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## MaineCare – 1135 Waiver Implementation Updates: Flexibility on Prior Authorizations

*Updated January 28, 2021*

Please note recent updates to some of the guidance on temporary changes to the medical and behavioral health authorization processes as they relate to the COVID-19 public health emergency and [MaineCare's 1135 waiver](#).

### Regarding all Medical Prior Authorizations (PAs) - Effective March 18, 2020

Providers need to submit an update to an existing PA requesting an extension if they are unable to see a member due to the COVID-19 public health emergency. This can be done electronically/via portal or by fax. If faxing, please use the Prior Authorization Supporting Documents or Updates Cover Sheet located on the [HealthPas Portal](#).

### Private Duty Nursing Under 21 – Effective March 18, 2020

Private Duty Nursing agencies that deliver nursing or personal care services to members under the age of 21 can conduct the MedKids Assessment via telephone/telehealth for new referrals/ admissions, with a comprehensive review of medical records to formulate a plan of care. The agency will need to submit the required documentation to MaineCare for review. If approvable, MaineCare will authorize services for a three-month period, at which time the agency will need to conduct an in-person MedKids Assessment for services to continue.

### Physician-Administered Drugs – ~~Effective March 18, 2020~~ Rescinded effective March 1, 2021

~~**Prior Authorizations for Continuation of Treatment:** For members who have active authorizations for specific medications, providers will need to submit only the authorization request itself. The Department will waive the requirement for providers to submit clinical documentation demonstrating efficacy of treatment and will approve an authorization for a period of three months. At the end of the three-month period, providers will need to submit the clinical documentation demonstrating efficacy of treatment for services to continue.~~

~~**For the drug OPDIVO:** Providers can submit the J-Code form with diagnosis, NDC, and provider signature only. MaineCare will waive submission of clinical documentation and approve for three months.~~

~~**For the continuation of the drugs Tysabri and Ocrevus:** Providers can submit just the PA form without the clinical documentation. MaineCare will waive submission of clinical documentation and approve for three months. At the end of the three-month period, providers will need to submit the clinical documentation for services to continue.~~

## Prior Authorizations for Radiology Services – ~~Effective March 18, 2020~~ **Rescinded effective immediately**

MaineCare providers do not need to submit PA requests for radiology services for the duration of the COVID-19 public health emergency. MaineCare will notify providers when it re-establishes PA requirements for this service.

**January 28, 2021 Update:** As [announced](#) September 29, 2020, radiology services no longer require prior authorization, effective October 1, 2020.

## Kepro Authorization Review Update – ~~Effective April 15, 2020~~ **Updated January 28, 2021**

The Office of MaineCare Services, in collaboration with the Office of Behavioral Health, Office of Child and Family Services, Office of Aging and Disability Services, and KEPRO, have implemented the following temporary changes to the KEPRO utilization review process. These changes will be in effect for 30 days. The Department will reassess the need for additional extensions while the emergency period is in effect.

### 1. Members who are currently in service:

- a. **Updated January 28, 2021:** Effective February 1, 2021, providers will be required to submit requests for service authorization via Kepro's Atrezzo portal. Services will no longer be automatically extended after January 31, 2021.
- b. ~~Continued Stay Reviews and Grant-funded Continued Stay Reviews~~ Any member who has a current authorization for service in the KEPRO Atrezzo portal will be automatically extended for an additional 30 days of service. Units will be prorated and added to the request for the additional 30 days. This process will be completed by KEPRO staff. Providers do not need to take any action to request this 30-day extension. Authorization end date, units, and PA number will be available to the provider in the Atrezzo portal.
- c. ~~Additional Unit Requests:~~ If there is an increase in a member's symptoms or behaviors during this period, providers may request additional units. This can be done in the following ways:
  - Request units in existing case in Atrezzo portal
  - Provide case ID and unit need via email to [ProviderRelationsME@kepro.com](mailto:ProviderRelationsME@kepro.com)
  - Call KEPRO at 1-866-521-0027

### 2. New admission to services: Continue to submit requests to the Kepro Atrezzo portal.

- a. **Section 17 Services:** The initial registration period for Community Integration Services will be allowed up to 60 days, with eligibility required to be determined by day 61. Prior Authorization for Daily Living Skills will be extended to 60 days.
- b. **Appendix E Adult PNMI Services:** There are no changes to this process at this time.
- c. ~~Children's Services, including Section 13 TCM, Section 65 HCT, and Section 28 RCS:~~ Clinical information does not need to be entered into the initial request. Eligibility and medical

necessity criteria can be stored in the member's file and entered into the continued stay request once the 1135 waiver is no longer in effect.

~~d. **Behavioral Health Homes and Opioid Health Homes:** Clinical information does not need to be entered into the initial request. Eligibility and medical necessity criteria can be stored in the member's file and entered into the continued stay request once the 1135 waiver is no longer in effect.~~

3. **Section 46 Child Inpatient Service:** Members in this acute setting will have their authorizations extended to 14 days.
4. **Adult and Child Crisis Units:** Members in this setting will have their authorizations extended to 14 days.
5. **Referral Management for Section 65 HCT and Section 28 RCS:** There are no changes to this process at this time. Please continue to report capacity to [IntakeME@kepro.com](mailto:IntakeME@kepro.com).
6. **Referral Management for Appendix D Child PNMI (ITRT):** There are no changes to this process at this time.
7. **Invoicing for Long-Term Supported Employment and Baxter Fund:** There are no changes to this process at this time.
8. **Discharges:** Discharges will continue to be required in the Atrezzo portal. Please be sure that you are processing discharges in Atrezzo in a timely manner, as it may affect a member's ability to receive services during the emergency period.

~~Providers, at their discretion, may submit a Continued Stay Request for the full length of the authorization through the normal submission process within Atrezzo. All clinical information will be required as typical for this request. Providers may submit this request up to 31 days prior to the end date of the authorization.~~

**January 28, 2021 Update:** Providers will continue to have 31 days in advance of the authorization start date and five days after the authorization start date to submit authorization requests. Kepro will not backdate requests for late submissions.

Providers will continue to have flexibility of using existing clinical assessments and/or documents if a new one is unable to be obtained through February 28, 2021. Beginning March 1, 2021 providers will be expected to have current clinical documentation for review in their prior authorization requests and continued stay reviews. Requirements regarding signatures will continue to be waived per the 1135 waiver.

For questions regarding the Kepro process, please contact [ProviderRelationsME@kepro.com](mailto:ProviderRelationsME@kepro.com). For billing questions, please contact your designated MaineCare [Provider Relations Specialist](#).

## Section 102, Neurorehabilitation Services

The Department will extend the date in which all clinical assessments will be completed to no more than 60 days from the initiation of services.

The Department will approve and extend all services for an additional 90 days upon receipt of a revised Start of Care (SOC) form. The provider must submit the revised SOC form and include a revised end date of no more than 90 days from submission.

The Department will extend the date of the required clinical reassessment to an additional 90 days beyond the six-month date. Case record documentation will reflect all extensions related to the Department's response to COVID-19.