Maine ASO

Behavioral Health Services
Utilization Review Program

Provider Manual

Photograph by Marc Dionne, LCSW

KEPRO and Maine Department of Health and Human Services

Provider Manual

August 2016

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*Appendices may be found at www.qualitycareforme.com

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Office Location

400 Technology Way
Scarborough, ME 04074

Toll-Free 1-866-521-0027

Option 1: Provider Relations/IT Helpdesk	For KEPRO CareConnection® access, training, and general questions
Option 2: Switchboard/Intake	For questions about faxes, ITRT and Section 28 Applications
Option 3: Member Services	For member questions, appeals, member resources or other member concerns
Option 4: Care Management	For Provider access to care management staff to discuss clinical review of provider requests
Option 5: Appeals	For questions regarding reconsiderations or denials

Toll-Free 1-866-325-4752 (E-Fax)
The Maine Office utilizes Sorenson and the language line to assist member calls

Office Hours

Monday through Friday: 8 am to 6 pm

KEPRO Offices will be closed in observance of the following holidays:

New Year's Day	Labor Day
President's Day	Thanksgiving and day after
Memorial Day	Christmas Day
Independence Day	

Should KEPRO/Maine offices close due to inclement weather a recorded message will notify callers of the available clinical coverage options.

Management Team Listing

Program Director:	Kelly Bickmore, LCSW
Medical Director:	Edward Pontius, MD, DFAPA
Clinical Manager:	Kelly Parnell, LCSW
Clinical Team Leader:	Keara DuPont Anctil, LCSW
Operations Manager:	Robert Noble
Quality Reporting Manager:	Helen Hemminger, MMHS
Office Manager:	Kathy Scott
Client Services Supervisor:	Brianna Walton

KEPRO/Maine Website for general information and program updates:
www.qualitycareforME.com

KEPRO CareConnection® Website - KEPRO's proprietary, internet-based authorization system, which providers use to participate in the Maine Behavioral Health Utilization Review program. To access KEPRO CareConnection® follow the provider links at:

https://careconnectionme.apshealthcare.com

Provider Relations Direct Email: ProviderRelationsME@KEPROhealthcare.com

KEPRO Maine Appeals Direct Email: Maine.appeals@apshealthcare.com

KEPRO Maine Intake Direct Email: Maine.intake@apshealthcare.com

Introduction

KEPRO was founded on the belief that quality and successful outcomes in behavioral healthcare are achieved by providing access to the most appropriate care in the least restrictive setting. Utilizing the full continuum of care, Care Managers monitor the quality of care and provide ongoing clinical review of a member's treatment in collaboration with KEPRO' provider partners.

In 2007 KEPRO was awarded the contract with the State of Maine's Department of Health and Human Services (DHHS) to provide the State with a Behavioral Health Utilization Management System for MaineCare members. Under this ASO agreement, KEPRO is responsible for providing prior authorization, continued stay, and discharge reviews for many behavioral health services. The contract also includes an array of other provider and member services including quality management initiatives, an appeal and reconsideration process, and an KEPRO and DHHS grievance process.

KEPRO has extensive experience developing innovative, collaborative models of utilization management, care management, provider relations and quality improvement which emphasize community partnerships, training, and technical assistance. KEPRO has been highly successful in improving collaboration and coordination among providers, increasing access and improving clinical outcomes while controlling costs. KEPRO is continuing this approach in Maine.

KEPRO/Maine's Provider Manual is designed to inform providers about, and guide providers through, the processes and programs KEPRO utilizes to achieve these goals.

KEPRO Inc., headquartered in White Plains, NY, is a privately-held, specialty healthcare company. Founded in 1992, KEPRO and its 1,800 employees provide a wide range of healthcare solutions to more than 20 million members across the United States and Puerto Rico.

KEPRO was founded as a behavioral healthcare company and has evolved into a specialty healthcare company that offers customized, integrated healthcare solutions across two major areas: disease management and behavioral healthcare services. The company has capitalized on its experience to create physical and behavioral healthcare programs that are exceptional in the industry. The use of an integrated approach to total healthcare has allowed KEPRO to be more effective in improving the quality and effectiveness of care.

Today, KEPRO is a pioneer in providing health and disease management services while retaining its position as one of the leading behavioral healthcare organizations in the United States. In fact, KEPRO is the only specialty healthcare company with extensive experience in health management, behavioral healthcare, employee assistance programs (EAP), informatics and quality review/oversight programs.

Confidentiality

KEPRO, its subsidiaries, and affiliates are committed to ensuring that our privacy practices comply with industry best practices, and as applicable, all federal and state laws and regulations including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). The KEPRO Chief Privacy Officer is responsible for development and implementation of KEPRO privacy policies and procedures.

KEPRO CareConnection®

KEPRO utilizes its proprietary, internet-based authorization system, KEPRO CareConnection®, which providers use to participate in the Maine Behavioral Health Utilization Review program.

KEPRO will provide access and training for providers in the use of KEPRO CareConnection®. Providers will be able to use KEPRO CareConnection® to submit requests, verify authorization numbers, status, start and end dates and units approved as well as determine member eligibility.

> *(Please note: Providers must obtain a valid Authorization Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number.)*

The KEPRO/Maine Provider Relations team is available to answer any questions about the KEPRO CareConnection® application. Provider Relations can be reached by calling toll-free 1-866-521-0027, Option 1, or by email at ProviderRelationsME@KEPROhealthcare.com

New Provider Registration

All providers doing business with KEPRO must register for an KEPRO CareConnection® account. The process for registering is as follows:

1. Contact MaineCare Provider Enrollment at 1-866-690-5585, Option 2, to verify that the provider needs to receive authorization from KEPRO for the billing procedure codes that will be utilized.

