

## Section 65 – Children’s Behavioral Health Day Treatment

### KEPRO Mapping Document

#### Initiating Requests in KEPRO


- ❖ Login to [KEPRO Care Connection](https://careconnectionme.kepro.com/) (must be done using Internet Explorer , IE Tab for Chrome, or using parallels on a Mac) via <https://careconnectionme.kepro.com/>
  - To initiate a new Prior Authorization for a student whom you have not yet received a Prior Authorization:
    - Select the “UM” or “DSP” tab at the top
    - Select “New Request”



- Input the student’s Medicaid ID in “Member ID” and one additional field
- Select “Verify”

**Verify Eligibility**

**Note: Please enter at least one of the following Last Name, Member SSN or Date of Birth in order to verify eligibility.**

Member ID :	<input type="text"/>	Member Last Name :	<input type="text"/>
Member SSN:	<input type="text"/>	Date of Birth :	<input type="text"/> 

- Verify the Member information matches the student
- Select “Add New Request”

**Search Result**

**Member Information**

<b>APS Case Id :</b>		<b>Medicare# :</b>
<b>Member ID :</b>	<b>Member First Name :</b>	<b>Middle Name :</b>
<b>Member Last Name :</b>	<b>Member SSN :</b>	<b>Date of Birth :</b>
<b>Sex :</b>	<b>Race :</b>	<b>Class Member :</b>
<b>Address line 1 :</b>	<b>Address line 2 :</b>	<b>City :</b>
<b>State : ME</b>	<b>Country : United States Of America</b>	<b>Zip Code :</b>
<b>Phone :</b>		<b>Name of PCP :</b>

**Eligibility Info**

**Alt MemberID**

Member ID	Coverage Type	Effective Date	Term Date
	Full	05/25/2012	12/31/2078
	Full	04/01/2012	05/24/2012
	Full	01/01/2009	03/31/2012

**Add New Request**

### *Inputting Information into a Prior Authorization*

- ❖ General guidelines:
  - Once you have initiated a Prior Authorization, write down the Case ID number for future reference.
  - The KEPRO pages detailed below with screen shots are the required pages according to KEPRO and can be found on our website under Resource Center/Maine/Section 65- “KEPRO Clinical Documentation Guidelines for CBHDT”.
  - After completing fields on a page, always click on the blue “Save and Continue” button so that your information will be saved.

❖ KEPRO pages:

▪ **Member Information**

- Fields will pre-populate with the correct information, but double check against **Member Information** (from MSB'S SUGGESTED ITP boxes: 1-4)
- Select "Save and Continue"

KEPRO Case Id: 2728272

Delete Request

Save & Continue >>

**Member Modify**

<b>Member ID</b>	<b>Member SSN</b>	<b>Medicare#</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Member First Name</b> 2	<b>Middle Name</b> 3	<b>Member Last Name</b> 1
<input type="text"/>	<input type="text" value="R"/>	<input type="text"/>
<b>Date of Birth</b> 4	<b>Sex</b>	<b>Address line 1</b>
<input type="text"/>	Male	<input type="text"/>
<b>Address line 2</b>	<b>City</b>	<b>State</b>
<input type="text"/>	<input type="text"/>	ME
<b>Country</b>	<b>ZIP Code</b>	<b>Phone</b>
United States Of America	<input type="text"/>	<input type="text"/>
<b>Race</b>		<b>Provider Name</b>
White		<input type="text"/>
<b>Class Member</b>		
No		

▪ **Guardian Information**—not required

- Select "Save and Continue"

▪ **Administrative**

- Double check that the "Authorization Type" is correct.
  - Prior Authorization (PA)- use for a student whom you have not yet received an authorization for that service
- "Start Date for Current Authorization Request" – can request up to 5 days prior to today's date for a PA (no earlier than MSB'S SUGGESTED ITP box: 5)
- "Review Type" – select "Children's Services"
- "Category of Service" – select "Provided in an Educational Setting"
- Select "Save and Continue"

KEPRO Case Id:2729357 Data has been saved successfully

Delete Request << Previous **Save & Continue >>**

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**Administrative**

Requesting Organization:

