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# SPRING 2022 PROVIDER WORKSHOP

Presented by Kepro

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# Existing Kepro Scope of Work

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- Health Homes
- Aged and Disabled Waiver (ADW), Intellectual/Developmental Disabilities Waiver (IDDW), and Traumatic Brain Injury Waiver (TBIW) Services
- Personal Care Services
- Nursing Home PAS Review
- Behavioral Health Services
- Substance Use Disorder (SUD)
- School-Based Health Services
- Medical Services
- WVCHIP (Fee-For-Service)
- Socially Necessary Services
- Children with Serious Emotional Disturbance (CSEDW) Waiver Assessments

# Websites/Direct Data Entry Portals

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## Medical Requests/WVCHIP Requests

- <https://portal.kepro.com>

## Health Homes

- <https://atrezzo.kepro.com>

## Nursing Home PAS

- <https://portal.kepro.com>

## Behavioral Health/Socially Necessary

- <https://careconnectionwv.kepro.com>

## Personal Care

- <https://wvltc.kepro.com>

## Aged & Disabled Waiver

- <https://wvltc.kepro.com>

## IDD Waiver

- <https://wvltc.kepro.com>

## TBI Waiver

- <https://portal.kepro.com>

# Members Served

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- Fee-for-Service Medicaid and Behavioral Health Beneficiaries: 116,877 Currently Enrolled
- Aged & Disabled Waiver (ADW): 7,217 Active Members
- Personal Care: 5,786 Active Members
- IDD Waiver: 5,843 Active Members
- TBI Waiver: 88 Active members
- Health Homes: 9,412 Active Members
- NH PAS: Average review of 1,797 per month

# Behavioral Health CareConnection® Tips

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- Make sure you are using the appropriate Provider ID when making an authorization request.
  - Provider IDs are different for WV Medicaid Behavioral Health and WVCHIP.
  - Services available for prior authorization requests are tied to the Provider ID.
- The Member ID is a field that you define. It must be unique for each member, and up to eleven letters and/or numbers.
  - This number will follow that member for the lifetime your agency provides services to them.
  - If a member is discharged and then readmitted, you must use the same Member ID for that member.
- All diagnosis fields must be completed.
  - If the member has only one diagnosis, use code Z03.89 (no diagnosis) in the remaining fields.
- Ensure the Disability Group chosen is consistent with the diagnosis entered for that member.

# Behavioral Health CareConnection® Tips

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- Authorization requests must be made within 10 days of service start date.
- “Agency Transaction ID” is assigned by the provider on the Service Request Page.
  - It is designed to allow you to track the service for a particular member.
- A “closure” is not a denial. This means there is a correction that needs to be made. The Care Manager will note why the request was closed.
  - Requests need to be resubmitted with corrections within 10 days of closure.
- Information submitted should reflect the member’s clinical condition over the 90 days prior to the “Request Date”.
- You may correct information on Kepro CareConnection® by clicking the paper icon under “Action” on your search request.
- Changes to Provider Medicaid ID, or Consumer Medicaid ID can be correct by choosing the “Copy for Correction” (pencil icon).

# Kepro CareConnection® User Manual

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- The Kepro CareConnection® user manual can be found at <https://wvaso.kepro.com/wv-aso-behavioral-health>.
- The Kepro CareConnection® web user guide provides steps that walk the user through only as much data as is required for your Agency type and the Service(s) being requested.
- Be sure to click “OK” on the “Disclaimer” web page or the record will not successfully submit.
- ALWAYS read the notes.

# Behavioral Health Transition to Atrezzo

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- Coming in 2022, Kepro Behavioral Health Services will be transitioning platforms from CareConnection® to Atrezzo Next Generation (ANG) for prior authorization submissions.
- Transition to ANG will have no affect on the policies or billing process.
- Communications regarding this transition will be sent out via email and posted on the Kepro website:  
<https://wvaso.kepro.com/>.
- Please be sure that you have complete the contact update to receive the most up-to-date information regarding this transition at <https://survey.alchemer.com/s3/6754966/Kepro-Behavioral-Health-Contact-Information-Update>.