2. Print and complete KEPRO CareConnection® Registration materials. These can be found on www.qualitycareforME.com
   a) Click on “For Providers”.
   b) On the left-hand side, click on “CareConnection®”.
   c) Under “CareConnection, ®” click on “Mandatory Registration”.

3. The “Organization Setup Request” and “Confidentiality Agreement” forms must be completed and signed by the agency’s Director or equivalent once for each “Organization” registered.

4. The “User Access Request” form must be completed for each person requesting a login to each “Organization” account and then signed by a provider decision maker.

5. We also require a signed copy of your state issued Provider Agreement.

6. Completed Registration materials should be faxed to KEPRO at 1-866-325-4752. Once KEPRO receives all forms, an organization account will be created and all users will be sent login information via email.

7. Once registration is completed, (steps 1-6) view our Provider Training videos. These can be found at http://www.qualitycareforme.com/MaineProvider_Training.htm

Maintenance of Provider KEPRO CareConnection® Accounts

Providers may request to add or delete user login accounts to KEPRO CareConnection®.

1. To add a new user:
   - Go to www.qualitycareforME.com and click on “For Providers”.
   - On the left-hand side, click on “CareConnection®”, and then “Mandatory Registration”.
   - A provider decision maker must complete and fax back the “User Access Request” form.

2. To delete an existing user:
   - Go to www.qualitycareforME.com and click on “For Providers”.
   - On the left-hand side, click on “CareConnection®”, and then “Mandatory Registration”.
   - A provider decision maker must complete and fax back the “Delete an KEPRO CareConnection® User” form.

*Note: The “Delete an KEPRO CareConnection® User” form can also be used to delete an “Organization” account.

Login Assistance

Providers who receive a login to the KEPRO CareConnection® web portal will receive a login and password. Passwords adhere to strict protocols. Providers should review and save the password protocol rules, which are found on the “User Access Request” form. In the event that a provider becomes locked out of the web portal, the provider must call KEPRO Provider Relations at 1-866-521-0027, Option 1, and provide identifying information in order to have the user account re-activated.

For more information about KEPRO CareConnection® Account maintenance, please contact Provider Relations at 1-866-521-0027, Option 1.

KEPRO, Maine - ASO Service Grid

The Service Grid lists the behavioral healthcare services KEPRO is contracted to review. The Grid is divided into Adult, Child and Substance Abuse services. *Note: For definition of service grid column headings, see Appendix A. Each section includes the following information:

- Billing procedure codes
- Length of billable unit per service
- Types of authorizations required for service(s)
- Maximum number of units and length of time available per initial authorization
- Maximum length of time available for subsequent authorizations

KEPRO's Service Grid shows which processes are required for what services, and which are clinically reviewed. The Service Grid is regularly updated, and the most recent version of the Grid can be found at:

www.qualitycareforme.com/documents/provider_providermanual_servicegrid.pdf

For more information about how to interpret the service grid, call Provider Relations at 1-866-521-0027, Option 1.

KEPRO Download Notifications

Overview

KEPRO Download Notifications communicate important clinical and billing information from KEPRO to providers. Important: Providers must ensure the information from the Download Notification is conveyed to both clinical and billing staff within their agencies. The Download Notification conveys notes from Care Managers, Physicians, and Provider Relations staff, and includes authorized timeframes and units. The Download Notification is vital to billing staff as it provides the authorization numbers needed to bill MaineCare for services. The Download Notification is provided in place of paper notifications from KEPRO to providers. Download Notifications are in the form of an Excel spreadsheet, and are archived online within KEPRO CareConnection®. The Download Notification is available the day after new information is updated in CareConnection®.

See Appendix A to learn about:

- Accessing the Download Notifications
- Sorting the Download Notifications
- Printing the Download Notifications

For more information about the Download Notifications call Provider Relations at 1-866-521-0027, Option 1.

Status Codes and Descriptions

Status codes tell providers the status of authorization requests. For example, status codes tell providers if their request has been submitted to KEPRO, if an KEPRO care manager needs more information, and if the request has been approved or denied. The following is a list of status codes and their definitions. Status codes are displayed in the Download Notification and within KEPRO CareConnection®.

AUTO_AUTH = *Auto-Authorization* - The automated process for Registrations and certain Continued Stay Reviews. Auto Auths receive authorization numbers without a clinical review. Duplicative and Non Concurrent policies still apply and those reviews which are subject to those rules will still receive clinical review.

ADMIN_CLOSE = *Administrative Close* - These have been closed for a technical reason, not a clinical reason.

CM_AUTH = *Care Manager Authorized* - These are authorized as requested.

CM_CHG_AUTH = *Care Manager Authorized with Changes* - These were authorized with some kind of change, usually based on eligibility or backdate, or need for more frequent review.

CM_RNG_AUTH* = *Care Manager Renegotiated* - Care Manager has changed something about the authorization, after discussion with the provider.

HOLD_INFO = *Hold for Provider Info* - Care Manager needs to speak to the clinician about something in the review. It's very important to call us back, or your review might be denied.

DENY_INFO_PROV* = *Denied Due to Lack of Info from Provider* - Provider failed to follow-up with Care Manager in the specified time frame, and the review has been denied.

HOLD_MD_REV = *Hold for Physician Review* - Care Manager has asked the Medical Director to review the case.

MD_AUTH* = *Physician Authorization* - Physician has authorized the request as is.

MD_DENY* = *Denied After MD Review* - Physician has denied the authorization request.

MD_CHG_AUTH* = *Physician Authorization with Changes* - Medical Director has made some changes to the request before authorizing it.

MD_RNG_AUTH*= *Physician Renegotiated* – Physician has changed something about the authorization, after discussion with the provider. (This could be done before or after a denial.)

PART_AUTH*= *Partial Authorization and Partial Denial* – Physician has authorized part of the request, but has denied another part of the request. (Typically, this means a shortened time frame or fewer units than what was originally requested.)

