



# Maine ASO Provider Portal Atrezzo End User Guide

October 2018

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# INTRODUCTION

## The KEPRO/Maine's Atrezzo Portal Guide

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

The Guide is intended to be used as a reference guide and support Providers to:

- Register and Create Users
- Create a Prior Authorization (hereafter referred to as a PA) or Registration.
- Request Additional Units on an existing case subject to expire in the future.
- Submit a Continued Stay Review (hereafter referred to as CSR).
- Discharge a member.
- Readmit a member.

For any questions or feedback please e-mail: [TrainingMaine@kepro.com](mailto:TrainingMaine@kepro.com)

# SETUP AND ACCESS ATREZZO

## A. NEW PROVIDER REGISTRATION/ REGISTER AN ORGANIZATION

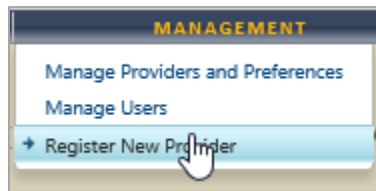
All providers that work within a program administered by KEPRO must register for a KEPRO Atrezzo® account.

### i. TO REGISTER A NEW PROVIDER:

1. Contact **MaineCare Provider Enrollment** at **1-866-690-5585, Option 1**.
2. Verify that authorization is needed from KEPRO for the billing procedure codes that will be utilized.
3. Once confirmation is received from MaineCare Provider Enrollment, contact **KEPRO Provider Relations** at **1-866-521-0027, Option 1**.
4. Provider Relations sets up your organization based upon your NPI number(s) and provides your Primary Contact with a Group Admin Username and Password.
5. The **Group Admin Username and Password**, provides you with the ability to set up your employees' user names and passwords so they can submit requests in Atrezzo with their own login information.

### ii. REGISTER ADDITIONAL NPI NUMBERS

1. Under the **Management Tab** select **Register New Provider**



2. Enter the new Provider NPI number and Provider Registration Code in the spaces provided. Please note: You must obtain the Provider Registration Code from KEPRO.

**REGISTER A NEW PROVIDER**

Provider NPI:

Provider Registration Code:


Please refer to the registration section of the Atrezzo Connect Provider Portal End User Guide for more information on how to register. You can find this document on your payer-specific KePRO website.

- The new NPI will be displayed and you can continue to register NPI's (if needed) by selecting Register New NPI.

### MANAGE PROVIDER GROUP

Select a Provider to manage its preferences:

Name	NPI	Provider Type	Address	
	1508291089	78 - Facility-Agency-Organization NR Provider	PO BOX 40 CARIBOU ME 04736-	<a href="#">Users</a> <a href="#">Preferences</a> <a href="#">Remove</a>
	1518283126	78 - Facility-Agency-Organization NR Provider	66 SPRUCE ST. STE B PRESQUE ISLE ME 04769-	<a href="#">Users</a> <a href="#">Preferences</a> <a href="#">Remove</a>
FINES HEALTH SERVICES	1629393327	78 - Facility-Agency-Organization NR Provider	4 MAIN ST VANBUREN ME 04785-	<a href="#">Users</a> <a href="#">Preferences</a> <a href="#">Remove</a>
FINES HEALTH SERVICES	1942277819	77 - Multi-Disciplinary Provider	PO BOX 40 CARIBOU ME 04736-	<a href="#">Users</a> <a href="#">Preferences</a> <a href="#">Remove</a>

[Register New NPI](#)


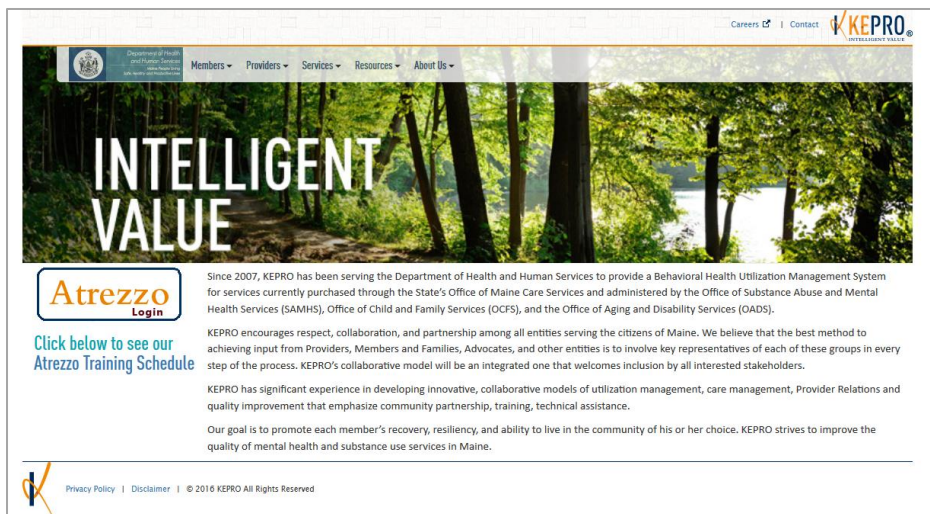
### iii. USER ROLES

User Role	Description/ Permissions/ User Rights
Group Admin + Reports	Submit reviews, View reports, Add/Change User Accounts, Register New NPIs
Group Admin	Submit reviews, Add/Change User Accounts, Register New NPIs
Admin + Reports	Submit reviews, View reports, Add/Change User Accounts
Admin	<b>Submit reviews, Add/Change User Accounts</b>
User	<b>Submit reviews</b>

## B. LOGIN INTO ATREZZO

### i. ACCESS THE ATREZZO PORTAL

Visit [www.qualitycareforme.com](http://www.qualitycareforme.com) and click the **Atrezzo Login** icon (shown below) to access the login page.



## ii. ENTER YOUR USERNAME AND PASSWORD

## iii. FIRST TIME USER LOGIN – SELECT THE LOCATION

Once the user accesses Atrezzo for the first time, they will be required to select the locations they need access to. This is based on the permissions set by their admin account.

Name	NPI	Provider Type	Info
<input checked="" type="checkbox"/>		Facility-Agency-Organization NR	ProviderInfo
<input checked="" type="checkbox"/>		Facility-Agency-Organization NR	ProviderInfo

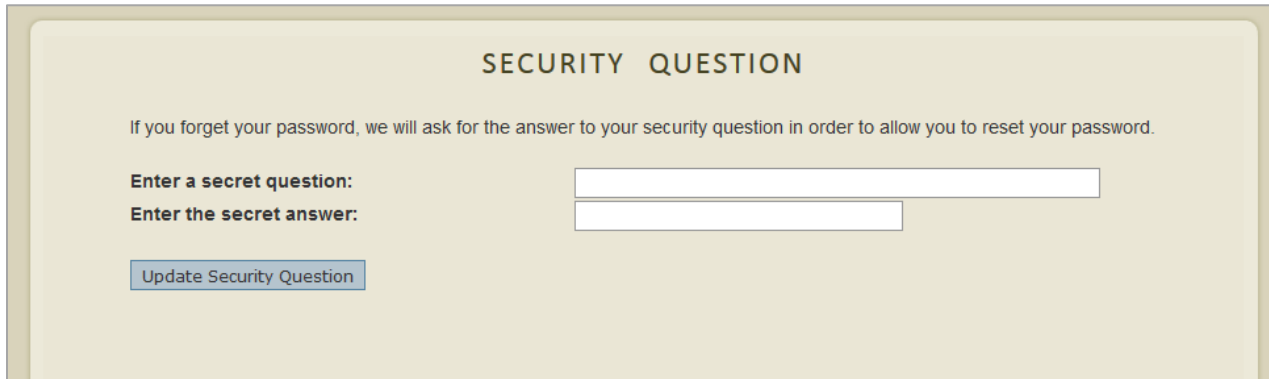




## vi. FIRST TIME LOGIN – SET A SECURITY QUESTION

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Enter the secret question and answer and select **Update Security Question**.



The screenshot shows a web form titled "SECURITY QUESTION". Below the title, a message states: "If you forget your password, we will ask for the answer to your security question in order to allow you to reset your password." The form contains two input fields: "Enter a secret question:" and "Enter the secret answer:". Below these fields is a blue button labeled "Update Security Question".

## vii. LOGIN ASSISTANCE

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Providers who receive a login for the KEPRO Atrezzo® web portal receive a username and password from their Administrator.

In the event a provider forgets their password, there is a **Forgot Password** link on the login page. Selecting **Forgot Password?** requires you to type the answers to your security questions. You may also contact your Group Admin(s) or Admin(s) to request a password reset.