**Authorization Type:** Prior Authorization (PA)

Status: New

Do you know the service start date? Yes

Start Date for Current Authorization Request:

This Request is: Routine

Request Submitted: Electronically

Request Submitted Date:

**Review Type:** Children's Services

Category of Service:

- Targeted Case Management
- Inpatient Services
- Day Treatment
- Crisis Support Services
- Infant Mental Health
- Children's Outpatient
- Family PsychoEducational
- Child Assertive Community Treatment (ACT)
- Medication Services
- Child and Family Behavioral Health Treatment (Community Based)
- Community Based Treatment for Children without Permanency
- Private Non Medical Crisis Unit
- Treatment Foster Care
- Children's PNMI Services
- Multidimensional Treatment Foster Care
- Baxter Fund Services
- Provided by an Educational System
- Rehab and Community Support Services - Section 28
- Partial Hospitalization
- Intensive Outpatient Program
- Behavioral Health Homes
- ITRT Referral

### Requesting Agency

- "Requesting Staff First Name" —**District Information**-Clinician's Name (from MSB'S SUGGESTED ITP box: 12)
- "Requesting Staff Last Name" —**District Information**-Clinician's Name (from MSB'S SUGGESTED ITP box: 12)
- "Requesting Staff Phone (With Area Code)" —**District Information**-Telephone # (from MSB'S SUGGESTED ITP box: 13)
- "Requesting Staff Email" —**District Information**-Email (from MSB'S SUGGESTED ITP box: 14)
- "Utilization Manager/Supervisor Name" —**District Information**-DistrictKEPRO Contact Person (from MSB'S SUGGESTED ITP box: 8)
- "Utilization Manager/Supervisor Phone" —**District Information**-Telephone # (from MSB'S SUGGESTED ITP box: 10)
- "Utilization Manager/Supervisor Email" —not required
- "Is this agency/individual the treating provider?" —Select "Yes"

- Select “Save and Continue”

KEPRO Case Id:2728272

Delete Request << Previous **Save & Continue >>**

Requesting Facility/Agency/Clinician

Requesting Facility/Agency Name : \_\_\_\_\_

Requesting Staff First Name : **Tina** **12**

Requesting Staff Last Name : **Benjamin**

Requesting Staff Phone (With Area Code) : **(603) 692-0800** **13**

Requesting Staff E-mail : \_\_\_\_\_ **14**

Utilization Manager/Supervisor Name : \_\_\_\_\_ **8**

Utilization Manager/Supervisor Phone : \_\_\_\_\_ **10**

Utilization Manager/Supervisor E-mail : \_\_\_\_\_

Is this agency/individual the treating provider:  Yes  No

### Diagnostic Assessment

- “Date of Diagnostic Assessment” — **Diagnosis**-Assessment Date (from MSB’S SUGGESTED ITP box: 22)
- Primary diagnosis must be entered in ICD-10 format (from MSB’S SUGGESTED ITP boxes: 20-21).
- Select “Save and Continue”

Member Information  
Guardian Information  
Administrative  
Requesting Agency  
**Diagnostic Assessment**  
Services Requested  
Symptoms/Behaviors  
Psychiatric Medications  
Clinical Indicators  
Treatment and Service  
RDS  
Treatment Plan  
Additional Reporting Data  
Transition Discharge Plan  
Additional Info  
Submit To APS

<< Previous **Save & Continue >>**

Diagnostic Assessment

Date of Diagnostic Assessment : \_\_\_\_\_ **22**

ICD10

Primary Diagnosis : \_\_\_\_\_ **21** ICD10 Search

Diagnosis : \_\_\_\_\_ ICD10 Search

Diagnosis : \_\_\_\_\_ ICD10 Search

Diagnosis : \_\_\_\_\_ ICD10 Search

Diagnosis : \_\_\_\_\_ ICD10 Search

Other Medical Conditions : \_\_\_\_\_

<< Previous **Save & Continue >>**

## Services Requested

- General Guidelines
  - You **must** input services needed for both Bachelor's (direct services provided by a BHP) and Master's level (direct services provided by a LCSW, LMSW, LCPC, LMFT, Psychiatrist, Licensed Clinical Psychologist) into one authorization.
- KEPRO Screen
  - Select "Add New Procedure Request"

KEPRO Case Id: 2728272

Data has been saved successfully

Delete Request

<< Previous

Save & Continue >>

Procedures Requested

Add New Procedure Request

There are no services added.

