

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202368 JUNE 20, 2023

Kepro transition begins July 1; additional Atrezzo Provider Portal benefits announced

As previously announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT202301](#), Kepro will be the new fee-for-service (FFS) prior authorization and utilization management (PA-UM) contractor for the IHCP nonpharmacy services. Kepro will assume PA-UM responsibilities beginning July 1, 2023. Kepro will work with current IHCP contractors to ensure PA-UM responsibilities are carried out seamlessly and with no interruption of services.

Kepro united with CNSI (Client Network Services, Inc.) in December 2022 and is now Acentra Health. Initially, providers will see communication from the contractor and the Indiana Family and Social Services Administration (FSSA) referring to either Kepro or Acentra Health. A more specific timeline of rebranding will be announced at a later date. Kepro phone and fax numbers will not be changing with the company name change.



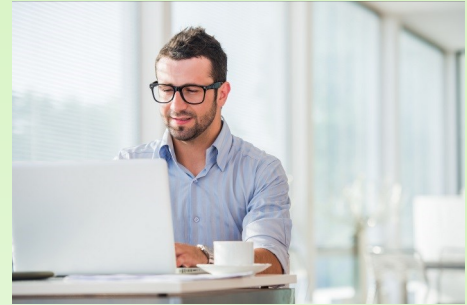
Kepro is excited to share another feature of its provider portal, Atrezzo. PA-UM decision letters (such as approval and denial) are maintained directly in Atrezzo. Providers can look up a member's record or a specific case and locate any letters produced with that case. In addition, Atrezzo allows for robust reporting capabilities based on submitted clinical information that can be used to make recommendations to the Office of Medicaid Policy and Planning (OMPP) about services, authorization and program rules.

Remember that after the transition, all existing FFS authorizations will be honored until all approved units have been used or length of stay dates have been exhausted. No action will be needed by members or providers to ensure this continuity. Furthermore, for renewal or continuation of authorization for home health and therapy (physical, occupational, speech) services, requests received from July 1, 2023, through Sept. 30, 2023, will be honored for at least 180 days at the same service level, provided the requests also meet administrative requirements.

After July 1, 2023, providers can continue to log in to the IHCP Provider Healthcare Portal (IHCP Portal) to view authorizations adjudicated by Gainwell in a read-only environment. This read-only environment will remain active through Dec. 31, 2023. All Medicaid Rehabilitation Option (MRO), waiver 1915(c) and waiver 1915(i) authorizations will continue to be viewable on the IHCP Portal indefinitely. Providers can also call Kepro starting July 1, 2023, with questions about both Gainwell authorizations and Kepro authorizations at 866-725-9991.

Providers should take note of holidays. Kepro Customer Service line will be closed for federal and state holidays, but providers can leave messages on the secure line. Any messages left will be addressed the following business day.

Finally, providers can be ready to submit authorizations to the Atrezzo Provider Portal beginning on the July 1 go-live date by registering now for the portal. Training is ongoing for Atrezzo for both providers and administrators (see *IHCP Bulletin* [BT202339](#)). Providers and administrators need only attend one training session but may attend more than one if they would like to hear the information again. After the training sessions have occurred, they will be available to watch anytime through the [Kepto website](#) at INMedicaidFFS.kepto.com.



Frequently Asked Questions (FAQs)

1. *How do providers submit an administrative review?*

Providers can now submit an administrative review request on the Atrezzo Provider Portal. To request an administrative review, providers should request a “reconsideration” on Atrezzo. The provider has seven business days, plus three calendar days if notification is served through U.S. mail, to request an administrative review or reconsideration from the date of the decision letter.

2. *How do providers submit a system update to a current prior authorization?*

When providers would like to submit a system update, they should select “authorization revision” on the Atrezzo Provider Portal.

3. *How do providers submit a request for a peer-to-peer review?*

Peer-to-peer review is now available as a supplement to the regular appeal process. Peer-to-peer reviews will be available for a minimum of seven business days, plus three calendar days if notification is served through U.S. mail, after the date of the decision letter. It can occur concurrently with the administrative review (identified as reconsideration in the Atrezzo Provider Portal) and/or the appeal/state fair hearing request. Providers seeking a peer-to-peer review still retain their rights to have administrative reviews and request state fair hearings. However, the peer-to-peer review may not occur after the state fair hearing decision is made. Providers may still request a peer-to-peer review even if the service authorization denial was an administrative denial rather than a medical necessity denial.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