**PLEASE NOTE:** KEPRO does not know the security question or answer of any Providers.

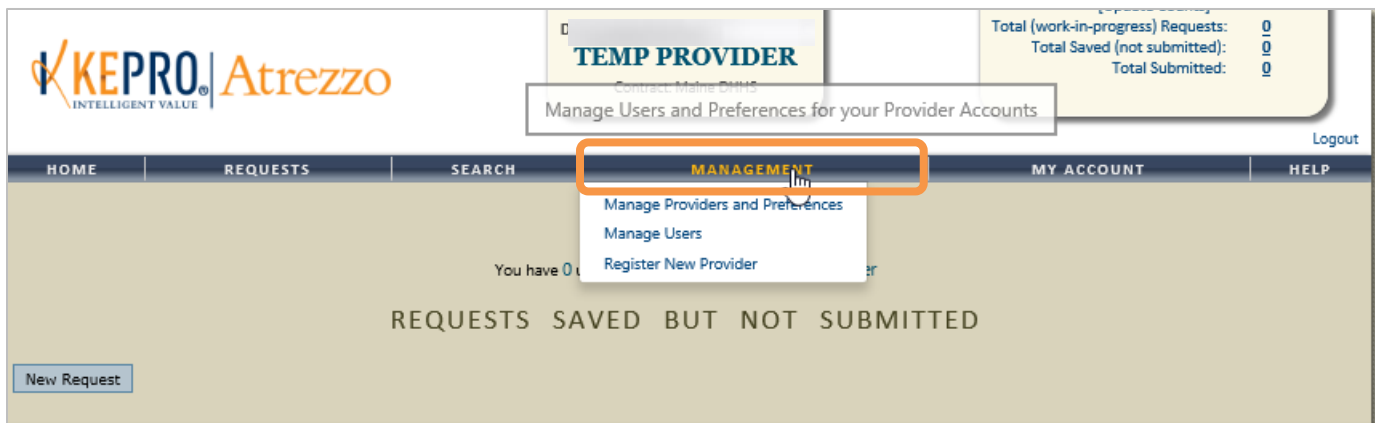
## C. ADDING AND DELETING USERS

Organization users with a Group Admin or Admin role have the ability to add and remove user accounts and change passwords.

### i. TO ADD A NEW USER

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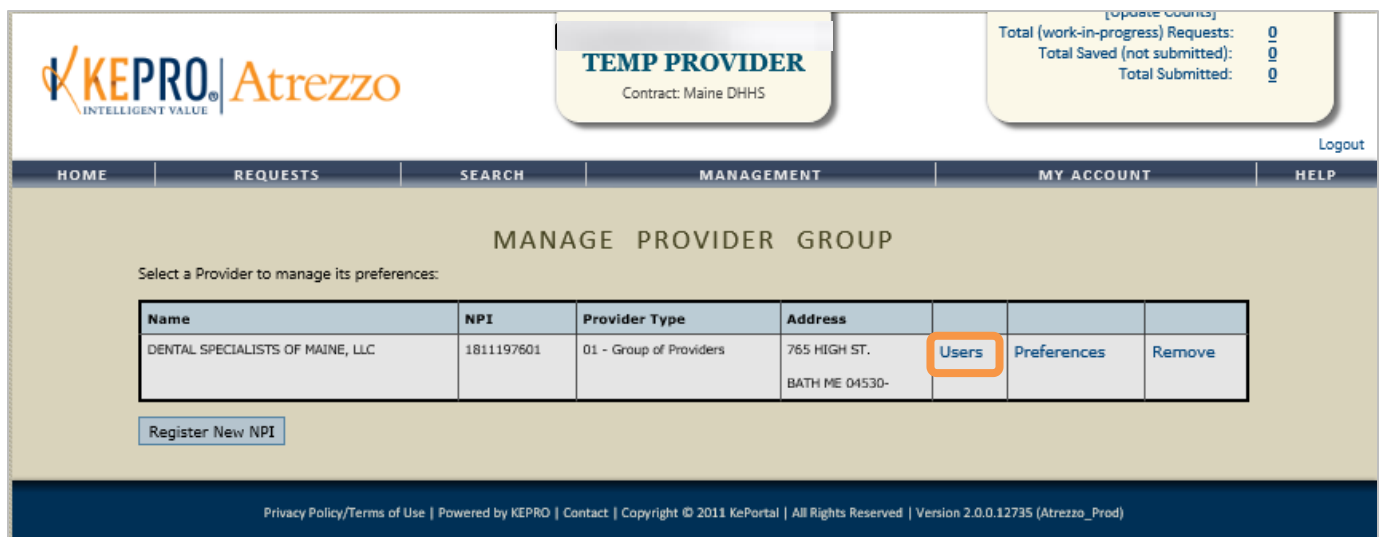
1. Login to Atrezzo.
2. In the Manage Provider Group window, select the Management menu item.



3. Select Manage Providers and Preferences.



4. Select **Users** for the appropriate NPI number. If your organization has been setup with multiple NPI numbers, select **Users** under the NPI number that you want to register the user under.



5. Select Add New User.

KEPRO Atrezzo  
INTELLIGENT VALUE

TEMP PROVIDER  
Contract: Maine DHHS

Total (work-in-progress) Requests: 0  
Total Saved (not submitted): 0  
Total Submitted: 0

Logout

HOME REQUESTS SEARCH MANAGEMENT MY ACCOUNT HELP

USERS FOR DENTAL SPECIALISTS OF MAINE, LLC

Please make sure to save all changes before navigating away from the page.

Available Users from your Provider Group:

Users that are associated with this provider:

Temp Provider

☒ Group Admin ☐ Admin ☐ User [remove]  
☐ Group Admin+Reports ☐ Admin+Reports

>>

User One

☐ Group Admin ☐ Admin ☒ User [remove]  
☐ Group Admin+Reports ☐ Admin+Reports

Add New User

Save All Changes

The following window displays.

ACCOUNT INFORMATION

CONTACT INFORMATION

User Name:\* User\_One Available

Enter Password: .....

Confirm Password: .....

First Name:\* User

Last Name:\* One

Email Address:\* lwichmann@kepro.com

Confirm Email:

Address 1:

Address 2:

City:

State: ..

Zip:

Phone Number:

Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

Fax Number:\* 207 888 8888 x

\* denotes required field

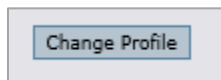
Change Profile

In the window above:

6. Create user name and password.

**Please Note:** Passwords must be a minimum of 8 letters and a maximum of 16. Passwords must contain at least one uppercase letter, one lowercase letter, one number, and one special character. Use the form below to change your account information.

7. Complete all fields marked with an asterisk.
8. Select **Change Profile**.



9. The user is now added to the account panel.

The screenshot shows the KEPRO Atrezzo portal interface. At the top, there's a header with the logo, a "TEMP PROVIDER" badge for "Contract: Maine DHHS", and a summary box with counts: "[Update Counts] Total (work-in-progress) Requests: 0, Total Saved (not submitted): 0, Total Submitted: 0". A navigation bar includes links for HOME, REQUESTS, SEARCH, MANAGEMENT, MY ACCOUNT, and HELP, along with a Logout link. The main section is titled "USERS FOR DENTAL SPECIALISTS OF MAINE, LLC". It contains a warning: "Please make sure to save all changes before navigating away from the page." and a "Save All Changes" button. On the left, a box labeled "Available Users from your Provider Group:" is empty, with an "Add New User" button below it. In the center, a list of users is shown. The first user is "Temp Provider" with roles "Group Admin", "Admin", and "User" (all unselected), and a "[remove]" link. Below it are "Group Admin+Reports" and "Admin+Reports" (both unselected). A right arrow ">>" is to the left of the second user, "User One". "User One" has roles "Group Admin", "Admin", and "User" (the "User" role is selected), and a "[remove]" link. Below it are "Group Admin+Reports" and "Admin+Reports" (both unselected). A mouse cursor is pointing at the bottom of the "User One" entry. A "Save All Changes" button is at the bottom right.

10. In the account panel, select the type of **user role** for this user per the table below.

User Role	Description/ Permissions/ User Rights
Group Admin + Reports	Submit reviews, View reports, Add/Change User Accounts, Register New NPIs
Group Admin	Submit reviews, Add/Change User Accounts, Register New NPIs
Admin + Reports	Submit reviews, View reports, Add/Change User Accounts