- "Service" - select one of the following services as appropriate to the **Medically Necessary Treatment Service Information-Service** (from MSB'S SUGGESTED ITP box: 38) according to the appropriate provider type needed, shown in the **Medically Necessary Treatment Service Information-Service Provider Designation** (from MSB'S SUGGESTED ITP box: 38)

Add Procedure Request

Add/Modify Procedure Request

Service Start Date and End Date should be between 01/01/2009 and 12/31/2078.

Service :

Frequency :

Start Date :

Billing Provider ID :

Service Length :

Units :

Auth End Date :

Save

- “Frequency” — **Medically Necessary Treatment Service Information**-Frequency *(from MSB’S SUGGESTED ITP box: 38)*
- “Billing Provider ID” —Select your district’s NPI
- “Service Length”
  - PA- maximum number of days is 30
- “Units” — use **Medically Necessary Treatment Service Information**-Amount & Duration *(from MSB’S SUGGESTED ITP box: 38)* with formulas below
  - PA- maximum number of units is 128. A CSR must be submitted for additional units.
  - Section 65 allows 6 hours of services to be billed per day. You can provide more than 6 hours per day, but Lumea™ will only submit 6 hours. **For Section 65, 1 hr. = 1 unit.**
  - To calculate the amount of units required for a prior authorization, we would suggest using the following formulas to help you.
    - There are 129 school days in 180 calendar days.
      - Explanation:  $180 \times 5/7 = 129$  school days
    - Sec. 65 units requested =  $129 \times \underline{\hspace{1cm}}$  hours/day = Sec. 65 units requested
      - **Example:** For 3.5 hours of Sec. 65 service provide, calculate the number of units.  
 $129 \times 3.5 = 451.5$  units requested
- Select “Save”
- Repeat all steps to add second service type

▪ **Symptoms/Behaviors**

- Only Agency Involvement and Family/Social Involvement Sections are required.
  - Agency Involvement Section
    - “Agency Involvement”—defaults to “Special Ed/504”
  - Family/Social Involvement Section
    - “Family/Social Involvement”—**Family/Social Involvement** (from MSB’S SUGGESTED ITP box: 46)
      - Hold down the “Ctrl” or “Command” key to select more than one item from the list
      - Select “Other” if Other box was filled in on MSB’S SUGGESTED ITP
    - “Other Family/Social Involvement”—**Family Social Involvement** (from MSB’S SUGGESTED ITP box: 46)
      - Only applicable if Other box was filled in on MSB’S SUGGESTED ITP
    - “Rate Overall Level of Family Involvement in Treatment Goals”—**Rate Overall Level of Family Involvement in Treatment Goals** (from MSB’S SUGGESTED ITP box: 47)
    - “Rate Overall Level of Natural Supports involvement with the Client/Family”— **Rate Overall Level of Natural Supports involvement with the Client/Family** (from MSB’S SUGGESTED ITP box: 48)
    - Select “Save and Continue”

The screenshot displays a software interface with two main sections: "Agency Involvement" and "Family/Social Involvement".

**Agency Involvement Section:**

- Agency Involvement :** A dropdown menu with options: DHHS, Elder Services, Corrections (Court, JCCO, etc.), EAP, DHHS Child Welfare, **Special Ed/504** (highlighted), Other, and None.
- Other Agency Involvement :** An empty text input field.

**Family/Social Involvement Section:**

- Family/Social Involvement :** A dropdown menu with options: **Family** (highlighted), Spouse/Partner, Friends, and Religious group. A red box with the number "46" is next to it.
- Other Family/Social Involvement :** An empty text input field. A red box with the number "46" is next to it.
- Rate Overall Level of Family Involvement in Treatment Goals :** A dropdown menu with "None" selected. A red box with the number "47" is next to it.
- Rate Overall Level of Natural Supports Involvement with the Client/Family :** A dropdown menu with "None" selected. A red box with the number "48" is next to it.