KEPRO is unable to backdate or correct data entry errors on any case that has risen to the doctor level of review OR any case that has been Renegotiated by a Care Manager. By this level of review the case has been evaluated at least one other time and providers have had the opportunity to discuss needed corrections with either KEPRO Care Managers or Provider Relations staff. Once the case has reached this level of review it has entered a legal process and there will be no more changes or corrections made to either dates or units.

Service Descriptions

KEPRO currently reviews the following services:

MaineCare Section 13 – Targeted Case Management for Children and Adolescents/Young Adults (Behavioral Health, Developmental Disabilities, Chronic Medical Care Needs)
Services are provided to identify the medical, social, educational and other needs of the eligible member, identify the services necessary to meet those needs, and facilitate access to those services. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation.

MaineCare Section 17 – Community Integration Services (CI)
Community Integration Services include the identification, assessment, planning, linking, monitoring, and evaluation of services and supports needed by a member who fulfills the eligibility requirements.

MaineCare Section 17 – Assertive Community Treatment (ACT)
Assertive Community Treatment provides individualized intensive integrated services that are delivered by a multidisciplinary team of practitioners and are available twenty-four (24) hours a day, every day, three hundred and sixty five (365) days a year. Act services are delivered primarily in the community and in an office based setting.

MaineCare Section 17 – Daily Living Support Services (DLSS)
Daily Living Support Services provide personal supervision and therapeutic support to help members develop and maintain the skills of daily living. The services help members remain oriented, healthy, and safe. Without these supportive services, members would most likely be unable to retain community residence and would require crisis intervention or hospitalization.

MaineCare Section 17 – Skills Development
Skills Development Services are teaching-based services that assist members to strengthen their independence by learning the skills necessary to enter into community resources, including connecting with natural supports needed to achieve their specific goals.

MaineCare Section 17 – Day Support Services
Day Support Services centers on training designed to help the member in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills.

MaineCare Section 17 – Specialized Group Services
Specialized Group Services consist of education, peer, and family support, offered in a group setting, to assist the members to focus on recovery, wellness, meaningful activity, and community residence.

MaineCare Section 17 – Community Rehabilitation Services
This service is designed to assist members in developing the skills necessary to live independently in their community and promote recovery. Services are Prior Authorized by DHHS or its authorized agent and must meet the clinical and rehabilitation needs of the member. Services include a combination of Community Integration, Daily Living Support Services, Skills Development Services, and Medication Administration.

MaineCare Section 21 – Agency Home Support, Medical Add-on & Crisis Intervention Services
The Home and Community Based Benefit for members with Intellectual Disabilities or Autistic Disorders gives members eligible for this Benefit the option to live in their own home or in another home in the community thus avoiding or delaying institutional services. The Benefit is offered in a community-based setting as an alternative for members who qualify to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Benefit supplements, rather than replaces supportive, natural personal, family, work, and community relationships and complements. It does not duplicate other MaineCare services.

MaineCare Sections 28 Rehabilitative and Community Support Services – Community Based and School Based
The Home and Community Based Benefit for members with Intellectual Disabilities or Autistic Disorders gives members eligible for this Benefit the option to live in their own home or in another home in the community thus avoiding or delaying institutional services. The Benefit is offered in a community-based setting as an alternative for members who qualify to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Benefit supplements, rather than replaces supportive, natural personal, family, work, and community relationships and complements. It does not duplicate other MaineCare services.

MaineCare Sections 45 & 46 Inpatient-General Hospital & Private Psychiatric Facility Services Inpatient
Hospital Services are services provided to a patient who has been admitted to the hospital and is receiving room, board and professional services in the hospital on a continuous twenty-four (24) hour-a-day basis.

MaineCare Sections 45 Intensive Outpatient Therapy (IOP)
The provider shall provide an intensive and structured service of alcohol and drug assessment, diagnosis, including co-occurring mental health and substance abuse diagnoses, and treatment services in a non-residential setting aimed at members who meet ASAM placement criteria level II.1 or level II.5. IOP may include individual, group, or family counseling as part of a comprehensive treatment plan. The provider will make provisions for the utilization of community resources to supply client
services when the program is unable to deliver them. Each program shall have a written agreement with, or, shall employ, a physician and other professional personnel to assure appropriate supervision and medical review and approval of services provided.

MaineCare Section 65 – Crisis Residential Services
Crisis Residential Services are individualized therapeutic interventions provided to a member during a psychiatric emergency to address mental health and/or co-occurring mental health and substance abuse conditions for a time-limited post-crisis period, in order to stabilize the member's condition

MaineCare Section 65 – Outpatient Services
Outpatient Services are professional assessment, counseling and therapeutic medically necessary services provided to members, to improve functioning, address symptoms, relieve excess stress and promote positive orientation and growth that facilitate increased integrated and independent levels of functioning. Services may be provided in individual, family, and/or group format.

MaineCare Section 65 – Provided By An Educational System
Day Treatment services provided by an educational system, providing medically necessary services for MaineCare members in a school setting.

MaineCare Section 65 – Psychological Services
Psychological Services are services provided to a member in agreement with a plan of care by an individual in private practice who meets the licensure requirement for the diagnosis and treatment of mental, psychoneurotic, or personality disorders.

MaineCare Section 65 – Family Psycho Educational Treatment
Family Psycho educational Treatment is a service provided to members in multi-family groups and single-family sessions. Clinical components include engagement sessions, psycho educational workshops and ongoing supportive sessions centered on solving problems that interfere with treatment and rehabilitation.

MaineCare Section 65 – Children's Assertive Community Treatment Services
Children's Assertive Community Treatment (ACT) service is a 24 hour, 7 days a week intensive service intended to facilitate discharge from inpatient psychiatric hospitalization or to avoid impending admission to a psychiatric hospital. It may also be used to facilitate discharge from a psychiatric residential facility, or prevent the need for admission to a crisis stabilization unit.