Admin	Submit reviews, Add/Change User Accounts
User	Submit reviews

ii. TO ADD A USER TO MULTIPLE NPI NUMBERS

1. Select the **Management** tab and **Manage Users**



2. Select **Manage Providers** under the correct user and Preferences.



3. Select a different NPI number to add users



4. Users already added to the organization display in the User box.



5. Select the user’s name, and select the double arrows to add the user; then select their role. **Save all changes.**

iii. TO DEL

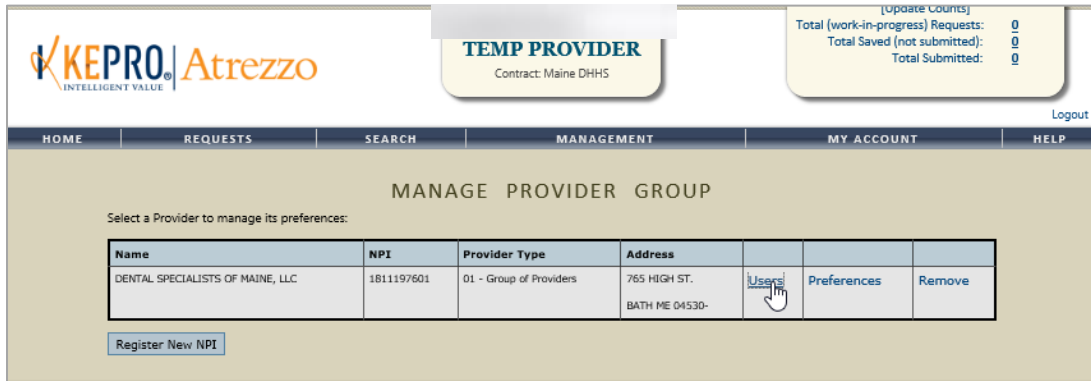
Deleting c



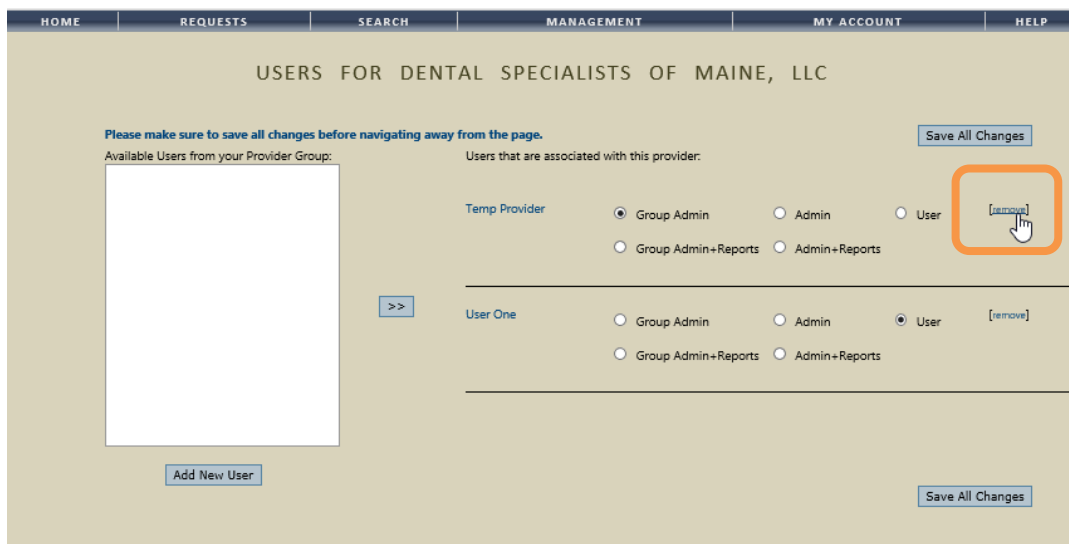
1. Select Manage Providers and Preferences.



2. Select the **Users** link associated with the appropriate NPI number.



3. A list of users associated with the selected NPI number displays. Select **Remove** to remove the user.



## D. CHANGING TO A DIFFERENT NPI

You will automatically be logged into the NPI account you accessed last.

### i. IF YOU ARE ALLOCATED TO MULTIPLE NPIS – HOW TO CHANGE TO A DIFFERENT NPI/PROGRAM

You will automatically be logged into the NPI account you accessed last. To change to a different NPI/Program:

1. Select the **Change Context** button to display other NPI programs.



2. Other NPI programs will display that you may select to submit requests under. Select the NPI you want to submit service requests under.

Name	NPI	Provider Type	Address	Action
	1508291089	78 - Facility-Agency-Organization NR Provider	PO BOX 40 CARIBOU ME 04736- 66 SPRUCE ST. STE B	Select Info
	1518283126	78 - Facility-Agency-Organization NR Provider	PRESQUE ISLE ME 04769- 4 MAIN ST	Select Info
	1629393327	78 - Facility-Agency-Organization NR Provider	VANBUREN ME 04785- PO BOX 40	Select Info
	1942277819	77 - Multi-Disciplinary Provider	CARIBOU ME 04736-	Select Info

## E. MY PROFILE

### i. SET UP YOUR PROFILE

Under the **My Account** tab, select **My Account** to add personal contact information, change your password, or edit your security questions.

## YOUR ACCOUNT INFORMATION

Passwords must be a minimum of 8 letters and a maximum of 16. Passwords must contain at least one uppercase letter, one lowercase letter, one number, and one special character. Special characters are @, %, +, \, /, ' ; !, #, \$, ^, ?, ~, ~, (, ), {, }, ~, ~, ~. Use the form below to change your account information.

### ACCOUNT INFORMATION

New Password:

Confirm New Password:

[Change Password](#)

---

### CONTACT INFORMATION

First Name: \*

Last Name: \*

## NAVIGATION – ATREZZO HOME SCREEN AND TABS

Different tabs are available at the top of your home screen to that allows you to complete different tasks.

		<b>DENTAL SPECIALISTS OF MAINE, LLC</b> <b>TEMP PROVIDER</b> Contract: Maine DHHS	Total (work-in-progress) Requests: 0 Total Saved (not submitted): 0 Total Submitted: 0	<a href="#">Logout</a>	
<b>HOME</b>	<b>REQUESTS</b>	<b>SEARCH</b>	<b>MANAGEMENT</b>	<b>MY ACCOUNT</b>	<b>HELP</b>
	<a href="#">View Requests</a> <a href="#">Create New Request</a> <a href="#">Message Center</a>	<a href="#">Member Request/Case</a>	<a href="#">Manage Providers and Preferences</a> <a href="#">Manage Users</a> <a href="#">Register New Provider</a>	<a href="#">My Account</a> <a href="#">Change Security Question</a>	<a href="#">User Guide (PDF)</a> <a href="#">F.A.Q. (PDF)</a> <a href="#">Latest Release Notes (PDF)</a> <a href="#">Password Guidelines (PDF)</a>

1. **Home tab:**
  - View unread **Messages** and **Requests Saved but Not Submitted**.
2. **Requests tab:**
  - View Requests that has been submitted
  - Submit new requests
  - View Messages in the Message Center



3. **Search** tab
  - Search for specific service requests by either the Request/ Case ID or the member information.
4. **Management** tab - *Only available to users with an Admin + Report role*
  - Setup users, change permissions, reset passwords, and register new NPI numbers.
5. **My Account** tab
  - Setup account settings (name, e-mail, fax etc.) and update security settings
6. **Help** tab
  - To view resources/ instructional guides for utilizing the system
7. **Reports** tab - *Only available to users with an Admin + Report role*
  - To view the Daily Authorization Report
8. **Dashboard (example below)**
  - The system offers a dashboard of cases submitted or saved. Select the number to view the requests.  
**These numbers are applicable to the entire NPI/organization and not just the specific Provider.**



[Update Counts]	
Total (work-in-progress) Requests:	726
Total Saved (not submitted):	2
Total Submitted:	724

## CLINICAL PROCESSES

- The training document is intended to be used by all Providers across all programs.
- Most elements in the workflow and training document are standard across all programs and although a BHH example has been used, the steps will be similar for all programs.
  - BHH also has some unique elements that are specific to the program and therefore, BHH specific content has been highlighted in grey and can be ignored by other programs.

### A. SUBMIT A REGISTRATION/ PA IN ATREZZO

**Overview on how to submit a Registration/PA on KEPRO/ Atrezzo - An example for BHH (but applicable to all)**

#### 1. Login

One login/password is required for multiple NPIs (National Provider Identification). This is assigned by the Atrezzo Administrator.

- Enter your Username and Password

The following window will appear once you have logged in. Listed are **Messages** and **Request not yet submitted** throughout the Provider Organization, not specific to the Provider.

Contract	Type	Member ID	Member Name	DOB	Last Modified	Start Date	End Date	Action
Maine ASO	Outpa						018	Select
Maine ASO	Outpa						018	Select
Maine ASO	Outpa						018	Select

- If there is multiple NPI numbers - be sure to select the appropriate NPI number for your submissions.  
Select the appropriate NPI number by selecting **Change Context** located right above your Name to view the list of NPIs e.g.

- Choose **Select** below to open the appropriate NPI number.

Name	NPI	Provider Type	Address	Action	Info
		77 - Multi-Disciplinary Provider		Select	Info
		77 - Multi-Disciplinary Provider		Select	Info

## 2. Start a New Service Request

In the window below you can view requests that have been set-up but not submitted (organization wide).

- To start a New Request click on **New Request** (circled in orange below).
- To work on a request that has been saved but not submitted click on the select button (circled in blue below), OR enter either a case # or MaineCare # to bring all of the cases, submitted and non-submitted in view.

Contract	Type	Member ID	Member Name	DOB	Last Modified	Start Date	End Date	Action
								Select
								Select

## 3. Search for/ Look up a member

- You can look up your member:
  - By Case Id Number (select **Request** from the toolbar – circled in yellow above).
  - By Authorization Number (select **Request** from the toolbar – circled in yellow above).
  - By MaineCare/ Temp ID number (select **Search** – circled in green above).
    - i. A temporary ID number is assigned to a member that does not have a MaineCare number, or is partially eligible within the date range requested.
  - By Member Last Name and Birthdate (select **Search** – circled in green).
- The Member Search window is displayed below. Enter **Member ID** or **Member Last Name** and **Member Birthdate** and select **Search**

MEMBER SEARCH

Search for a member using the criteria below.

Member ID:

or

Member Last Name:

Member Birthdate:

- The member demographic information will be displayed. Check that the member information that appears on the screen is the one that you wish to submit a service request for. When you have confirmed that this is the member you should be submitting for, click on **Select**.