At the bottom of the interface, there are two buttons: "<< Previous" and "Save & Continue >>".



## Psychiatric Medications

- “Notes”—List of Psychiatric Medication (from MSB’S SUGGESTED ITP box: 25)

KEPRO Case Id:2728272 Data has been saved successfully

Delete Request << Previous Save & Continue >>

**Psychiatric Medications**

Is the member currently prescribed any psychiatric medications? Yes  No

If yes, does member take medications as prescribed? Yes  No

Did you notify the member's PCP of this medication? Yes  No

Is the Member's PCP prescribing psychiatric medications to the member? Yes  No  N/A

**List Medications**

Medication Type	Medication Name	Action
<a href="#">Add Medication</a>		

**Additional Medication Info (Non-prescribed, Vitamins, Supplements, Dosage, Frequency, Etc.)**

Notes: 25

<< Previous Save & Continue >>

**Clinical Indicators-**

- Use the X in the chart (from MSB'S SUGGESTED ITP box: 26) to select the appropriate "Current Severity" and "History of Severity" for each of the clinical indicators

KEPRO Case Id:2728272 Data has been saved successfully

[Delete Request](#) << Previous Save & Continue >>

**Clinical Indicators Justifying Service Request**

**Risk/Danger To Self/Others**

	<b>Current Severity</b> (None, Mild, Moderate, Severe)	<b>History of Severity</b> (Within 7 days; Within 8-90 days; Within 3-12 months; Within 1-10 years; 10+ years)
Aggressiveness :	None ▾	---Select--- ▾
Fire Setting :	None ▾	---Select--- ▾
Assaultive :	None ▾	---Select--- ▾
Homicidal Attempt :	None ▾	---Select--- ▾
Homicidal Ideation :	None ▾	---Select--- ▾
Self Care Deficit :	None ▾	---Select--- ▾
Self-injurious Behavior :	None ▾	---Select--- ▾
Sexually Inappropriate Behavior :	None ▾	---Select--- ▾
Suicide Attempt :	None ▾	---Select--- ▾
Suicidal Ideation :	None ▾	---Select--- ▾
Use of Weapons :	None ▾	---Select--- ▾
Harm to Animals :	None ▾	---Select--- ▾

*Note: A red box highlights the number 26, with a red arrow pointing down to the 'None' dropdown for 'Aggressiveness'.*

### Treatment and Service

- Tool selection at the top is not required
- All text and toggle fields below—**Treatment and Service History** (from MSB'S SUGGESTED ITP box: 27A)
- All dropdown fields below—**Frequency** (from MSB'S SUGGESTED ITP box: 27B)
- Select "Save and Continue"

The screenshot shows a web form with the following fields and controls:

- Date of assessment for co-occurring disorders :** A date picker field.
- Have you communicated with the Member's PCP to coordinate mental health and physical health care?** Radio buttons for No, Yes, and N/A.
- Is member receiving integrated MH/SA services?** Radio buttons for No and Yes.
- How long has member been receiving this service:** A text input field with the value 0.
- How many times has member been seen by your service within this authorization period?** A text input field with the value 0.
- Number of Inpatient Admissions in Last 12 Months :** A dropdown menu with the value 0.
- Number of ER or other crisis episodes last 12 months :** A dropdown menu with the value 0.
- Number of years of active mental health treatment :** A dropdown menu with the value 0.
- Number of lifetime homeless episodes?** A dropdown menu with the value 0.
- Number of lifetime jail/prison terms?** A dropdown menu with the value 0.
- Currently on probation/parole/conditional release?** Radio buttons for No and Yes.
- For youth in school, number of suspensions last 12 months?** A dropdown menu with the value 0.
- For youth under age 18, number of times run away for over a 24 hour period :** A dropdown menu with the value 0.

Navigation buttons at the bottom: << Previous, Save & Continue >>. Red callouts '27A' and '27B' are present on the right side of the form.