MaineCare Section 65 – Children's Home and Community Based Treatment (HCT)
This treatment is for members in need of mental health treatment based in the home and community who need a higher intensity of service than outpatient, but a lower intensity than Children's ACT.

MaineCare Section 65 – Medication Management Services
Medication Management Services are services that are directly related to the prescription, dispensing and/or monitoring of medications intended for the treatment and management of mental illness.

MaineCare Section 65 - Substance Abuse Services
Substance Abuse Services are professional substance abuse assessment, counseling and therapeutic medically necessary services provided to members. Services may include individual, family and group therapy. "Affected others" may be addressed and similar professional therapeutic services as part of an integrated Individualized Treatment Plan.

MaineCare Section 67 – Nursing Facility Services
Nursing Facility Services are professional nursing care or rehabilitative services for injured, disabled, or sick persons. These services are provided on a daily basis in a nursing facility ordered by and provided under the direction of a physician. These services are also less intensive than hospital inpatient services.

MaineCare Section 92 – Behavioral Health Homes
A BHHO is a community-based mental health organization, that is licensed in the state of Maine, has been approved by MaineCare to provide Section 92 services for members (both adults and children) eligible for such services, and that satisfies the additional provider requirements and standards set forth herein.

MaineCare Section 97 – PNMI Adult and Child & ITRT
A Private Non-Medical Institution (PNMI) is defined as an agency or facility that is not, as a matter of regular business, a health insuring organization, hospital, nursing home, or a community health care center, that provides food, shelter, personal care, and treatment services to four or more residents in single or multiple facilities or scattered site facilities.

MaineCare Section 97 – Intensive Temporary Residential Treatment Services (ITRT)
Intensive Temporary Residential Treatment Services (ITRT) are defined as child care facility private non-medical institution model of service services for children with mental retardation,

autism, severe mental illness, and/or emotional disorders, who require twenty-four (24) hour supervision to be safely placed in their home and community. ITRT must be provided in the least restrictive environment possible, with the goal of placement as close to the child's home as possible. Families must remain as actively involved in their child's care and treatment as possible. The purposes of ITRT are to provide all services to both treat the mental illness/disorder and to return the child to his/her family, home and community as soon as possible. ITRT provide twenty-four (24) hour per day, seven (7) days per week structure and supportive supervised living environment and active behavioral treatment, as developed in a treatment plan. This environment is integral to supporting the learning experiences necessary for the development of adaptive and functional behavior to allow the child to live outside of an inpatient setting. ITRT are also subject to rules in MBM, Chapter III, Section 97, and Appendix D.

Grant Funded Services—Community Integration (CI), Assertive Community Treatment (ACT) and Daily Living Support Services (DLSS)
Any community provider who bills MaineCare for these services is eligible to request grant funding for a consumer who does not have MaineCare coverage for these services. The eligibility requirements are that same as the eligibility requirements for Section 17 services.

Baxter Fund Services with KEPRO – Maine
Baxter Fund (Safe Harbor) services are outpatient mental health services for Baxter Fund Class Members.

Clinical Processes

The following section describes KEPRO's clinical processes. This section includes:

- Overview of the Utilization Review process
- The Retrospective Review processes

Utilization Review

Important Notice:
An authorization of services from KEPRO is not a guarantee of payment by MaineCare. Service Registrations are authorized by KEPRO solely in an administrative capacity based on MaineCare member and provider eligibility. Clinical Authorizations are based on provider report. Providers are responsible to ensure they provide services consistent with all MaineCare policy, DHHS licensing, and DHHS contracts in order to be eligible for claims reimbursement by MaineCare.

Utilization Review is the process by which clinical information is reviewed and evaluated using MaineCare Rule in order to assess whether recommended treatment or services are:

- Medically necessary
- Quality and outcome focused
- Delivered in the least restrictive setting possible

- For a clinically appropriate amount of time

KEPRO' Utilization Review (UR) processes include:

- Contact for Service Notification
- Prior Authorization Review
- Initial Registration
- Continued Stay Review
- Discharge Review

The following is a *general description* of each of KEPRO's UR processes. Some services have unique or specific requirements; these are included in the service-specific descriptions located in the attached appendixes.

1. Contact for Service Notification (CFSN): (Please see Appendix A for FAQs about CFSNs and Wait List Reports.)

   The Contact for Service Notification (CFSN) Review is an administrative submission of data which allows KEPRO to collect data required by DHHS. Data is used to monitor and initiate quality improvement activities concerning waiting lists and unmet needs.

2. Prior Authorization (PA) Review:

**Please note if the member is not MaineCare eligible during the requested authorization period an Initial Courtesy Review (ICR) will need to be submitted as a placeholder. Once the member becomes MaineCare eligible, please contact Provider Relations at 1-866-521-0027 Option 1 to have the review changed to a Prior Authorization Review.*

KEPRO Care Managers use the Prior Authorization (PA) Review process to review the clinical data submitted by providers to ensure requested services meet the clinical need of the member and that the member is clinically eligible for the services. Prior Authorization Requests must include the intake/referral information available at the time of the request.

A. Providers submit a Prior Authorization Review for a specific member and a specific service in order to obtain authorization to bill for the service. The PA includes:
   - Request for authorization start and end dates
   - Requested units
   - Required clinical documentation based on service requirements

B. Providers must submit a Prior Authorization (PA) Review to KEPRO within 5 calendar days of starting services with a member *****Please note the 5 day window does not apply to Hospitals, PNMI residential or crisis units. Hospitals must submit reviews***

within 72 hours of starting services, and PNMIs must submit reviews within 24 hours of starting services.

C. If the KEPRO Care Manager needs additional clinical information to make a determination, the request will be placed on "HOLD" status for more information. A note to the provider will be attached to the Download Notification and the provider will have up to five (5) business days to call KEPRO with the requested information.