The screenshot shows the KEPRO Atrezzo portal interface. At the top, there's a navigation bar with links: HOME, REQUESTS, SEARCH, MANAGEMENT, PROVIDER REPORTS, MY ACCOUNT, and HELP. A 'Logout' link is also present. Below the navigation bar, the 'MEMBER SEARCH' section displays a table with columns: Member ID, Last Name, First Name, Address, DOB, Case Count, and Contract. The table shows one entry with 'Maine DHHS' as the contract. A 'Select' button is highlighted with an orange box next to the contract name. Above the table, there's a '[Change Context]' button and a 'Contract: Maine DHHS' label. To the right, a box shows '[Update Counts]' with statistics: Total (work-in-progress) Requests: 726, Total Saved (not submitted): 2, and Total Submitted: 724. At the bottom, a footer contains a Privacy Policy/Terms of Use link and copyright information.

- If a member does not have active MaineCare, an option to ADD for non-MaineCare members will appear.*
- Create a new request by selecting the **New Request** button.

The screenshot shows the member details for ZACHARIAH BORMET. The member ID is 67359911A and the birth date is 09/09/1999. Below the member information, there's a large white box. At the bottom, there's a table with columns: Case ID (Reference ID), Status, Request Info, Service Type, Service Date(s), and Providers. A 'New Request' button is highlighted with an orange box. Above the table, there's a 'Submitted Requests' tab and a 'Service Requesting for Request' tab.

**Please Note:** *If a member is not found, click Create Temp Member to create a member. Take note of the temporary ID once you create the record*

The screenshot shows the 'MEMBER SEARCH' section when a member is not found. It displays the message: 'Member was not found. If this member meets the requirements for temporary assignment, click 'Create Temp Member' to create a temporary member record.' Below the message, there are two buttons: 'Create Temp Member' and 'Search Again'.

#### 4. Create the Request

- Depending on the program, complete the fields below by clicking on the drop down arrow and selecting the appropriate value.
  - Select request type:
    - i. **Inpatient:** Hospital based services ONLY (Section 45/46)
    - ii. **Outpatient:** Community Based Services
  - Select sub contract: Remains **Maine ASO**.
- Click on the **Create Request** button.

The screenshot shows a web interface for creating a request. At the top, there are two tabs: 'Submitted Requests' and 'Servicing/Attending/PCP Requests'. Below the tabs is a table with the following headers: 'Case ID (Reference ID)', 'Status', 'Request Info', 'Service Type', 'Service Date(s)', and 'Providers'. Under the 'Request Info' header, there are two dropdown menus: 'Select request type:' with 'Outpatient' selected, and 'Select sub contract:' with 'Maine ASO' selected. To the right of these dropdowns are two buttons: 'Create Request' (highlighted with an orange border) and 'Cancel'. At the bottom of the page, there is a footer with the text: 'Privacy Policy/Terms of Use | Powered by KEPRO | Contact | Copyright © 2011 KePortal | All Rights Reserved | Version 2.0.0.11963 (Atrezzo\_Prod)'.

## 5. The Outpatient Services Request Window

The layout of this window is standard with **links** in the left panel/ section and the coinciding information appearing in the right panel/ section:

*Proceed by clicking on the tabs in the left panel of the screen and entering information in the right panel/ section. Another way of navigating through the pages is by clicking on **Next** or **Previous**.*

- **Save/ Save for later** – saves the information.
- **Cancel Request** – this command will delete the case completely.
- **Submit** – use when all information has been entered or attached and the case is complete.

### ***The Patient Detail Section:***

- If you are adding a temporary person, make especially sure that the member information and demographics information is accurate.
- The demographic information for MaineCare members that displays on this screen is pre-populated from MaineCare and cannot be changed. To change any demographic information, please have your member contact their local DHHS Office.

### ***The Requesting Provider Section:***

- This section contains information on the organization. This information is pre-populated. Click on **Next** to proceed.

- Make sure that the NPI number listed is the appropriate one.

Name	NPI	Provider Type	Address	Action	Info
				Select	Info
				Select	Info
				Select	Info
				Select	Info
				Select	Info

- Skip the **Service Provider** and **Attending Physician** Section.
- **Attending Physician** can be entered for Section 46 Services.

#### ***The Service Detail Section:***

- On this page you are requesting the actual service.
  - In this example we are submitting a **PA for BHH**.
  - For Service Type: Select from dropdown the appropriate MaineCare regulation section.
  - For Request Type (Program Specific): **For this program (BHH) you will select a PA (Prior Authorization).**
- *The FIPS Code is not used and left blank.*
- *Click on **Next** to proceed to the next page.*

**The Procedures Section:**

- Select the procedures by clicking on the **Find** button below to open the Procedure Search Window.



- Click on **Find** in the Procedure Search window to locate the appropriate Billing Codes.
- Use the fields and drop down lists to find the applicable procedure. This section will be very specific depending on the program for which the Registration/PA is applied for.
- You can search for codes by only entering the first letter which will then display a list of codes for you to review and select from.

#### For example for BHH:

- In the Procedure Search Window, insert T into the **Code Starts with** field.
- A list of T-codes will appear.
- Select the appropriate code from the list by clicking on the blue **Select** field – T2022 will be the appropriate code and then HB (Adult) or HA (Child) as a modifier.

#### For Outpatient Services:

- Choose from the many descriptions associated with the code that you are selecting e.g. H0004, then Adult Facility.

#### For BHH Programs only:

- A billing period is from the 21st to the 20th of a month. For this particular program cases are approved by date. For a child a PA would be 30 days, which equals to one unit. For adult, a PA would be 90 days, which equals to 3 units.

#### • Mid period admissions:

- Start date is date of admission. End date is end of billing period (the 20th). The KEPRO reviewer will, once approved, add an additional unit and extend the end date to the following month.

- It is very important to select the **Save** button to save/"lock-in" the selected description.
  - Always use calendar date picker when entering the date.

**PROCEDURES**

Use the search below to add procedures to this request

H2015 - Community Integration (CD) [remove]

Date: \* to

Qty: \*

Rate:

May 2017						
Mo	Tu	We	Th	Fr	Sa	
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Preferred

HOME REQUESTS SEARCH MANAGEMENT PROVIDER REPORTS MY ACCOUNT HELP

**OUTPATIENT SERVICES REQUEST**

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
- ☒ Attending Physician
- ☒ Service Detail
- Procedures**
- ☐ Diagnoses
- ☐ Clinical Information
- ☐ Attached Documents
- ☒ Questionnaires

**PROCEDURES**

Use the search below to add procedures to this request

T2022HA - Behavioral Health Homes - Chi [remove]

Date: \* 09/21/2017 to 03/20/2018

Qty: \* 180 Weekly Rate:

Find Show Preferred

\* denotes required field

Previous **Next**

- Once the information has been entered, click on **Next** to proceed to the Diagnosis Window.

### The Diagnosis Section:

HOME REQUESTS SEARCH MANAGEMENT PROVIDER REPORTS MY ACCOUNT HELP

**OUTPATIENT SERVICES REQUEST**

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
- ☒ Attending Physician
- ☒ Service Detail
- ☒ Procedures
- Diagnoses**
- ☐ Clinical Information
- ☐ Attached Documents
- ☒ Questionnaires

**DIAGNOSES**

Use the search below in order to add diagnoses to this request

Find Show Preferred

Previous Next

- Click on the **Find** button. The Diagnosis Search box will appear (Codes are ICD 10).
- Enter the first letter of the diagnosis code for a drop down list and select the appropriate diagnosis.

- Find and select the correct diagnosis code. Enter the appropriate diagnosis and click on **Next** to proceed.
- The diagnosis must be filled in (mandatory).
- For BHH specific the diagnosis must be a qualifying diagnosis.

- For Registration with an Outpatient, **if no diagnosis is yet available, you can use F99** (mental health disorder) until diagnosis has been finalized. Note that the diagnosis can be added to the case in the CSR or when additional units are added to a current case.
- For **substance abuse R69** can be used for initial DX if no SA DX is available at the time of submission.

### ***The Attached Documents Section:***

- There is no Attachments necessary for BHH PAS

Select the *Attached Document* link in the left panel of the Outpatient Services Request window to open the **Attached Documents** window.

- Select the **Browse** button and locate the supporting document.

The screenshot shows the 'Outpatient Services Request' window with the 'Attached Documents' section active. On the left, a list of sections includes Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, **Attached Documents**, and Questionnaires. The main area is titled 'ATTACHED DOCUMENTS' and contains a message: 'All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.' Below this is a 'Browse...' button (highlighted with an orange box) and the text 'No file selected.' There is also a 'Document Type:' dropdown menu set to '(Select One)' and an 'Attach File' button. At the bottom are 'Previous' and 'Next' buttons. A checkbox at the very bottom is checked, with the text: 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.'

- Specify the **Document Type** and select **Attach File**

**Please note:** Documents cannot be removed by the user or by KEPRO once a case has been submitted. Please verify that the documents that have been uploaded are that of the member you are submitting the request for, prior to submitting.

**Outpatient Services Request**

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
  - Attending Physician
- ☒ Service Detail
- ☒ Procedures
- ☒ Diagnoses
- ☒ Clinical Information
- ☒ **Attached Documents**
- ☐ Questionnaires

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Document Type: (Select One)

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

- If you wish to remove an attached file, select **Remove**.

**Outpatient Services Request**

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
  - Attending Physician
- ☒ Service Detail
- ☒ Procedures
- ☒ Diagnoses
- ☒ Clinical Information
- ☒ **Attached Documents**
- ☐ Questionnaires

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

No file selected.

