

KEPRO. | *Atrezzo*
INTELLIGENT VALUE



Welcome



- Effective May 13, 2019 the following services will require an authorization through the KEPRO Atrezzo Portal:

Code	Modifier	Description
T1017	HF	Case Management services for adults with substance abuse disorders
T1017		Case Management services for adults with HIV
T1017	U5	Case Management services for members experiencing homelessness

- Transition
 - Provider setup
 - User accounts
- Access
 - Login
 - Setting up your organization
 - Registering system users and roles
 - Setting up your profile
- Home screen tabs
- Submitting a request
 - Finding a member
 - Service Request
 - Diagnostic Lookup
- Searching for an authorization
 - Daily Authorization Report
 - Discharging
- FAQ

Transition

Provider setup

User accounts

- How will my organization access Atrezzo?
 - **For existing providers:**
 - You will continue to submit your requests in Atrezzo
 - **For new providers:**
 - KEPRO Provider Relations will setup an administrative account for your organization if your agency is not currently setup in Atrezzo.
 - The organization will be setup using the agency's main NPI number.
 - The Group Admins login information will be emailed to the contact person we have on file.
 - To update your contact information, please call Provider Relations at 1-866-521-0027, Option 3 or email ProviderRelationsME@kepro.com

Transition

Subject: Atrezzo Provider Access for

Welcome to KEPRO's new Atrezzo platform.

Below you will find information on how to access the system and setup user accounts.

If you have any questions about this email, please reply.

Thank you,
KEPRO Provider Relations

Atrezzo: Click the icon below to login to Atrezzo or visit <http://www.qualitycareforme.com/> and click the icon.



Username: admin_**agencyname**

Password: **Password1!**

Access

Login

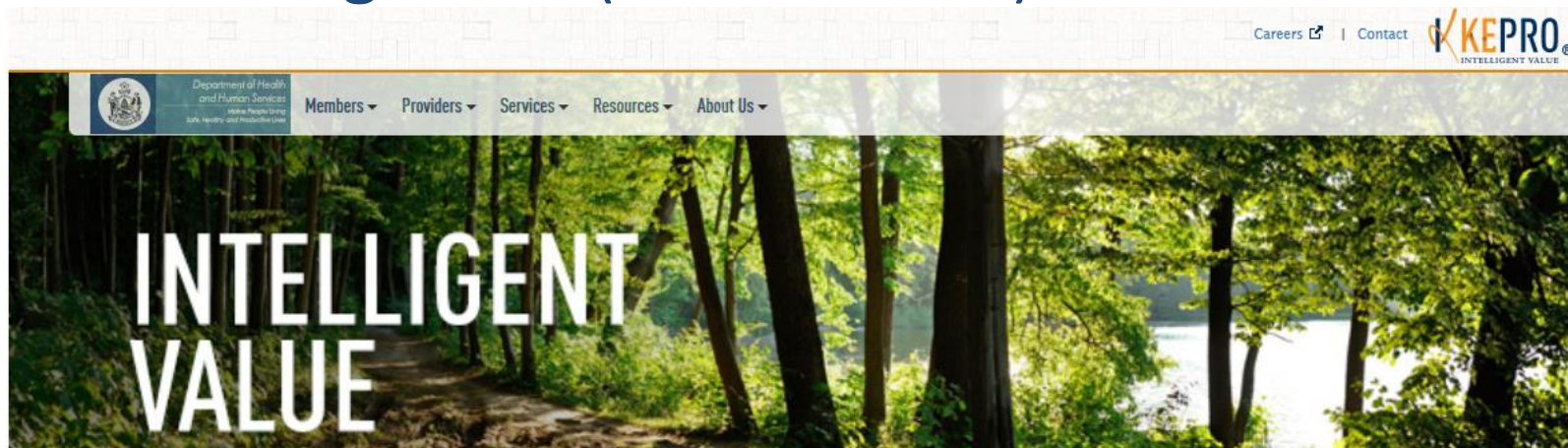
Setting up your organization

Registering system users and roles

Setting up your profile

Changing to a different NPI

- Visit www.qualitycareforme.com and click the **Atrezzo Login** icon (shown below)



Atrezzo
Login

Click below to see our
Atrezzo Training Schedule

Since 2007, KEPRO has been serving the Department of Health and Human Services to provide a Behavioral Health Utilization Management System for services currently purchased through the State's Office of Maine Care Services and administered by the Office of Substance Abuse and Mental Health Services (SAMHS), Office of Child and Family Services (OCFS), and the Office of Aging and Disability Services (OADS).