D. Once a service has been authorized by KEPRO, the authorization information will be conveyed to the provider in the Download Notification, via KEPRO CareConnection®, within 24 to 72 business hours of the Prior Authorization Review submission. The authorization information will include:
   - Authorization start and end dates
   - Number of authorized units
   - Authorization Number *(Please note: Providers must obtain a valid Authorization Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number.)*

3. Initial Registration (IR):

**Please note if the member is not MaineCare eligible during the requested authorization period an Initial Courtesy Review (ICR) will need to be submitted as a placeholder. Once the member becomes MaineCare eligible, please contact Provider Relations at 1-866-521-0027 Option 1 to have the review changed to an Initial Registration*

A. The Initial Registration Review is an *administrative submission* of data that is not clinically reviewed by KEPRO clinical staff. Providers are not able to request more units, or longer time periods than those in the Service Grid for Initial Registrations.

B. Providers submit an Initial Registration (IR) when starting services for a specific member and service. The IR allows providers to obtain:
   - Authorization start and end dates
   - Authorized units
   - Authorization Number which allows the provider to bill MaineCare *(Please note: Providers must obtain a valid Authorization Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number.)*

Providers must submit an Initial Registration Review to KEPRO *within 15 calendar days* of starting services with a member. *****Please note the 15 day window does not apply to Hospitals, PNMI residential or crisis units. Hospitals must submit reviews within 72 hours of starting services, and PNMIs must submit reviews within 24 hours of starting services.***

Once a service has been authorized the authorization information will be conveyed to the provider through the "Download Notification" in KEPRO CareConnection®. Authorization information is sent within 24 to 72 business hours of submission of the Initial Registration Review.

4. Continued Stay Review (CSR):

**Please note if the member is not MaineCare eligible during the requested authorization period a Courtesy Continued Stay Review (CCSR) will need to be submitted as a placeholder. Once the member becomes MaineCare eligible, please contact Provider Relations at 1-866-521-0027 Option 1 to have the review changed to a continued stay review*

If the provider feels services are clinically appropriate for a longer period of time than authorized by the initial Prior Authorization or Registration Review, the provider must submit a Continued Stay Review to request another authorization.

Continued Stay Requests may be submitted no more than ten (10) calendar days *prior to* the new request date for the Continued Stay Request. A clear, clinical rationale is expected with every Continued Stay Request.

****Please note: Hospitals and PNMI residential or crisis units are required to submit reviews within 24 hours of the last covered day**.*

A. Providers submit a Continued Stay Review (CSR) when a member's situation requires ongoing treatment. An authorized CSR will include:
   - Authorization start and end dates
   - Authorized units
   - Required clinical documentation based on service requirements

(Please note: Providers must obtain a valid Authorization Number from KEPRO in order to bill for MaineCare-funded services which require such a number. Claims for these services will not be accepted by MaineCare without the Authorization Number.)

B. To ensure there are no unauthorized days of service a provider must submit the CSR request to KEPRO *no later than the last covered day of the existing authorization*.

C. Providers are strongly advised not to backdate Continued Stay Review requests. When absolutely necessary a CSR *may* be backdated a maximum of ten (10) calendar days. Backdating a request after the existing authorization has expired, or units are exhausted, increases the provider's risk of additional uncompensated days of service should the late request be clinically denied.

Please note: Hospitals and PNMI residential are required to submit reviews within <u>24 hours</u> of the last covered day.

D. A new CSR is required *each time* a provider wishes to continue beyond the current authorization request. Multiple CSRs may be required for a single treatment episode depending upon the length of the episode.

E. If an KEPRO Care Manager (CM) requires additional clinical information in order to make a determination about authorizing a CSR, the request will be placed on "HOLD" status. The CM will attach a note to the provider's Download Notification giving the provider up to five (5) business days to contact KEPRO with the requested information.

F. If the provider does not respond to the "HOLD" within five (5) business days, the request for service is reviewed by a Physician Advisor.

5. <u>Discharge Review:</u>

A. Providers must discharge members from services through KEPRO CareConnection®.

B. When a provider discharges a member, it is important that the member be discharged from each authorized service. If a member is authorized for multiple services at an agency but only ending one service, the provider discharges the member only from that service.

C. The provider must submit a Discharge Review to KEPRO no later than 5 (five) calendar days after discharge from service.

Please note: For Bed tracking purposes, Hospitals and PNMI residential or crisis units are required to submit discharge reviews within 24 hours.

<u>Physician Review, Adverse Decisions, Notifications, Reconsiderations, and Appeals</u>

The following section discusses physician reviews, adverse decisions (including denials), how providers and members are notified of decisions, and reconsiderations, and the appeal process.

Physician Review Process

When an KEPRO Care Manager is unable to determine if a provider's service request is medically necessary, the request is referred to an KEPRO Physician Advisor for review.

- The physician has three (3) days to decide.

Based upon the clinical information available, the KEPRO Physician Advisor may:

- Authorize the service as requested. (Physician Authorization)
- Authorize service at the current level of care but shorten the end date, and prorate units accordingly. (Physician Authorization with changes)
- Renegotiate: With the provider. The doctor and provider will agree on a change to the service. (Renegotiation)
- Authorize part of the requested service and deny part of the requested service. (Partial Authorization/Partial Denial)
- Deny the requested service entirely. (Denial)

KEPRO may fully or partially deny a service request for several reasons:

- Clinical information submitted does not meet MaineCare Rules.
- Clinical information submitted suggests a different level of care than the one requested.
- There was not enough clinical information submitted to make a determination about whether the request was clinically appropriate and met MaineCare Rules.