- **RDS**—not required
  - Select "Save and Continue"

▪ **Treatment Plan**

▪ Individual Treatment Plan Section-

- “Describe Member’s Strengths and Skills”— **Strengths/Skills** (from MSB’S SUGGESTED ITP box: 28)
  - Hold down the “Ctrl” or “Command” key to select more than one item from the list
- “Is the Member/Caregiver Involved in Forming the Treatment Plan” —**ITP Members-Child** (from MSB’S SUGGESTED ITP box: 15)
  - If box 15 gives child’s name- toggle answer to “Y”
  - If box 15 gives n/a and reason- toggle answer to “N”
- “List those involved with the development of the plan”— **ITP Members** (from MSB’S SUGGESTED ITP boxes: 15-19)
- “Disabilities and Accommodations Required for the Delivery of the Service”—**Special Accommodations** (from MSB’S SUGGESTED ITP box: 42)
- “Is Substance Abuse an Issue?”— **Medically Necessary Treatment Services Information-Co-occurring services** (from MSB’S SUGGESTED ITP box: 38)
  - If box 38 has “Y” anywhere under Co-occurring services column- toggle answer to “Y”
  - If box 38 has “N” under Co-occurring services column- toggle answer to “N”
- “Date Current Treatment Plan was Developed”— **Member Information-Date of MSB’S SUGGESTED ITP development** (from MSB’S SUGGESTED ITP box: 6)
- “Date Next Treatment Plan is to be Developed”— calculate 1 year after previous answer

▪ Treatment Plan Goals Section- picture included on p. 17

- Select “Add New Goal”



- “Problem Statement”—**Problem Statement** (from MSB’S SUGGESTED ITP box: 29)
- “Treatment or Rehabilitation Long Term Goal”—**Measurable Long Term Goal #1 with Target Date** (from MSB’S SUGGESTED ITP box: 30)
- “Target Date”—**Measurable Long Term Goal #1 with Target Date** (from MSB’S SUGGESTED ITP box: 30)
- “Treatment or Rehabilitation Short Term Goals”—**Measurable Short Term Goal #1, 2, 3, etc. with Target Date** (from MSB’S SUGGESTED ITP box: 30 a, b, c, etc.)
- “Target Date”—**Measurable Short Term Goal #1, 2, 3, etc. with Target Date** (from MSB’S SUGGESTED ITP box: 30 a, b, c, etc.)
- “Progress Since Last Review”—**Progress** (from MSB’S SUGGESTED ITP box: 31)
- “Services to be Provided”—**Medically Necessary Treatment Services Information-Service** (from MSB’S SUGGESTED ITP box: 38)

- “Duration of Services”—**Medically Necessary Treatment Services Information-Duration** (from MSB’S SUGGESTED ITP box: 38)
  - “Frequency of Services”—**Medically Necessary Treatment Services Information-Frequency** (from MSB’S SUGGESTED ITP box: 38)
  - “Provider of Services” —**Medically Necessary Treatment Services Information-Service Provider Designation** (from MSB’S SUGGESTED ITP box: 38)
- Repeat Treatment Plan Goals Section (picture on p. 17) for as many **Measurable Long Term Goals** as are included on the MSB’S SUGGESTED ITP
  - Select “Save and Continue

The screenshot shows a web form titled "Add Treatment Plan Goal". The form is divided into several sections:

- Treatment Plan Goals:**
  - Problem Statement:** A text area containing "29".
  - Treatment or Rehabilitation Long Term Goal:** A dropdown menu containing "30".
  - Target Date:** A date picker containing "30".
  - Treatment or Rehabilitation Short Term Goals:** A dropdown menu containing "30 a,b,c".
  - Target Date:** A date picker containing "30 a,b,c".
  - Progress since last review:** Two dropdown menus, both containing "31".
- Interventions:**
  - Service to be provided:** A text field.
  - Duration of Services:** A text field.
  - Frequency of Services:** A text field.
  - Provider of Services:** A text field.
  - A red box highlights the number "38" near the top of this section.
- Save:** A blue button with a white mouse cursor pointing to it, highlighted with a red box.

