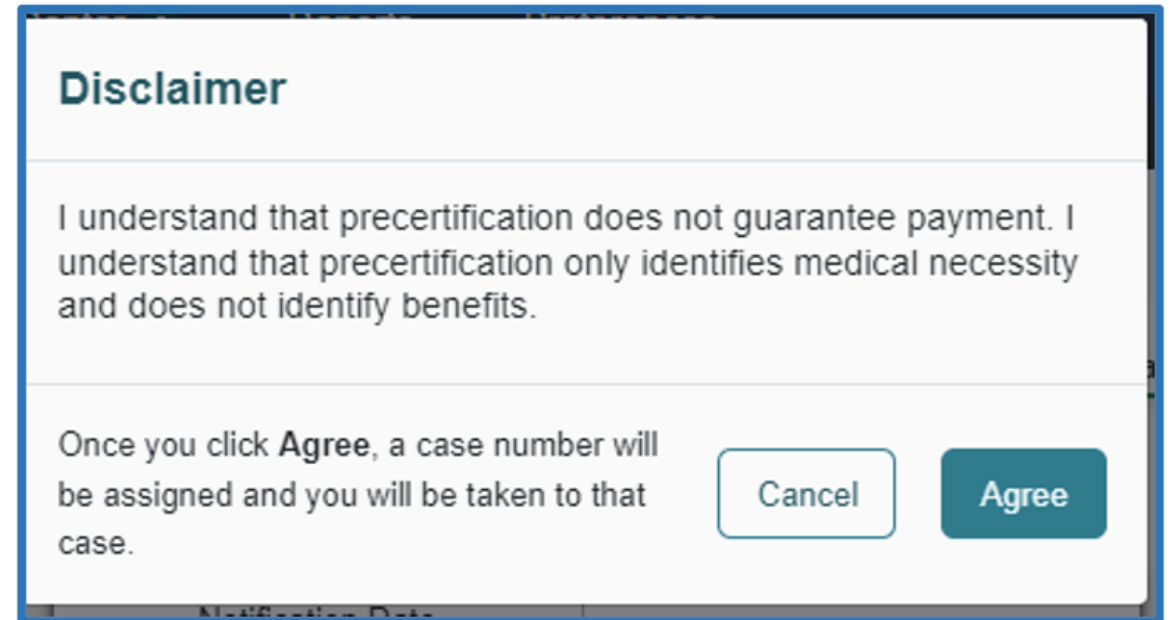
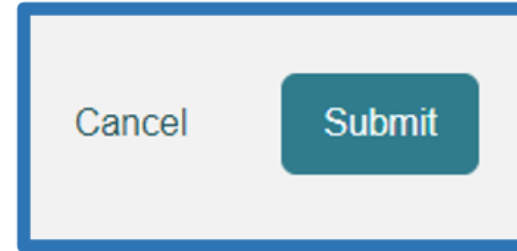
- Providers:** Requesting: Indiana Provider, Servicing: Indiana Provider. Button: Update Providers.
- Service Details:** Service Type: 01 - Home Health. Button: Update Service Details.
- Diagnoses:** 1 Diagnosis (I43). Button: Update Diagnoses.
- Requests:** Notification Date: N/A, Request Type: Prior Auth. Button: Update Requests.
- Procedures:** 1 Procedure (99600). Button: Update Procedures.
- Questionnaires:** 0 Questionnaires. Button: View Questionnaires.
- Attachments:** 0 Documents. Button: Update Documents.
- Communications:** 0 Notes. Button: Update Notes.

At the bottom right, there are 'Cancel' and 'Submit' buttons. The 'Submit' button is highlighted with a red box.



# 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



# OVERVIEW OF PA REQUEST

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

Kepro Home Cases Create Case Members Setup Message Center Reports Preferences Search by #

Change Context Indiana Provider, Indiana Medicaid

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
DANGER MOUSE	M	01/01/1981 (42 Yrs)	300159238999	Indiana Medicaid

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
231370086	Inpatient	Indiana FSSA	05/17/2023	K231380002

UM-INPATIENT

CASE SUMMARY ACTIONS COPY EXTEND EXPAND ALL

Consumer Details		Location: ;	▼
Provider/Facility		Requesting : Indiana Provider/12345678 Facility : BELL HOSPITAL TEST/1184072555	▼
Clinical		Service Type : 21 - TBI Request Type : Admission Notification Date : 08/23/2023 Notification Time : 08:31 PM	▼
Questionnaires		Complete: 3, Incomplete: 0	▼
Attachments	Document-3	Letters- 5	▼
Communications		Most Recent Note date 05/17/2023	▼

# 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 ID	CATEGORY	CASE CONTRACT	CASE SUBM
231320530	Outpatient	Indiana FSSA	05/12/2023
UM-OUTPATIENT			
3936107499	Indiana Medicaid		
DATE SUBMIT	DATE SRV	AUTH	
05/12/2023			
<a href="#">CASE SUMMARY</a>			