Notifications

- For all Physician Advisor decisions, the provider will be notified immediately via KEPRO CareConnection®.
- For adverse decisions (denials and partial authorizations/partial denials) or change in service requests (renegotiations), the member or guardian will be sent written notice of the decision via the U.S. mail within one business day of the Physician Advisor's decision.
- For adverse determinations related to Hospital requests, the hospital will be required to provide notification to members.
- For adverse decisions only (denials and partial authorizations/partial denials), notification will also be made available to DHHS/CBHS for members under age 21.

The *denial* letter to the member contains:

1. Demographic information regarding the member
2. Service type

3. Dates and units of service denied
4. The provider's name
5. A statement of clinical rationale used in denying requested care
6. Information on how to request reconsideration and/or file an appeal with KEPRO.
7. Free legal help

The *partial authorization/partial denial* letter to the member contains:

1. Demographic information regarding the member
2. Service type
3. Dates and units of service approved
4. Dates and units of service denied
5. The provider's name
6. A statement of clinical rationale used in denying requested care
7. Information on how to request reconsideration and/or file an appeal with KEPRO.
8. Free legal help

The *change in service request (renegotiation)* letter to the member contains:

1. Demographic information regarding the member
2. Service type
3. Dates and units of service approved

The *confirmation of appeal* letter to the member contains:

1. Demographic information regarding the member
2. Service Type
3. Date of appeal request
4. Information regarding the hearing process
5. Free legal help

Reconsiderations and Appeals

Provider Options following Adverse Decisions:

When a provider receives notification of a denial or partial authorization/partial denial the provider has the following options: *(NOTE: The member or the member's representative can ask for an appeal at any point in this process.)*

1. Request a Reconsideration: For all adverse decisions (denials or partial authorizations/partial denials), a provider may ask KEPRO to "reconsider" the denial or partial authorization/partial denial. Provider may submit additional information to an Appeals Specialist at the time of reconsideration request, which will then be reviewed by a second physician advisor.
2. For partial authorizations/partial denials that are not under appeal, provider may submit a Continued Stay Review near the end of authorized time and/or units. If that

request is also denied, the provider can still ask for a reconsideration of the denied request.

Member Options after an Adverse Decision:

When a member is notified of a denial or partial authorization/partial denial the member has the following options:

1. Request a Reconsideration: For all adverse decisions (denials or partial authorizations/partial denials), the member or the member's representative may ask KEPRO to "reconsider" the denial or partial authorization/partial denial as long as the provider has not already requested reconsideration.
2. For partial authorizations/partial denials that are not under appeal, the member or the member's representative may speak to their provider about submitting a Continued Stay Review near the end of authorized time and/or units. If that request is also denied, the member or provider can still ask for a reconsideration of the denied request.

The member or the member's legal guardian can request an appeal at any point in this process by contacting KEPRO Member Services or MaineCare Member Services. Requests for appeal must come from the member or the member's legal guardian.

Reconsideration Request Process:

Providers may request reconsideration of a denial or partial authorization/partial denial. Requests for reconsideration of a decision *must be made by a provider within 60 calendar days of the date of the denial or partial authorization/partial denial letter.*

1. Reconsiderations may be requested by contacting KEPRO's Appeals and Grievance Specialist by email at maine.appeals@KEPROhealthcare.com; by calling 1-866-521-0027; faxing 866-325-4752; or by mailing the request to:

   Appeals and Grievance Specialist
   KEPRO
   600 Sable Oaks, Suite 100
   South Portland, ME, 04106

2. The Appeals and Grievance Specialist will collect all the available information and refer the reconsideration to an KEPRO Physician Advisor for review. This Physician Advisor will be a licensed, board-certified psychiatrist, and/or board-certified in addiction psychiatry or certified by the American Society of Addiction Medicine (ASAM). KEPRO will ensure the physician involved in the determination and review of the reconsideration request will not have been previously involved in the case.

3. Depending upon the service, the physician will make a decision regarding the reconsideration request up to three (3) business days.

KEPRO provides a report on reconsideration requests to DHHS on a monthly basis, or more frequently as requested. Reports to DHHS may include summaries of the number of reconsiderations by provider type, setting of care, age, and documentation as to the outcomes of reconsiderations.

Member Appeal Process:

MaineCare members, in compliance with all rules and regulations, retain the right to file appeals with the Department of Health and Human Services (DHHS), Office of MaineCare Services, for up to sixty (60) days from date of receipt of the notice of denial or partial authorization/partial denial.

For the KEPRO previously authorized services to remain in place, the member must appeal the decision within ten (10) calendar days of receiving notification. See the KEPRO Member Handbook for more detailed information. The Handbook can be found online at www.QualityCareforME.com .

Appealing an Adverse Decision

As noted above, a member or provider can ask KEPRO for reconsideration of a denial or partial authorization/partial denial within sixty (60) calendar days. If two reviews by KEPRO physicians result in two denials, the member may choose to appeal.

- Most appeals start with KEPRO Member Services. A member or guardian calls KEPRO Member Services and requests an appeal. *Appeals must be requested by the member or guardian; a provider cannot ask for an appeal.*

- The member or guardian can contact KEPRO's Member Services department by calling 1-866-521-0027 option 3; faxing Member Services at 866.325.4752 or by mailing a letter signed by the member to:

  Appeal Request
  Attn: Appeals Department
  KEPRO
  400 Technology Way
  Scarborough, ME 04074

- After talking with Member Services, if the member or guardian decides to appeal the KEPRO decision (also called "requesting a fair hearing"), Member Services will start the appeal process on behalf of the member.

- If for any reason the member does not want to file the appeal through KEPRO he or she can request an appeal through *MaineCare* Member Services.

