

Welcome to the first edition of the KEPRO Connect Ohio newsletter! We'll be issuing a new edition every quarter to keep you updated on all the latest news regarding the Ohio Department of Medicaid and KEPRO's work. Our goal is to keep you informed on the latest updates and announcements, important information and to provide tips and guidance to help you work more efficiently and effectively.

Substance Use Disorder Prior Authorization Tips

It is important to remember that each Prior Authorization (PA) must be independent and complete for Continued Stay Substance Use Disorder (SUD) Partial Hospitalization or Residential Treatment PAs. Each PA should be detailed and include documentation on why the individual requires or continues to require the requested services. All documentation must include the credentialed provider name and the date it was completed.

Recommended documentation includes:

- Most recent assessment
- Progress made since admission
- Documentation of ASAM dimensions/Level of Care (required)

Note: Unmet Goals related to ASAM Criteria: KEPRO requires detailed information related to each ASAM dimension for each individual for whom services are being requested to approve.

In certain circumstances a consecutive PA will be submitted for the same Level of Care (LOC) or a change to LOC. KEPRO requires a new PA request that includes details about the issue or problem, the history or background of the individual's circumstance and an update as to why the individual needs a change or continued LOC.

When submitting a Behavioral Health Outpatient PA be sure not to include any modifiers. It is essential that Providers add the appropriate modifiers to their claims only.

KEPRO will reach out via MITS to request any additional information, so be sure to check your queue frequently to provide any specific information or documentation for timely completion.

The purpose of prior authorization is to obtain approval from Ohio Medicaid before certain services are rendered. ODM uses this as a way of assuring that the client meets the eligibility criteria and/or clinical level of care for that service.



Substance Use Disorder Prior Authorization Tips Cont...

Agencies should submit a PA request as soon as they have determined that a client meets the eligibility criteria and/or level of care for service being requested, including at least one piece of clinical documentation showing that the provider has assessed the recipient, and intends to provide the services being requested. If all the clinical documentation is not yet complete at that time, it can be submitted later. KEPRO will not approve dates of service occurring prior to the date of PA submission. If the initial submission is pended by KEPRO, for additional information, providers need to submit the additional documentation for review within two weeks of the request for additional information.



Behavioral Health FAQ:

Q. Why was I unable to complete my behavioral health PA submission?

A. Please refer to the PA training slides and webinar located on ODM's website BH.Medicaid.Ohio.Gov. If you follow the instructions through to the end, you will be able to complete your submission.

Q. "We have a 90 SUD day program. Why aren't our PA requests approved for 90 days?"

A. We are following ASAM guidelines which require individualized treatment and documentation that each client has a medical need for the service. A 90 day program doesn't lend itself to individualized treatment in all cases. ODM has instructed KEPRO reviewers to limit SUD Partial Hospitalization PA date spans to 60 days after which time the provider must request a continued stay by documenting areas of client progress and need for continued treatment.

Additional resources are available to assist you with any questions or to provide information and guidance below:

KEPRO

- 844.854.7281 (Speak to a reviewer; request date corrections on a PA)
- [KEPRO webpage with links to OAC, Review Criteria, ODM resources](#)

MITTS Technical Assistance

- 800.686.1516 (will need your provider number, NPI, or tax ID; Select option 5)
- [Medicaid Instructions on entering a PA \(PDF\)](#)
- [MITTS BITS - Provider Information Release, April 4, 2018](#)

MITTS BH PA Training

- [Behavioral Health Training](#)
- [How to submit a prior authorization request to MITTS - for Behavioral Health provider agencies Webinar](#)

Hospital Retrospective Review Recommendations

If your claim is selected for Review, the most efficient and preferred method for submitting records is by utilizing Atrezzo, KEPRO's Provider Portal.

Simple Registration in just 2 Steps!

1. Use the Registration Code provided on the "Request for Medical Records" letter & your 10 digit National Provider Identification (NPI) Number.
2. Click "Register here" to begin registration.

Once registration has been completed, you will gain immediate access to KEPRO's Atrezzo Provider Portal System.

Why use the Atrezzo Portal?

- Log-in to monitor your Approvals!
- Access letters by Case and Request
- Respond and Send messages to KEPRO

For additional assistance contact the KEPRO Customer Service Department at 844-854-7281 OR Refer to the Atrezzo Provider Portal User Guide located under the Help tab on the Home page in the Atrezzo Provider Portal.



How to Request an Appeal for a Retrospective Review Denial

If a provider disagrees with a denial determination after a retrospective review, the provider may appeal the decision within the timeframe noted on the initial denial letter. For the most efficient processing of your Appeal, follow this 1-Step process:

- Request the Appeal, document the reason for the Appeal, and attach supporting information via the Atrezzo Portal

The Appeal request and supporting information may also be sent via fax or mail within the Appeal timeframe provided on the initial denial letter.

PA denials must be appealed by the Medicaid recipient.

Q. Does Inpatient Admission for medical or surgical services require authorization?

A. Admission to the Facility DOES NOT require prior authorization; HOWEVER, Prior Authorization is required based on the procedure codes. Refer to the [Inpatient Procedure code list on the ODM website](#). If the code is displayed on the list, Prior Authorization is required. Request MUST be submitted via the MITS system.

Q. How far back will KEPRO request medical records for Retrospective Review?

A. Claims may be selected for Audit up to five years from the date of the paid claim (not the date of service). Ohio Medicaid providers are required to keep records for a minimum of six calendar years from the payment date.

Q. What is the preferred medical records submission method?

A. All Submission MUST include the request for medical records letter. Submitting medical records through the Atrezzo Provider Portal is the most efficient and preferred method.

1. Atrezzo Provider Portal *****Preferred method*****
2. Fax
3. Mail DISC
4. Mail Hard Copy

Q. Are Approval and Denial Letters sent to Providers?

A. Approvals MUST be viewed via KEPRO's Atrezzo Provider Portal System. Approval letters are NOT sent out. Denial letters are being sent out via fax at this time.

Please join us for our next KEPRO & ODM Provider Training Webinar

May 8, 2018 at 10 a.m. - 12 p.m. Eastern Time

Register here: https://zoom.us/webinar/register/WN__00w2e4fRaK5JcVpiiS-QA.

This is a great opportunity for meaningful discussion and LIVE Q&As.