Document Type: (Select One)

Attached:

kepro hin notification 3-10-2017.pdf Diagnosis

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

### ***The Questionnaires Section:***

- Required clinical information is entered into questionnaires.
- Click on the **Questionnaire** link to open the link and complete each questionnaire (specific to program).

- Regularly **Save Changes** to submit the final completed version of the Questionnaire. **Mark as Complete**
- For BHH for an initial PA only the **General Questionnaire** needs to be partially completed:
  - Question 1: Enter the reason for presenting problem
  - Question 8: Enter the diagnosis date.
    - The BHH Questionnaire does not need to be completed for a PA.
  - Save changes and return to the request.
  - You do not have to enter CANS with a PA.

## 6. Submit the Registration/PA:

- The box must be checked prior to submission.
- Click on the **Submit** button to submit the completed Registration/PA for approval.

## 7. Possible Outcomes:

- Submission Failure: Error messages will appear in red to indicate what the issues are in the completion process e.g. inaccurate or conflicting information.
- Scenarios:
  - Messages about existing cases that is open to another Provider.
    - Could be other providers listed for this individual (internal or external).
  - Member not discharged or non-concurrent services.
  - Dates are incorrect.
  - Inappropriate codes e.g. child and adult.
  - The member is not eligible for MaineCare.
- The outcome of the application is entered under the **Status** field and could be one of the following:
  - Void
  - Discharge
  - Pending (Hold)
  - Complete

## FOR REGISTRATIONS/PAs THAT ARE PENDING...

## 8. Pending Registration/ PA Status

- Identify authorizations that are **pending**:
  - You only have until the date indicated in the comments sections in Atrezzo (usually 7 calendar days) to submit the necessary clinical information to satisfy the pending issue.

## B. REQUEST ADDITIONAL UNITS ON AN EXISTING CASE SUBJECT TO EXPIRE IN THE FUTURE

Initially the member receives the standard amount of units (See **Kepto ASO MaineCare Funded Service Grid**) which is expected to last the duration of the case.

To request additional units, clinical information must be obtained to justify and support the request for additional units.

### *Identify which members' need additional units added to their current case*

- Identify low unit members with a future expiration date.

### Source information using e.g. the Treatment Plan

- Depending on which program, different questionnaires may apply and should be completed when preparing the KEPRO/ Atrezzo service request for submission online.
- As this is an application for additional units, which are outside the norm. Specific information is needed to support the request for additional units and authorization.

### Request additional units in Atrezzo and submit

- The sourced information is entered/ uploaded into KEPRO/Atrezzo to support the submission.
- The case is submitted.

### Overview on how to request additional units in Atrezzo and submit

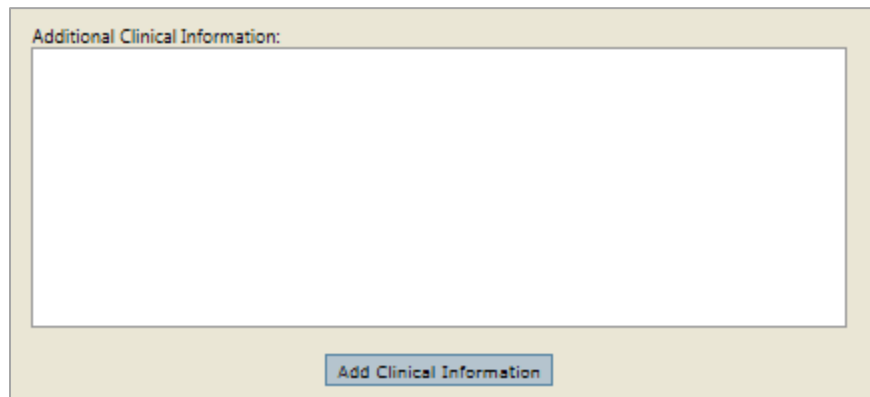
#### 1. Select the Case

- Select the current case ID by identifying the current case on Atrezzo and clicking on **Select**.

Submitted Requests		Servicing/Attending/PCP Requests				
Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers	
(N/A) [Procedures] [Diagnosis]	Un-Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 4/8/2018	[Servicing]	[Select] [Extend] [Copy]
(N/A) [Procedures] [Diagnosis]	Un-Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 3/7/2018	[Servicing]	[Select] [Extend] [Copy]
172850497 (N/A) [Procedures] [Diagnosis]	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 11/8/2017	[Servicing]	[Select] [Extend] [Copy] [Discharge]



## 2. Add Clinical Information



- On the identified case:
  - Scroll down to the additional clinical information section on the case to add the units requested and the clinical information to support the request.
  - In this section document information supporting the additional unit request e.g. member is currently having difficulty in school, aggressive behavior is accelerating. Meetings with the member have increased from 1 session to two sessions a week. Requesting additional units to accelerate the treatment.
  - The information needs to be brief but concise.
- Looking at the Treatment Plan and Diagnosis pro-actively to ensure that the request is not compromised:
  - The Treatment Plan should be within the 3 month date range at the time of the additional unit request.
    - **Attach the current Treatment Plan to the case.**
  - The Diagnosis
    - Check the diagnosis in the EHR. If there are changes to the diagnosis in the EHR then you are required to update the case to match. The new diagnosis as well as the date of change must be documented in Atrezzo. The date of change should be updated in the General Questionnaire (marked below). Question number 8.
    - Examples of changes will include:
      - A unspecific diagnosis has been used for the initial registration. This diagnosis has since been specified.
      - Member has had their annual review since the case was originally entered and the diagnosis has changed.
      - If the member's diagnosis changed during the case period (during treatment).

**MESSAGES AND ATTACHMENTS**

**MESSAGES**  
[View Messages \(0\)](#)  
[Send New Message](#)

**LETTERS**  
[KEPRODenial-773019219-02.pdf](#)

**ATTACHED DOCUMENTS**  
[tp for jason a..pdf](#) Individualized Treatment Plan  
[eligibility letter ja 10-9-17.docx](#) Clinical Letter  
[letter for jason a..pdf](#) Clinical Letter

Attach New Document (10 MB size limit):  
 [Browse...](#)

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.  
 Document Type (required): (Select One)

(Select a file and document type to activate 'Attach Selected Document' button)

Larger files will take longer to upload/download. Please be patient.

**QUESTIONNAIRES**  
[General](#)  
[RDS](#)  
[Section 17](#)

### 3. Submit

- The updated clinical information is submitted by clicking on **Add Clinical Information** (circled below)

Additional Clinical Information:

[Add Clinical Information](#)

#### 4. Possible Outcomes

- Atrezzo only provides feedback on additional unit requests, if it was rejected.
5. For Pending Authorization Status: Initiate follow up procedures and monitor progress, to resolve issues prompted by the daily download.
- Identify submissions that has been rejected and therefore are pending:
    - You have until the date indicated in Atrezzo to resolve pending issues (usually 7 calendar days)
    - Gather and submit the necessary clinical information to satisfy the pending issue.

#### FOR AUTHORIZATIONS THAT ARE PENDING...

### C. SUBMIT A CSR

#### *Identify which member needs a Continued Stay Review (CSR) to be submitted to KEPRO*

- Members, whose case near expiration date, are identified.

#### *Source information using the Treatment Plan or a Template (sent to Clinician)*

- Depending on which program, different questionnaires may apply and should be completed when preparing the KEPRO/ Atrezzo Authorization for submission online.

#### *Upload the authorization into Atrezzo and submit*

- The sourced information) is entered/ uploaded into KEPRO/Atrezzo to support the submission.

Overview on how to complete and submit a CSR (Continuous Stay Review) on KEPRO/ Atrezzo: [An example for BHH Child](#)

#### 1. Your Login

- One login/password is required for multiple NPIs (National Provider Identification). This is assigned by the Atrezzo Administrator.
- Enter your Username and Password

The following window will appear once you have logged in. Listed are **Messages** and **Request not yet submitted** throughout the Provider Organization, not specific to the person that submits the current service request.

Contract	Type	Member ID	Member Name	DOB	Last Modified	Start Date	End Date	Action
Maine ASO	Outpatient							Select
Maine ASO	Outpatient							Select
Maine ASO	Outpatient							Select

- **Be sure to select the appropriate NPI number for your submissions.** It is very important that your claim NPI and authorization NPI number match.
- If there is multiple NPI numbers - be sure to select the appropriate NPI number for your submissions.
- Select the appropriate NPI number by clicking on the **Change Context** link located right above your Name e.g.

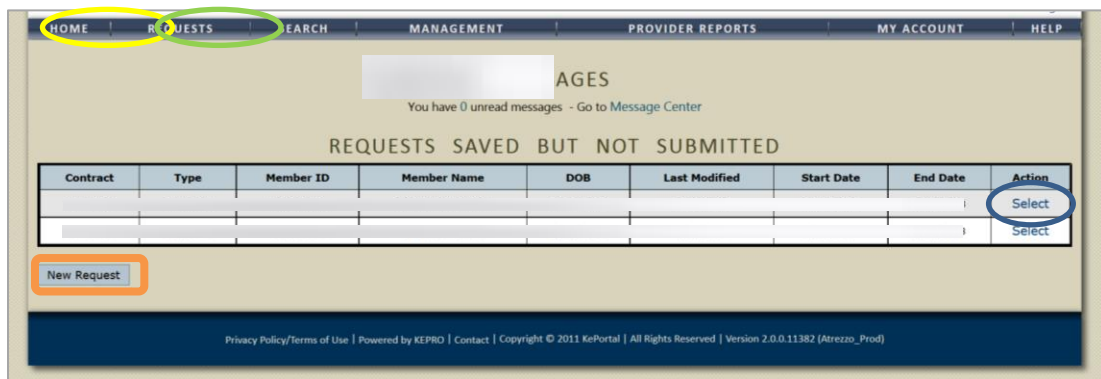
- Choose **Select** below to open the appropriate NPI number.