    - The member or guardian can call MaineCare Member Service's toll-free number (1-800-977-6740, TTY/TDD 1-800-977-6741, or use Sorenson) and ask to appeal KEPRO' decision ("request a fair hearing")

    - The member or guardian can also write to them. The address is:
      DHHS Office of MaineCare Member Services
      11 State House Station
      Augusta, ME 04333-0011

Clinical Services

Overview

KEPRO's Clinical Services department provides utilization review and management for services areas identified by DHHS. Utilization Management is the evaluation of the medical necessity, appropriateness, and efficiency of behavioral health services as identified by contract with the State of Maine. Medical Necessity or Medically Necessary services are those reasonably necessary medical and remedial services that are:

1. Provided in an appropriate setting;
2. Recognized as standard medical care, based on national standards for best practices and safe, effective, quality care;
3. Required for the diagnosis, prevention and/or treatment of illness, disability, infirmity or impairment and which are necessary to improve, restore or maintain health and well-being;
4. Covered by MaineCare (subject to age, eligibility, and coverage restrictions as specified in other Sections of this manual as well as Prevention, Health Promotion and Optional Treatment requirements as detailed in Chapter II, Section 94 of the MaineCare Benefits Manual);
5. Performed by enrolled providers within their scope of licensure and/or certification; and
6. Provided within the regulations of the MaineCare Benefits Manual.

Clinical Services Staffing

Clinical Services consists of the medical director, physician advisor network, clinical manager, clinical intake team lead, and care managers. This team includes Maine based independently licensed clinicians who have experience in the mental health and substance abuse fields. The clinical team provides utilization review, consultation, and training to behavioral healthcare providers throughout Maine.

Provider Relations

Overview

KEPRO's Provider Relations (PR) Department serves as a key resource for the provider community. PR staff assists with provider education and training activities including the development of provider-related communications, outreach efforts to help educate providers about KEPRO, consultation and technical assistance when a provider has questions concerning KEPRO CareConnection®. PR also helps providers reset KEPRO CareConnection® passwords, and with minor IT issues.

Provider Advisory Council

KEPRO promotes a collaborative, stakeholder-driven model of program design, utilizing provider skills, talents and experiences. To ensure provider voices are heard, and that KEPRO addresses provider needs and concerns, KEPRO/Maine maintains a Provider Advisory Council (PAC). The goals of the PAC are as follows:

- Ensure that the ASO is focused on behavioral healthcare outcomes, both clinical and fiscal.
- Provide feedback to KEPRO on how it can increase the efficiency and effectiveness of ASO services.
- Promote increasingly effective involvement of providers in clinical program development by offering opportunities for effective education on, and support of, selected clinical pathways based on scientific research and evidence-based practices.
- Provide input to strengthen, support and coordinate ASO services with those provided by other existing programs.
- Review KEPRO clinical and service data.

Provider Advisory Council Membership Selection Process

The Provider Advisory Council meets quarterly. It is the intent of both KEPRO and DHHS that Council membership be representative of Maine communities statewide and reflects the diverse service types within the provider community. The process for establishing and maintaining participation on the Council is as follows:

- Providers interested in joining the Council notify the KEPRO Operations Manager, Robert Noble, at rnoble@KEPROhealthcare.com .
- KEPRO maintains a list of agencies and individual providers who are interested in participating on the PAC.
- DHHS and KEPRO choose up to but not more than 35 providers to serve on the Council.

- Provider representatives are selected from each CSN/District area whenever possible to ensure the widest possible state representation.
- Participants are selected to make sure overall membership of the council is reflective of Adult Mental Health, Children's Mental Health, Child Welfare, Substance Abuse, Community-Based, Residential, Intellectual Disabilities and Hospital Services.
- Each provider, agency, or hospital can hold only one seat on the council, regardless of the number of office locations or services they provide.
- Participation in the Council is typically a one year commitment.

Provider Trainings

KEPRO provides full support and training for providers, including:

- Training to address new or ongoing process implementation.
- Web-based training.
- Educational and informational activities hosted by KEPRO.
- Posting of provider "Frequently Asked Questions" and other materials to assist providers (and other stakeholders) in understanding the ASO Utilization Review Program.
- The Provider Newsletter, containing updates on KEPRO's operational procedures, quality initiatives and other KEPRO programs. Copies of the Newsletter are posted on the website www.qualitycareforME.com
- KEPRO presence at provider and provider association events.

Quality Management and Improvement

Overview

One of the benchmarks of a strong utilization management system is a comprehensive Quality Management plan. This means developing a collaborative process of reviewing, measuring and continually improving the quality of services delivered. The plan should support ongoing learning, data-based decision making, and rapid identification and resolution of quality problems to ensure that all members receive clinically appropriate, effective, medically necessary, and cost efficient treatment.

Reporting and Analysis

The two key functions of the Quality Reporting Department are reporting and analysis. An KEPRO Reporting Analyst, in conjunction with the Quality Reporting Manager, the Program Director, the Medical Directory, and DHHS, produces reports on mental health and substance abuse services which include the following:

- Aggregate data about demographics and use of services

- Data about the number of authorizations and denials to each level of care by each provider
- Number of grievances or appeals
- Average length of stay
- Readmissions
- Provider contract performance measured specified by DHHS
- Complaints
- Other reports written into KEPRO' contract with DHHS

The data from KEPRO CareConnection© and/or other available data sets can be used to assist providers with their own quality initiatives.

KEPRO develops quarterly reports of services by:

- Provider
- District
- Service type

KEPRO evaluates this information clinically and statistically to identify potential over-utilization or under-utilization of services. The results are reported to DHHS and to the stakeholder community to promote discussion, problem-solving and quality improvement opportunities.

Members who use a high volume of specific services are identified, which allows KEPRO to work with providers to address unusual needs of these specific members or conduct interventions that address inappropriate utilization. KEPRO also analyzes aggregate data about members using a high volume of service in order to spot trends and work with DHHS to improve care for these members. An example of this is a report for Maine DHHS about members authorized for over 24 hours a day of Section 21 Agency Home Supports.