# Medical Services Transition to Atrezzo

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- February 1, 2022, Kepro transitioned platforms from WV C3 Provider Portal to Atrezzo Next Generation (ANG) for WV Medicaid fee-for-service Medical prior authorization submissions.
- The transition to ANG does not affect the policies set in place by the Bureau for Medical Services or the current billing processes for Gainwell Technologies.
- Kepro conducted 26 trainings in total on the registration process and how to submit prior authorizations using ANG.
- Instructional videos and training documents are located at <https://wvaso.kepro.com/wv-aso-medical-services>.

# Atrezzo Next Generation – Things to Know

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- ANG took place of Kepro's C3 Direct-Data-Entry Provider Portal.
  - C3 provider portal was utilized by WV Medicaid fee-for-service providers to submit prior authorizations online, prior to February 1, 2022.
  - Any services that were in C3 are available in ANG.
- ANG is most compatible with Google Chrome.
  - DO NOT USE INTERNET EXPLORER.
- The website for registration and submission is <https://portal.kepro.com>.
  - Provider registration codes are either the NPI or WV Medicaid Provider ID.
- Registration is required to use ANG.
  - If you have an active ANG web account, you will not need to register again.

# Atrezzo Next Generation – Things to Know

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- The first person to register their National Provider Identifier (NPI) number is automatically the Group Administrator and responsible for adding other users.
- Cases that were submitted in the C3 Provider Portal were migrated to ANG.
- Faxing is an option; however, provider portal usage is strongly encouraged.
- There are no changes to timeframes and turnaround times.
- Required documentation for review has not changed.
- The Master Code List (MCL) is available for provider use and is located at <https://wvaso.kepro.com>.
- For questions and technical assistance, please call 800-346-8272 or email [wvmedicalservices@kepro.com](mailto:wvmedicalservices@kepro.com).

# Benefits of Utilizing Atrezzo Next Generation

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- Online submissions auto-validate and all mandatory fields must be completed to submit.
  - Providers will be notified of incomplete fields prior to submission.
- Documentation can be uploaded by the provider to ANG.
- ANG has an integrated communication system that allows for direct messaging between Kepro staff and providers.
  - Please note: Do not include personal health information (PHI) in the direct messaging system.
  - Direct messaging capabilities are not available if submitted via fax.
- Change of status emails are sent to the submitting user.
  - These email capabilities are not available if submitted via fax.
- There is no wait time for customer service staff to key your request.

# Adult Dental Services

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- Providers can submit prior authorizations online or by fax.
- Fee-for-Service adult dental services that require prior authorization must be submitted to Kepro. Any services provided in an operating room must be submitted as an Outpatient Surgical request on ANG.
- Authorizations will be issued with a 180-day date span.
- If there is prior approval from another provider, the second provider will need to submit a “vendor/provider” letter signed electronically or cosigned if obtained verbally from the member indicating the change.
- The cost of dental services reimbursed is determined by the fee schedule.
  - Dental fee schedule for 2022 is available at <https://dhhr.wv.gov/bms/fees/pages/default.aspx>
- Federally Qualified Health Centers (FQHCs) receive their encounter rate for dental services. The encounter rate is the amount that counts towards the member’s \$1,000 limit.

# Adult Dental Services

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- The \$1,000 service limitation does not start over or reset when a member changes from fee-for-service to a managed care organization (MCO) or from MCO to fee-for-service.
  - Any service provided during MCO enrollment will be subtracted from the \$1,000 and will be recognized by Kepro.
- Cases submitted after the \$1,000 has been exhausted will be closed. The provider is to make arrangements with the member.
- Adult dental benefits are a calendar year benefit.
  - A calendar year starts January 1st and ends December 31st.
- Members that have a balance remaining from their \$1,000 allowable amount will not be carried over to the new year.
- Adult dental prior authorizations will not be carried over to the new year. A new prior authorization will need to be submitted if services were not performed before the end of the calendar year.