Name	NPI	Provider Type	Address	Action
		77 - Multi-Disciplinary Provider		<a href="#">Select</a> <a href="#">Info</a>
		77 - Multi-Disciplinary Provider		<a href="#">Select</a> <a href="#">Info</a>

## 2. Start a New Service Request

In the window below you can view **Messages** and **Requests Saved but Not Submitted** (organization wide).

- To start a New Request click on **New Request** (circled in orange) below.
- To work on a request that has been saved but not submitted click on the select button (circled in blue below), OR enter either a case # or MaineCare # to bring all of the cases, submitted and non-submitted in view.



## 3. Search for/ Look up a member

- You can look up your member:
  - By Case Id Number (select **Request** from the toolbar – circled in yellow above).
  - By Authorization Number (select **Request** from the toolbar – circled in yellow above).
  - By MaineCare/ Temp ID number (select **Search** – circled in green above).
    - A temporary ID number is assigned to a member that does not have a MaineCare number, or is partially eligible within the date range requested. The temporary number is used to submit grant and courtesy review cases.
  - By Member Last Name and Birthdate (select **Search** – circled in green).
- The Member Search window is displayed below. Enter **Member ID** or **Member Last Name** and **Member Birthdate** and select **Search**

- The member demographic information will be displayed. Check that the member information that appears on the screen is the one that you wish to submit a service request for. When you have confirmed that this is the member you should be submitting for, click on **Select**.

Member ID	Last Name	First Name	Address	DOB	Case Count	Contract
					0	Maine DHH <b>Select</b>

- For a CSR: Select the current case for which you want to extend or request for additional units.
  - If this is a CSR submission based on an expiration date then choose the current case and select **Extend** (circled in orange below)
  - To add additional units to an existing case, please refer to [SECTION I – “Request additional units](#) on an existing case subject to expire in the future.”

Submitted Requests		Servicing/Attending/PCP Requests				
Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers	
(N/A) [Procedures] [Diagnosis]	Un-Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 4/6/2018	[Servicing]	[Select] [Extend] [Copy]
(N/A) [Procedures] [Diagnosis]	Un-Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 3/7/2018	[Servicing]	[Select] [Extend] [Copy]
172850497 (N/A) [Procedures] [Diagnosis]	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 11/8/2017	[Servicing]	[Select] [Extend] [Copy] [Discharge]

**This section should auto populate from the previous case submitted**

- Depending on the program, complete the fields below by clicking on the drop down arrow and selecting the appropriate value.
  - Select request type:
    - i. **Inpatient:** Hospital based services ONLY (Section 45/46)
    - ii. **Outpatient:** Community Based Services
  - Select sub contract: Remains **Maine ASO**.
- Click on the **Create Request** button.

Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
Select request type: <input type="text" value="Outpatient"/> <input type="button" value="Create Request"/> <input type="button" value="Cancel"/>					
Select sub contract: <input type="text" value="Maine ASO"/>					

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#### 4. The Outpatient Services Request Window

The layout of this window is standard with **links** in the left panel/ section and the coinciding information appearing in the right panel/ section:

*Proceed by clicking on the tabs in the left panel of the screen and entering information in the right panel/ section. Another way of navigating through the pages is by clicking on **Next** or **Previous**.*

- **Save/ Save for later** – saves the information.
- **Cancel Request** – this command will delete the case completely.
- **Submit** – use when all information has been entered or attached and the case is complete.

##### ***The Patient Detail Section:***

- If you are adding a temporary person, make especially sure that the member information and demographics information is accurate.
- The demographic information for MaineCare members that displays on this screen is pre-populated from MaineCare and cannot be changed. To change any demographic information, please have your member contact their local DHHS Office.



### ***The Requesting Provider Section:***

- This section contains information on the organization. This information is pre-populated. Click on **Next** to proceed.
- Make sure that the NPI number listed is the appropriate one.

Name	NPI	Provider Type	Address	Action

- Skip the **Service Provider** and **Attending Physician** Section.
- **Attending Physician** can be entered for Section 46 Services.

### ***The Service Detail Section:***

- On this page you are requesting the actual service.
  - In this example we are submitting a CSR for BHH. Screens for other programs are the same. The only screen that will be different will be the Questionnaire page which could have multiple questionnaires or just one.
  - For Service Type: Select from dropdown the appropriate MaineCare regulation section.
  - For Request Type (Program Specific): For this program (BHH) you will select a PA (Prior Authorization).
- The FIPS Code is not used and left blank.
- Click on **Next** to proceed to the next page.

**OUTPATIENT SERVICES REQUEST**

☒ Patient Detail  
☒ Requesting Provider  
☒ Service Provider  
☒ Attending Physician  
☒ **Service Detail**  
☒ Procedures  
☒ Diagnoses  
☒ Clinical Information  
☒ Attached Documents  
☒ Questionnaires

Service Type \*  
 Request Type  
 FIPS Code

--Select One--  
 Continued Stay Review  
 Courtesy Continued Stay Review  
 Courtesy Review  
 Grant Funded Continued Stay Review  
 Grant Funded Review  
 Prior Auth  
 Referral  
 Registration

Previous Next

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Save Save for later Cancel Request Submit

### ***The Procedures Section:***

For CSR's the code will auto populate from the request you are extending off of.

- If both H2000 and H004 auto populate from the previous case, remove the H2000 and retain the H004 if requesting continued therapy. The case has already been approved so there is no evaluation necessary. An evaluation during registration is not needed in a CSR – the case is already approved.
- Insert the dates and units.

## OUTPATIENT SERVICES REQUEST

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
  - Attending Physician
- ☒ Service Detail
- ☒ **Procedures**
- ☒ Diagnoses
  - Clinical Information
  - Attached Documents
- ☒ Questionnaires

### PROCEDURES

**No New Codes May Be Added To An Existing Authorization**

H0004 - Adult Outpatient Therapy- Me [remove]

Date: \* 6/12/2018 to

Qty: \* Weekly Rate:

For the selected service type, procedure codes cannot be added on an extension

\* denotes required field

Previous

Next

#### For BHH Programs only:

- A billing period is from the 21st to the 20th of a month. For this particular program cases are approved by date. For a child CSR, 180 days which equals 6 units. For adult, a CSR would be 90 days, which equals to 3 units (a month equals a unit).

**Please note:** This information will not be prepopulated and needs to be captured according to program (please refer to the [ASO MaineCare Funded Service Grid](#) for program specific details).

- It is very important to select the **Save** button to save/"lock-in" the selected description.
  - Always use calendar date picker when entering the date.

**PROCEDURES**

Use the search below to add procedures to this request

H2015 - Community Integration (CI) [remove]

Date: \* to

Qty: \*

Rate:

**May 2017**

Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

Preferred

The screenshot shows the 'OUTPATIENT SERVICES REQUEST' form with the 'PROCEDURES' tab selected. The left sidebar contains a list of options: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures (highlighted), Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The main content area is titled 'PROCEDURES' and includes the instruction 'Use the search below to add procedures to this request'. Below this, there is a search bar with a dropdown menu showing 'T2022HA - Behavioral Health Homes - Chi' and a '[remove]' link. The search criteria include 'Date: \* 09/21/2017 to 03/20/2018' and 'Qty: \* 180 Weekly Rate:'. There are 'Find' and 'Show Preferred' buttons. At the bottom, there are 'Previous' and 'Next' buttons, with 'Next' highlighted in orange.

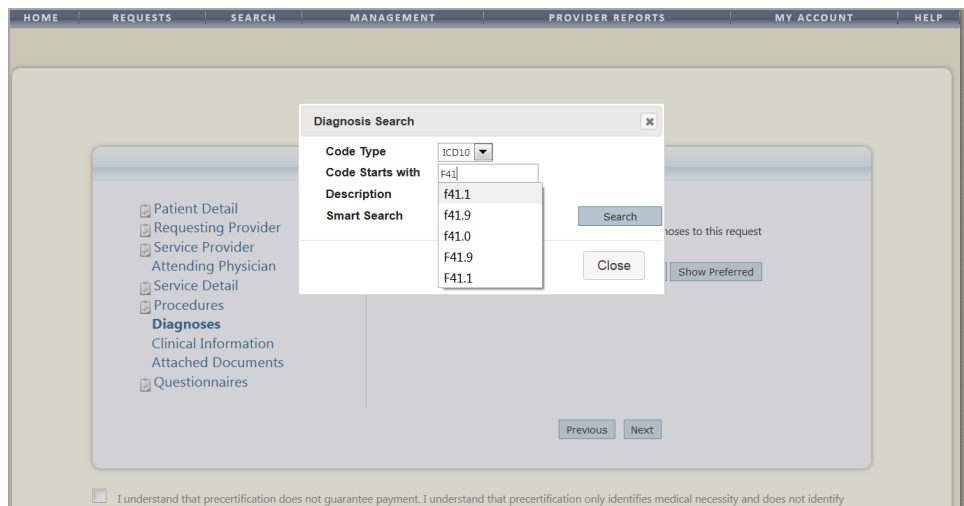
- Once the information has been entered, click on **Next** to proceed to the Diagnosis Window.