Reports Available to Providers

KEPRO makes numerous reports available to providers, as well as DHHS. The link to those reports is listed below.
http://www.qualitycareforme.com/MaineProvider_QualityImprovement.htm

SAMHS posts reports about adult services at:
http://www.maine.gov/dhhs/samhs/reports.html

OCFS posts reports about children's services at:
http://www.maine.gove/dhhs/cbhs/provider/performance/

Data Forum Meetings and Reports

The Data Forum provides an opportunity for stakeholders on a quarterly basis to review and discuss specific data reports of the Maine Behavioral Health ASO. Watch for announcements or contact the Quality Reporting Manager for more information about the next Data Forum.

Wait List Reports

Currently, providers can view wait list reports for the following services at the link listed below:
http://www.qualitycareforme.com/Maine_WaitList.htm
and
http://www.qualitycareforme.com/Maine_Adult_MH_Facilities.htm

Adult Mental Health Services: MaineCare Funded Services

Community Integration Services Wait List Report (in Excel format)
Adult Assertive Community Treatment (ACT) Wait List Report (in Excel format)
Daily Living Support Services (DLS) Wait List Report (in Excel format)

Adult Mental Health PNMI Bed Occupancy Daily Report(in Excel format)

Adult Mental Health Services: Grant Funded Services

Community Integration Services Wait List Report (in Excel format)
Adult Assertive Community Treatment (ACT) Wait List Report (in Excel format)
Daily Living Support Services (DLS) Wait List Report (in Excel format)

Children's Services

Home and Community Based Treatment Wait List Report (in Excel format)
Targeted Case Management Wait List Report (in Excel format)
Private Non-Medical Institution (PNMI) Wait List Report (in Excel format)
Section 28 School-Based Wait List Report (in Excel format)
Section 28 OCFS Wait List Report (in Excel format)
Section 28 Family-Choice Wait List Report * (in Excel format)

Additional Projects

The Quality Reporting Department has several additional projects. These include:

- Developing clinical and treatment quality studies for specific services as requested by Maine DHHS
- Conducting a gap analyses of service delivery based on numbers in specific service by district (numerator) and the number of youth or adults with MaineCare in each district (denominator)

Please contact the Quality Reporting Department at 1-866-521-0027 for further information regarding these or other Quality initiatives.

Member Services

Overview

KEPRO's Member Services department is committed to providing information to members and families or caregivers in a respectful and culturally appropriate way, including telephonic, mailed, and web-based communications. Member Services also supports members, guardians or other caregivers in navigating KEPRO's reconsideration and appeal process. KEPRO Health care has developed a Members Handbook. The handbook can is available on line or by request.

KEPRO seeks to involve the member community, families, advocates and other entities in the decision-making processes as often as possible. Member Services staff also works closely with the MaineCare Member Services Team to resolve member issues.

Member Services is available to answer questions or concerns members may have about the services KEPRO authorize. KEPRO makes every effort to have translation services available to those members who need them. KEPRO provides communication for hearing-impaired members or family members through the Sorenson VRS systems.

Member and Family Outreach

Member Services seeks to foster collaboration among members, family members and advocates throughout Maine. This is accomplished through the Member Advisory Council, and by attending events relevant to members and their families.

Member Handbook

The Member Handbook includes information about KEPRO' Utilization Review process and how it impacts members. Directions for appealing decisions or initiating a grievance are provided in the handbook. The handbook also includes information on how members can become involved through the Member Advisory Council. The Member handbook is available to members on the KEPRO/Maine website, or in hardcopy by request from KEPRO Member Services.

Member Liaison

The Member Liaison serves as a key resource for members and families during business hours. The Member Liaison works as an internal ombudsman for members in appeal and grievance matters. The Member Liaison can be reached by calling 1-866-521-0027, Option 3.

KEPRO Member Advisory Council

To ensure that member voices are heard, and that KEPRO addresses member concerns, KEPRO maintains a Member Advisory Council (MAC). The MAC consists of up to eleven people who live in Maine and includes adults, young people or guardians, and other stakeholders. The goals of the MAC are as follows:

- Review materials
- Support and initiate improvements
- Develop and implement a members' training program
- Work with KEPRO staff to develop recommendations to improve the Utilization Review Process

Quality Improvement

KEPRO strongly promotes member involvement and participation in the Maine utilization review process. The Member Advisory Council, which meets quarterly, participates with KEPRO staff in developing recommendations to improve the effectiveness of the utilization review processes.

KEPRO/Maine Complaint or Grievance Process

KEPRO/Maine is committed to responding to all provider or member complaints as rapidly as possible. Complaints may come to any staff person, and be concerned with a variety of issues. The following process describes the steps staff will take to insure complaints are acted upon by the appropriate manager or administrator.

If a staff person receives a complaint, he or she documents the complaint and takes it to their immediate supervisor or manager. Once a staff person receives a complaint, KEPRO has five (5) working days to respond; if more time is needed to review the complaint KEPRO may take an additional five (5) days. The person filing the complaint will be notified if KEPRO is going to take longer than five days.

A copy of the complaint form should be sent to the Quality Improvement Coordinator for tracking and reporting purposes.

Please note that a complaint does not include adverse decisions made by KEPRO staff in the utilization review process. Adverse decisions are handled by the formal appeal and grievance process described previously.

MaineCare Billing

The Department of Health and Human Services has *not* contracted with KEPRO to pay claims. DHHS will continue to pay claims using their current processes. KEPRO has partnered with DHHS to ensure accurate assignment of MaineCare billing numbers. KEPRO supplies this

number and it appears in the authorization section in KEPRO CareConnection®. Please refer to the Additional Documents section at the end of this manual for information specific to MaineCare requirements for billing. Questions related to payment of claims should be directed to:

MaineCare Billing and Information Unit: 1-866-690-5585