- **Additional Reporting Data** – not required
  - Select “Save and Continue”

## Transition Discharge Plan

- Text box at bottom- only field required
- “Plan for Transition/Discharge”—**Measurable Discharge Criteria/Plan** (from MSB’S SUGGESTED ITP boxes: 43-45)

KEPRO Case Id:2728272 Data has been saved successfully

Delete Request << Previous Save & Continue >>

### Transition Discharge Plan

Is Discharge Anticipated During the Authorization Period?  Yes  No

Projected Date of Transition/Discharge :

	First Appt. Post Discharge	Day/Mo	First Appt. Post Discharge	Day/Mo
<input type="checkbox"/> Natural Supports			<input type="checkbox"/> 65M&N	
<input type="checkbox"/> Respite			<input type="checkbox"/> Adult HomeBased Services	
<input type="checkbox"/> AA/NA			<input type="checkbox"/> DLSS	
<input type="checkbox"/> Peer Support			<input type="checkbox"/> Substance Abuse Tx	
<input type="checkbox"/> Outpatient			<input type="checkbox"/> Crisis Services	
<input type="checkbox"/> Groups			<input type="checkbox"/> Crisis Unit	
<input type="checkbox"/> Psychiatric/Med. Mgt.			<input type="checkbox"/> Fost/Child Welfare	
<input type="checkbox"/> Case Management/C.I.			<input type="checkbox"/> Adult Protective	
<input type="checkbox"/> Section 24			<input type="checkbox"/> Supported Nursing Facility	
<input type="checkbox"/> Day Treatment			<input type="checkbox"/> Medical Hospitalization	
<input type="checkbox"/> ACT/I.C.I.			<input type="checkbox"/> Residential Treatment	
<input type="checkbox"/> Corrections			<input type="checkbox"/> Other	

Anticipated Step Down Service :

Plan for Transition/Discharge : 42,43,44,45

<< Previous Save & Continue >>

## Additional Reporting Data

- General guidelines
  - This section will not copy over in a future Continued Stay Review
  - Briefly describe the behavioral health needs
  - Can be used to provide any information not captured elsewhere in the request
- KEPRO Screen
  - “Additional Info”
    - **Reason for Service** (from MSB’S SUGGESTED ITP box: 24)
    - **Additional Comments** (from MSB’S SUGGESTED ITP box: 49)
    - **Treatment Progress** (from MSB’S SUGGESTED ITP boxes: 52, 55, 58 as applicable)
- Document Upload
- Select your document type from the drop down window
- Click on Browse and locate the file you are wanting to attach
- Select Attach
- These steps can be repeated as needed based on Document Type Selection, just note that once accepted into the KEPRO portal it cannot be edited

KEPRO Case Id:2728272 Data has been saved successfully

Delete Request << Previous **Save & Continue >>**

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**Document Upload**

Please upload files ending in .docx, .doc, .txt, .pdf, .tif, .tiff that are no larger than 6MB  
Please note: once uploaded, the document will be read only, no edits made will be saved.

Document Type Browse... No file selected. Attach

---

**Document History**

Delete	Document Name	Date Uploaded
No Documents Uploaded yet		

## Submit to KEPRO

- Select “Submit to KEPRO”

KEPRO Case Id:2728188

Delete Request << Previous

Submit To KEPRO Print Treatment Plan Print

**Member Information**

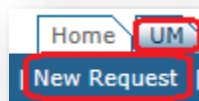
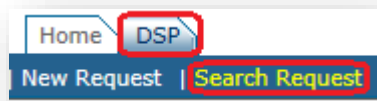
KEPRO Case Id :	Member First Name :	Medicare# :
Member ID :	Member SSN :	Middle Name :
Member Last Name :	Race :	Date of Birth :
Sex :	Address line 2 :	Class Member :
Address line 1 :	Country :	City :
State :		Zip Code :
Phone :		Name of PCP :

**Eligibility Info**

Alt MemberID

## *To initiate a Continued Stay Review for a student whom you have already received a Prior Authorization:*

- Select the “DSP” or UM tab at the top
- Select “Search Request”



- Input Medicaid ID in “Member ID”
- Select “Search”



**Search For Requests**

KEPRO Case Id:

Request Status: --Select One--

Requesting Organization:

Member ID :

Member First Name:

Member Last Name:

Authorization Type: --Select One--

- Find the most recent approved Prior Authorization/Continued Stay Review
- Select “EXT”
  - This function copies all the information inputted into the Prior Authorization (except for the “Additional Comments” page) into your new request.