### ***The Diagnosis Section:***

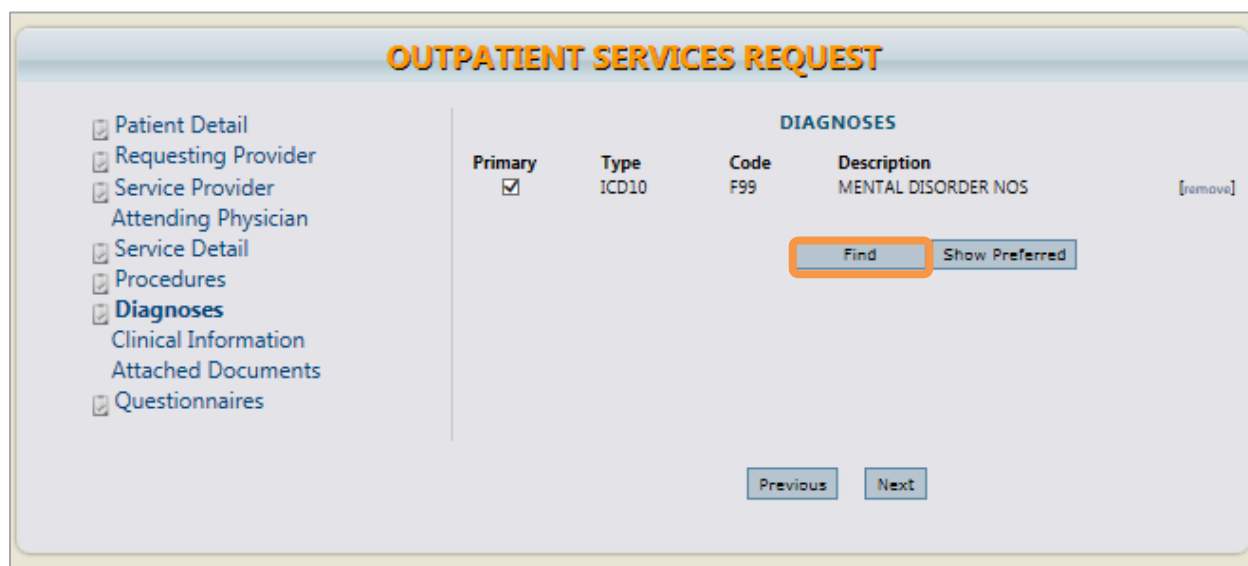
- Verify that the diagnosis in Atrezzo matches the current diagnosis.
- Changes to the diagnosis codes will alter the diagnosis codes for all requests within the case. See new screen shot.

The screenshot shows the 'OUTPATIENT SERVICES REQUEST' form with the 'DIAGNOSES' tab selected. The left sidebar is the same as the previous screenshot, but 'Diagnoses' is highlighted. The main content area is titled 'DIAGNOSES' and includes the instruction 'Changes to these diagnosis codes will alter diagnosis codes for all requests on this case.' Below this, there is a table with the following columns: Primary, Type, Code, and Description. The table contains one row with the following data: Primary (checked), Type (ICD10), Code (F43.10), and Description (POST-TRAUMATIC STRESS DISORDER UNS). There are 'Find' and 'Show Preferred' buttons. At the bottom, there are 'Previous' and 'Next' buttons.

- Click on the **Find** button. The Diagnosis Search box will appear (Codes are ICD 10).
- Enter the first letter of the diagnosis code for a drop down list and select the appropriate diagnosis.



- Find and select the correct diagnosis code. Enter the appropriate diagnosis and click on **Next** to proceed.
- The diagnosis must be filled in (mandatory) or the software will not let you submit the CSR.
- The diagnosis date cannot be older than a year. If the current diagnosis is outdated contact the current provider to update.
- An updated diagnosis can be added to the case after it has been submitted.
- If the diagnosis has changed, it can be updated by following the steps below.
  - Click on find to locate the new diagnosis (circled below)



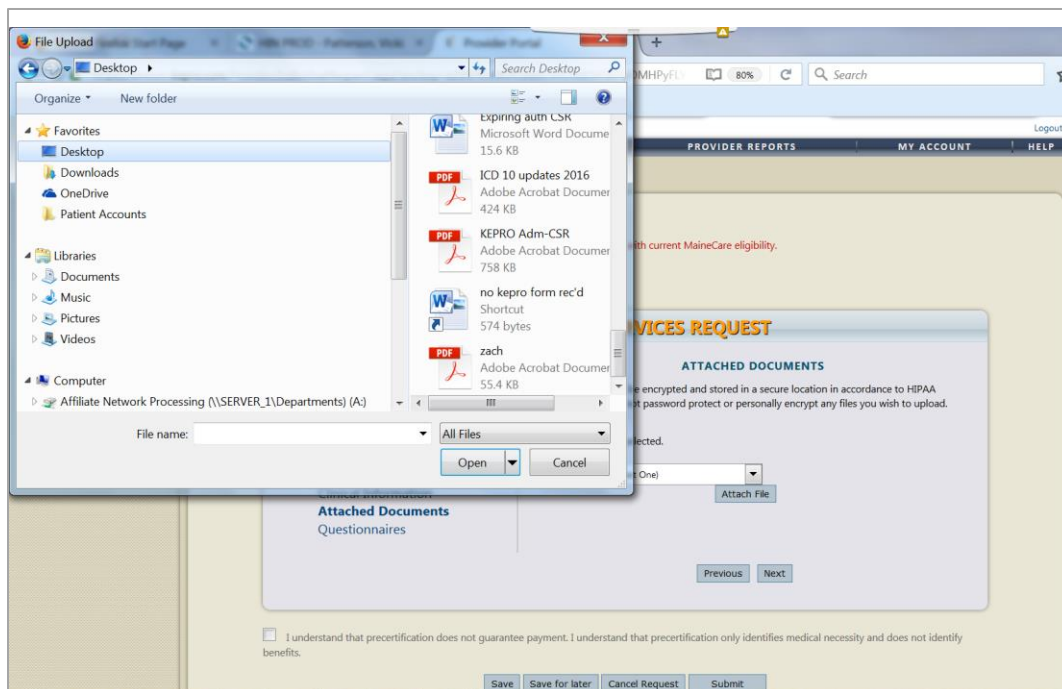
### ***The Attached Documents Section:***

- Attach the current Treatment Plan.
  - Source the current Treatment Plan. A Treatment Plan can be attached after submission if necessary.

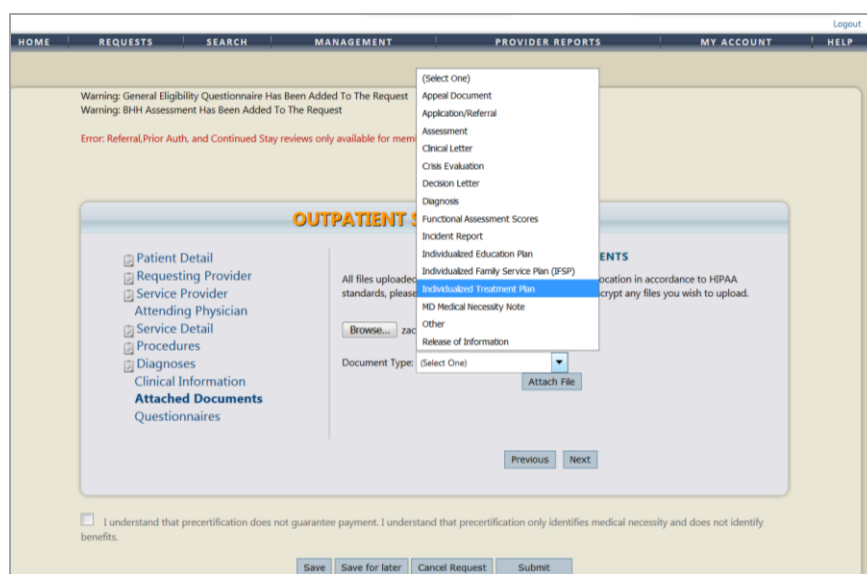
- A Treatment Plan is outdated when:
  - The Treatment Plan date does not fall within three months from the requested start date.
  - If the Treatment Target Dates have passed.
- For Section 17 Services (ACIS and ACT):
  - In addition to the Treatment Plan, the member must have a qualifying diagnosis or a clinical letter meeting the qualifications for Section 17 services. The clinical letter is invalid after a year from the letter date. This is strictly enforced by KEPRO.
- Select the Attached Document link in the left panel of the Outpatient Services Request window to proceed to the Attached Documents window.
- Select the Browse button.