# Tips for Successful Medical Authorizations

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- Check diagnosis codes before submission.
  - Authorization numbers for cases that contain non-billable/non-specific diagnosis codes will not export to the claim's vendor.
- All unlisted service codes require prior authorization.
- Check the Master Code List (MCL) before submitting via direct data entry (DDE) or by fax.
  - The MCL can be found at <https://wvaso.kepro.com>.
- Remember to attach or fax documentation that justifies medical necessity.
  - This can include written or electronic orders, certificates of medical necessity, or x-rays if applicable.
- Dental x-rays and attachments must contain the member's name.

# Kepro Contact Information

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## Behavioral Health

- Local Line: 304.346.6732
- Toll Free: 800.378.0284
- Fax: 866.473.2354

## Aged & Disabled Waiver

- Toll Free: 844.723.7811
- Fax: 866.212.5053
- General Email:  
[WVADWaiver@kepro.com](mailto:WVADWaiver@kepro.com)
- Email to submit documentation:  
[ADWdocumentation@kepro.com](mailto:ADWdocumentation@kepro.com)

## TBI Waiver

- Toll Free: 866.385.8920
- Fax: 866.607.9903
- General Email:  
[WVTBIWaiver@kepro.com](mailto:WVTBIWaiver@kepro.com)

## CSED Waiver

- Toll Free: 844-304-7107
- Fax: 866.473.2354
- General Email:  
[wvcسدw@kepro.com](mailto:wvcسدw@kepro.com)

## I/DD Waiver

- Local Line: 304.380.0617
- Toll Free: 866.385.8920
- Fax: 866.521.6882
- General Email:  
[WVIDDWaiver@kepro.com](mailto:WVIDDWaiver@kepro.com)



# Kepro Contact Information

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## Personal Care

- Toll Free: 844.723.7811
- Fax: 866.212.5053
- General Email:  
[WVPersonalCare@kepro.com](mailto:WVPersonalCare@kepro.com)

## FQHC

- Toll Free: 888.571.0262
- Fax: 866.438.1360

## Social Necessity

- Local Line: 304.380.0616
- Toll Free: 800.461.9371
- Fax: 866.473.2354

## Medical

- Toll Free: 800.346.8272
- General Email:  
[wvmedicalservices@kepro.com](mailto:wvmedicalservices@kepro.com)

## Nursing Home PAS

- Toll Free: 844.723.7811
- Fax: 844.633.8425
- General Email:  
[WVPAS@kepro.com](mailto:WVPAS@kepro.com)

# Medical Fax Numbers

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Bariatric/Inpatient/Inpatient  
Rehab Under 21/Organ  
Transplants

- 844.633.8426

Outpatient Surgery

- 844.633.8427

Imaging/Radiology/Lab

- 844.633.8428

Cardiac & Pulmonary Rehab/  
DME/Orthotics & Prosthetics

- 844.633.8429

Home Health/Hospice/Private  
Duty Nursing

- 844.633.8430

Audiology/Speech/Chiropractic/  
Dental/Orthodontic/Podiatry/PT/  
OT/ Vision

- 844.633.8431

Modification Requests/EPSDT/  
Out of Network

- 866.209.9632

**Kepro Medical**  
**1007 Bullitt Street, Suite 200**  
**Charleston, WV 25301**

1-800-346-8272 EXT. 7996

MEDICAL SERVICES EMAIL: [WVMEDICALSERVICES@KEPRO.COM](mailto:WVMEDICALSERVICES@KEPRO.COM)

MEDICAL FAX NUMBER: 1-866-209-9632

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Lauren Payne	Customer Service Rep	<a href="mailto:LPayne@kepro.com">LPayne@kepro.com</a>	EXT. 4408

General Kepro and WVCHIP Information: <https://wvaso.kepro.com>

Authorization Submissions: <https://portal.kepro.com>