**Request Search Results**

Select	Copy For Update	Status
<a href="#">1864030</a>	<a href="#">COPY</a>	Saved
<a href="#">1863943</a>	<a href="#">COPY</a> <a href="#">EXT</a>	ProcessedFinal
<a href="#">1826681</a>	<a href="#">COPY</a> <a href="#">EXT</a>	ProcessedFinal
<a href="#">1922183</a>	<a href="#">COPY</a> <a href="#">EXT</a>	ProcessedFinal
<a href="#">1163620</a>	<a href="#">COPY</a> <a href="#">EXT</a>	ProcessedFinal
<a href="#">1396234</a>	<a href="#">COPY</a> <a href="#">EXT</a>	ProcessedFinal
<a href="#">1853608</a>	<a href="#">COPY</a> <a href="#">EXT</a>	ProcessedFinal

From here you may continue to review the following windows information for accuracy and/or modification needs.

**Under the Services Requested window:**

- Select Modify next to each requested service and update those fields to accommodate for the medically necessary 180 day request.

**Submit to KEPRO**

- Select “Submit to [KEPRO](#)”

KEPRO Case Id: 2728188

Delete Request << Previous

Submit To KEPRO Print Treatment Plan Print

**Member Information**

KEPRO Case Id : Medicare# :  
 Member ID : Member First Name : Middle Name :  
 Member Last Name : Member SSN : Date of Birth :  
 Sex : Race : Class Member :  
 Address line 1 : Address line 2 : City :  
 State : Country : Zip Code :  
 Phone : Name of PCP :

**Eligibility Info**

Alt MemberID

### Checking the Status of a Request

- ❖ Login to [KEPRO Care Connection](https://careconnectionme.kepro.com/) (must be done using Internet Explorer , IE Tab for Chrome, or using parallels on a Mac) via <https://careconnectionme.kepro.com/>
  - Select the “UM” tab at the top
  - Select “Download Notifications”
  - Select “Get Daily Archived Notifications”
  - In the “Notification Search Results”
    - Select “Download” for any files you have not yet received

Batch Date/Time	Batch Record Count	Download
August 19, 2014 : 10:01 PM	1	Download
August 18, 2014 : 10:01 PM	1	Download
August 13, 2014 : 10:01 PM	2	Download

- Follow the prompts to open the Excel file

- In the Excel file
  - Check the biographical information in columns D, E for each service requested
  - Check the status of the services request in column O—you must check this for each service row line
    - CM-AUTH indicates the service has been authorized/approved
      - Check columns H-L to determine if all information was processed correctly

H	I	J	K	L	M	N	O	
Procedure Code	Service	Service Start Date	Service End Date	Approved Units	Frequency	Prior Status	New Status	Request
H2021HI	School-Based Services for Children with Cognitive Impairments and Functional Limitations - 1:1	08/04/14	01/30/15	3120	Daily	CM_REV	CM_AUTH	Provide

- Go to column Q for Prior Authorization number
  - This number must be input in Lumea under the billing dates tab in order for billing to occur. You can contact your MSB Claims Analyst for assistance in managing this tab.
- Check column U for any notes from the reviewer

O	P	Q	R	S	T	U
New Status	Requestor Name	Auth No	Provider NPI	Provider Medicaid ID	No of Days	Provider Notes
CM_AUTH	Provider's Name	APS1422000078	Your NPI here		180	Look here for any notes

- Any other status other than CM-AUTH will need further attention
  - Look to column U for detailed notes on what further information may be needed or what steps must be taken in order to remediate the situation
  - You can call KEPRO at 1-866-521-0027 Option 4 to speak with a reviewer on your particular Case ID