The screenshot shows the 'Outpatient Services Request' window. On the left is a sidebar with a list of sections: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, **Attached Documents** (highlighted in blue), and Questionnaires. The main area is titled 'ATTACHED DOCUMENTS' and contains the following text: 'All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.' Below this text is a 'Browse...' button (highlighted with an orange box) and the text 'No file selected.' To the right of the button is a 'Document Type:' dropdown menu with '(Select One)' as the current selection. Below the dropdown is an 'Attach File' button. At the bottom of the main area are 'Previous' and 'Next' buttons. At the very bottom of the window is a checkbox with the text: 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.'

- Open File Explorer and selecting and upload the appropriate document e.g. Treatment Plan



- Define the **Document Type** by selecting one of the items on the list e.g. Individualized Treatment Plan and select **Attach File**.



- The title of the document that was uploaded will appear under the **Attached** heading. Click on **Next** to proceed.

Warning: BHH Assessment Has Been Added To The Request  
Error: Referral,Prior Auth, and Continued Stay reviews only available for members with current MaineCare eligibility.

### OUTPATIENT SERVICES REQUEST

☒ Patient Detail  
☒ Requesting Provider  
☒ Service Provider  
☒ Attending Physician  
☒ Service Detail  
☒ Procedures  
☒ Diagnoses  
☒ Clinical Information  
☒ **Attached Documents**  
☐ Questionnaires

#### ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

No file selected.

Document Type:

Attached:  
zach.pdf Individualized Treatment Plan

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

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- If you wish to remove an attached file, select **Remove**.
- **Please note:** Documents cannot be removed by the user or by KEPRO once a case has been submitted. Please verify that the documents that have been uploaded are that of the member you are submitting the request for, prior to submitting.

### Outpatient Services Request

☒ Patient Detail  
☒ Requesting Provider  
☒ Service Provider  
☒ Attending Physician  
☒ Service Detail  
☒ Procedures  
☒ Diagnoses  
☒ Clinical Information  
☒ **Attached Documents**  
☐ Questionnaires

#### ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

No file selected.

Document Type:

Attached:  
kepro hin notification 3-10-2017.pdf Diagnosis

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

### The Questionnaires Section:

- Required clinical information is entered into questionnaires.
- Click on the **Questionnaire** link to open the link and complete each questionnaire (specific to program).



*For example for BHH:*

- *For Child BHH:*
  - *The following questionnaires will need to be completed:*
    - *General*
    - *Behavioral Health Homes*
    - *CANS (Child and Adolescents Needs and Strengths)*
- *For Adult BHH*
  - *The following questionnaires will need to be completed:*
    - *General*
    - *Behavioral Health Homes*
    - *LOCUS*

- Regularly **Save changes** to submit the final completed version of the Questionnaire. **Mark as Complete**
- Sometimes there are no questionnaires listed in the window.
  - If there is not, double click on Questionnaires and they will appear.
- All cases require a General Questionnaire to be completed.
  - An important piece of this questionnaire is the diagnostic date which cannot be older than a year.
- Other questionnaires are specific by program. The clinical information can be sourced:
  - From the Treatment Plan.
  - Template completed by the providers.
- Once the questionnaires are completed, save changes and return to the request.

#### Completing a General Questionnaire

- To open the questionnaire, under the **Questionnaires** select **General**.

Error: Referral, Prior Auth, and Continued Stay reviews only available for members with current MaineCare eligibility.

### OUTPATIENT SERVICES REQUEST

- ☐ Patient Detail
- ☐ Requesting Provider
- ☐ Service Provider
- ☐ Attending Physician
- ☐ Service Detail
- ☐ Procedures
- ☐ Diagnoses
- ☐ Clinical Information
- ☐ Attached Documents
- ☐ Questionnaires**

#### QUESTIONNAIRES

Questionnaire Name	Status
General	Not Completed
Behavioral Health Homes (BHH)	Not Completed
Child & Adolescent Needs and Strengths (CANS)	Not Completed

[Previous](#)

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

- Answers to the questions in this questionnaire can typically be retrieved from the **Treatment Plan**.
- Guidelines when completing the questionnaire:
  - Select **SAVE CHANGES**
    - If a Server Error appears, there are too many characters in a BOX. Review and edit your information to ensure that the number of characters used is appropriate.
  - Select **Return to Request**
  - NOW go to QUESTIONNAIRES:

***Different programs have different questionnaires to complete***

#### 5. Submit the CSR:

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

[Save](#)
[Save for later](#)
[Cancel Request](#)
[Submit](#)

- First you need to check the box to agree to the terms set out in Atrezzo.
- Click on the **Submit** button to submit the completed CSR for approval.

#### 6. Possible Outcomes:

- The outcome of the application is entered under the **Status** field and could be one of the following:

- Void
- Discharge
- Pending (Hold)
- Complete
- Submission Failure: Error messages will appear in red to indicate what the issues are in the completion process e.g. inaccurate or conflicting information.
- Scenarios:
  - There could be other providers listed for this individual (internal or external).
  - Member not discharged or non-concurrent services.
  - Dates are incorrect.
  - Inappropriate codes e.g. child and adult.
  - The member is not eligible for MaineCare.

#### **FOR CSRs THAT ARE PENDING...**

### **7. Pending CSR Status**

- Identify authorizations that are **pending**:
  - You only have until the date indicated in the comments sections in Atrezzo (approximately 7 calendar days) to submit the necessary clinical information to satisfy the pending issue.
- Initiate follow up procedures, and monitor progress, to resolve issues prompted by the daily download.

## **D. DISCHARGE A MEMBER**

### ***Identify which members' needs to be discharged.***

- Discharges are required for all members
- Members who no longer receives services must be discharged from the program in Atrezzo.
  - If not discharged – compromises member's ability to receive care from other Providers (Internal or External).
  - If not discharged - Authorization Coordinator may continue to apply for CSRs unnecessarily.

### ***Discharge the member in Atrezzo***

- Determine which case to be discharged.
  - Search for the member.
  - Identify the case by the case id number and the end date on the case.
  - In a case where there is more than one procedure code (e.g. H2000 – evaluation and H0004 –therapy) the therapy is the service which you apply the discharge to.

## Overview on how to complete a Discharge in KEPRO/ Atrezzo: An example for BHH (all programs are similar)

### 1. Identify and select which case needs to be discharged.

- The member may have multiple cases listed with similar dates, such as Section 65, Section 28 so make sure that you pick the right service. TIP: By clicking on **Procedures** (circled below) you can easier identify the program.
- Choose the last CSR submitted to discharge by referring to the **Service Date** (comment). When cases are extended both the Atrezzo Case ID number and the APS Authorization number will repeat in the subsequent cases. Therefore it is always important that you select the most current case for that service.
- Select **Discharge** (circled in the screen below)

Submitted Requests		Servicing/Attending/PCP Requests				
Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers	
(N/A) [Procedures] [Diagnosis]	Un-Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 4/6/2018	[Servicing]	[Select] [Extend] [Copy]
(N/A) [Procedures] [Diagnosis]	Un-Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 3/7/2018	[Servicing]	[Select] [Extend] [Copy]
172850497 (N/A) [Procedures] [Diagnosis]	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 65 Behavioral Health Services	10/10/2017 - 11/8/2017	[Servicing]	[Select] [Extend] [Copy] [Discharge]

### 2. Source information and complete the fields in the Case Information window.

#### Guidelines on sourcing information to discharge the case:

In the screen below, there are four questions that need to be answered.

## DISCHARGE CASE

### CASE INFORMATION

Case ID:
Case Submit Date:
SRV Auth:
Reference ID:

Member ID:
Member Name:
Gender:
DOB:

### DISCHARGE INFORMATION

**Discharge Disposition** 1

--Select One--

**Employment Status:** 2

--Select One--

**Living Arrangement:** 3

--Select One--

### PROCEDURES

Procedure	Description	Certified Start Date	Certified End Date
H0004HH	Adult OP Therapy MH Agency - Co-occurring	9/20/2017	<div style="border: 1px solid #ccc; padding: 2px; width: 150px;">9/19/2018</div>
H2000HH	Adult OP Comp Assess MH Agency-Co-occurring	9/20/2017	<div style="border: 1px solid #ccc; padding: 2px; width: 150px;">10/19/2017</div>

**Discharge Note:**

Submit

Cancel

- The following screen will appear that contains the information to complete questions 1, 3 and 4.
- The date (number 4) default to the end date of the case **and must be adjusted to the discharge date**.
  - If the discharge date is greater than the case end date, Atrezzo will not allow you to submit.
    - Verify the discharge date to determine whether you have perhaps selected the wrong case.
    - Atrezzo will allow you to enter a future discharge date within the parameters of the duration of the case.
    - The discharge date should be the date of service provided to the member.
- The Discharge Notes Field is not a required field.
- Once the information has been completed, submit the discharge by selecting the **Submit** button.

Discharge Note:

## E. READMIT A MEMBER

- It is the responsibility of the Provider to examine the assignment to make sure that the non-concurrent services has been discharged.
- Re-admitting for the same service
  - Check on Atrezzo to make sure that the case has been discharged.
  - Look at the assignment to make sure that there is not another program out there that is a non-concurrent service e.g. a member cannot be admitted to BHH if an existing CM assignment is open.
    - For OP
      - One member cannot receive the same service from two providers concurrently e.g. CLINICBSD OFFICE vs SB or PCI or Affiliate
  - Once you have concurred that there is no non-concurrent services open, proceed with the standard registration/ PA Process.
    - Please refer to [“Create a Registration/PA”](#) for detailed instructions.