# 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

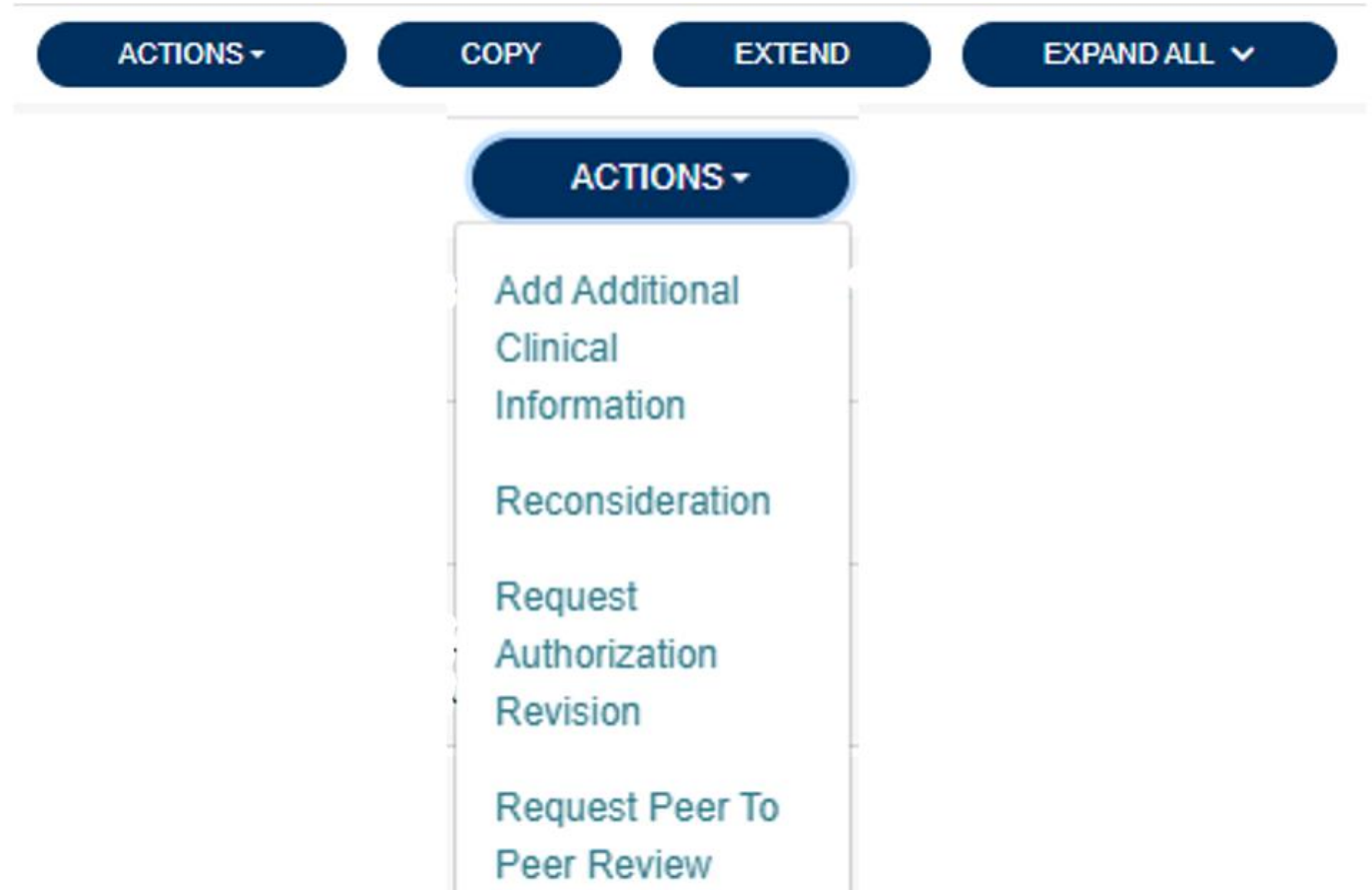
Name	ID NPI	Specialty	Address	Phone	Fax
Indiana Provider	12345678		1 main street , mytown, IN US 12345	(123) 456-7890	123-456-7890

## Attending Physician

ID
----

# 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



# ACTION OPTIONS

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

Case 231370054 Request 01	<u>MARY MOUSE (F)</u> 07/25/1997	Indiana FSSA 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

# 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

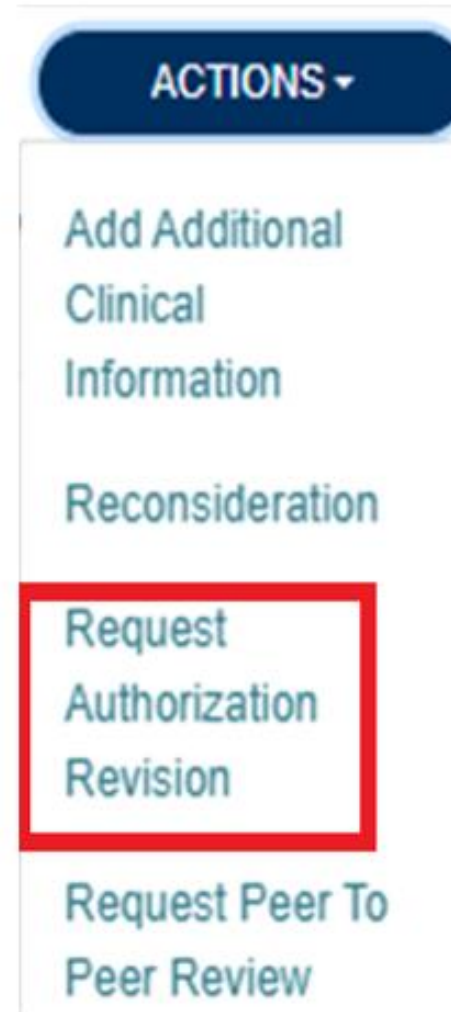
COMPLETED



# 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)

# 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](mailto:INPriorAuthIssues@kepro.com) system access, registration, and submissions issues

QUESTIONS?