

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

APS 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 : ME	Country : United States Of America	Zip Code :
Phone :		Name of PCP :

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 per 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

Member ID []	Member SSN []	Medicare# []
Member First Name 2 []	Middle Name 3 R []	Member Last Name 1 []
Date of Birth 4 []	Sex Male [v]	Address line 1 []
Address line 2 []	City []	State ME [v]
Country United States Of America [v]	ZIP Code []	Phone []
Race White [v]		Provider Name []
Class Member 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"

Delete Request

<< Previous

Save & Continue >>

Administrative

Requesting Organization:

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

Status: New

Do you know the service start date? **Yes**

Start Date for Current Authorization Request: 08/02/2016 01 00 AM

This Request is: **Routine**

Request Submitted: **Electronically**

Request Submitted Date: 08/02/2016

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
 - IIRT 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** – District KEPRO 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”

The screenshot shows a web form titled "Requesting Facility/Agency/Clinician" for a "KEPRO Case Id: 2728272". At the top, there are two buttons: "Delete Request" and "Save & Continue >>". The "Save & Continue >>" button is highlighted with a red box. Below the title, there are several input fields with red text labels and blue numbers to their right, all enclosed in a red box:

- 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 : []

At the bottom, there is a radio button selection for "Is this agency/individual the treating provider?" with "Yes" selected and "No" unselected. The "Yes" radio button is also highlighted with a red box.

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”

The screenshot shows a web application interface for a "Diagnostic Assessment". On the left is a vertical sidebar with a list of menu items: Member Information, Guardian Information, Administrative, Requesting Agency, Diagnostic Assessment (highlighted in orange), Services Requested, Symptoms/Behaviors, Psychiatric Medications, Clinical Indicators, Treatment and Service, RDS, Treatment Plan, Additional Reporting Data, Transition Discharge Plan, Additional Info, and Submit To APS. The main content area is titled "Diagnostic Assessment" and contains the following fields and controls:

- At the top right of the main area are two buttons: "<< Previous" and "Save & Continue >>".
- A "Date of Diagnostic Assessment" field with a calendar icon and the value "22" (highlighted with a red box).
- An "ICD10" section containing:
 - A "Primary Diagnosis" field with the value "21" (highlighted with a red box).
 - Four "Diagnosis" fields, each followed by an "ICD10 Search" button.
 - An "Other Medical Conditions" text area.
- At the bottom right of the main area are two buttons: "<< Previous" and "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) per 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 :
 38

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 number 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”

Agency Involvement

Agency Involvement : DHHS
Elder Services
Corrections (Court, JCCO, etc.)
EAP
DHHS Child Welfare
Special Ed/504
Other
None

Other Agency Involvement :

Family/Social Involvement

Family/Social Involvement : Family
Spouse/Partner
Friends
Religious group 46

Other Family/Social Involvement : 46

Rate Overall Level of Family Involvement in Treatment Goals : None 47

Rate Overall Level of Natural Supports Involvement with the Client/Family : None 48

<< Previous
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
Add Medication		

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

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

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 titled "Treatment and Service" with the following fields and callouts:

- 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. A red callout box labeled "27A" is positioned to the right of this field.
- How long has member been receiving this service:** A text input field with "0" entered.
- How many times has member been seen by your service within this authorization period?** A text input field with "0" entered.
- Number of Inpatient Admissions in Last 12 Months :** A dropdown menu with "0" selected.
- Number of ER or other crisis episodes last 12 months :** A dropdown menu with "0" selected.
- Number of years of active mental health treatment :** A dropdown menu with "0" selected. A red callout box labeled "27B" is positioned to the right of this field.
- Number of lifetime homeless episodes?** A dropdown menu with "0" selected.
- Number of lifetime jail/prison terms?** A dropdown menu with "0" selected.
- Currently on probation/parole/conditional release?** Radio buttons for No and Yes. A red callout box labeled "27A" is positioned to the right of this field.
- For youth in school, number of suspensions last 12 months?** A dropdown menu with "0" selected.
- For youth under age 18, number of times run away for over a 24 hour period :** A dropdown menu with "0" selected. A red callout box labeled "27B" is positioned to the right of this field.

At the bottom of the form, there are two buttons: "<< Previous" and "Save & Continue >>". The "Save & Continue >>" button is highlighted with a red callout box.

- **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”

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

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 >>**

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

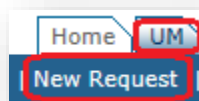
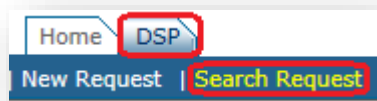
KEPRO Case Id :	Member First Name :	Medicare# :
Member ID :	Member SSN :	Middle Name :
Member Last Name :	Race :	Date of Birth :
Sex :	Address line 2 :	Class Member :
Address line 1 :	Country :	City :
State :		Zip Code :
Phone :		Name of PCP :

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:

Requesting Organization:

Member ID :

Member First Name:

Member Last Name:

Authorization Type:

- 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
1864030	COPY	Saved
1863943	COPY EXT	ProcessedFinal
1826681	COPY EXT	ProcessedFinal
1922183	COPY EXT	ProcessedFinal
1163620	COPY EXT	ProcessedFinal
1396234	COPY EXT	ProcessedFinal
1853608	COPY EXT	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”

The screenshot displays a web application interface for KEPRO Case Management. At the top, the 'KEPRO Case Id: 2728188' is shown. Below this, there are two buttons: 'Delete Request' and '<< Previous'. The main section is titled 'Submit To KEPRO' and contains three buttons: 'Submit To KEPRO' (highlighted with a red box), 'Print Treatment Plan', and 'Print'. Below the buttons is a 'Member Information' section with a grid of labels and input fields. The labels include: KEPRO Case Id, Member ID, Member Last Name, Sex, Address line 1, State, Phone, Member First Name, Member SSN, Race, Address line 2, Country, Medicare#, Middle Name, Date of Birth, Class Member, City, Zip Code, and Name of PCP. Below the Member Information section is an 'Eligibility Info' section with a label '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