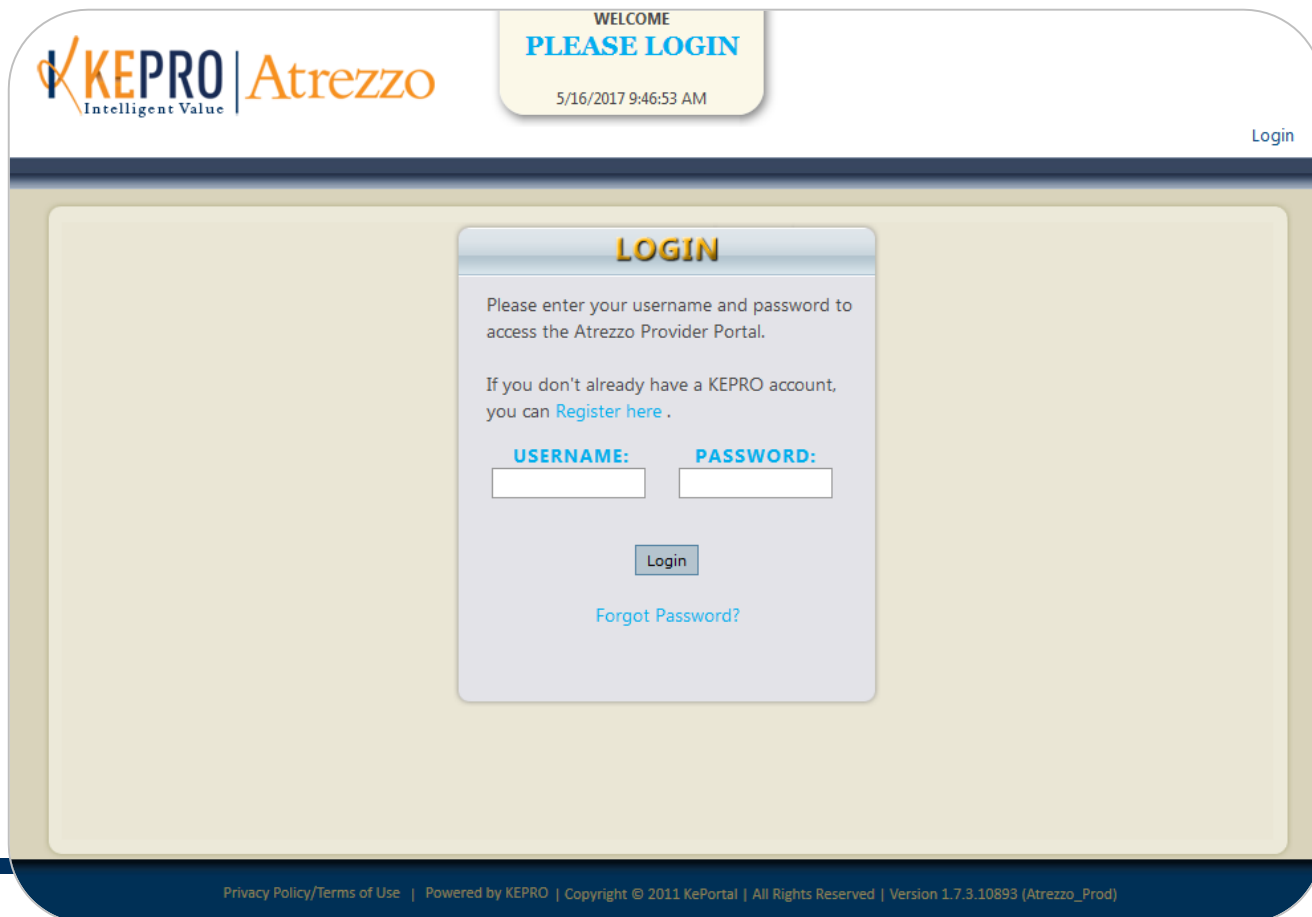
KEPRO encourages respect, collaboration, and partnership among all entities serving the citizens of Maine. We believe that the best method to achieving input from Providers, Members and Families, Advocates, and other entities is to involve key representatives of each of these groups in every step of the process. KEPRO's collaborative model will be an integrated one that welcomes inclusion by all interested stakeholders.

KEPRO has significant experience in developing innovative, collaborative models of utilization management, care management, Provider Relations and quality improvement that emphasize community partnership, training, technical assistance.

Our goal is to promote each member's recovery, resiliency, and ability to live in the community of his or her choice. KEPRO strives to improve the quality of mental health and substance use services in Maine.


Login

- Enter your USERNAME and PASSWORD



The screenshot shows the login interface for the KEPRO Atrezzo Provider Portal. At the top left is the KEPRO Intelligent Value | Atrezzo logo. At the top center, a yellow box contains the text "WELCOME PLEASE LOGIN" and the timestamp "5/16/2017 9:46:53 AM". At the top right is a "Login" link. The main content area features a central "LOGIN" box with the following text: "Please enter your username and password to access the Atrezzo Provider Portal." and "If you don't already have a KEPRO account, you can [Register here](#)." Below this are two input fields labeled "USERNAME:" and "PASSWORD:". A "Login" button is positioned below the fields, and a "Forgot Password?" link is at the bottom of the login box. The footer contains the text: "Privacy Policy/Terms of Use | Powered by KEPRO | Copyright © 2011 KePortal | All Rights Reserved | Version 1.7.3.10893 (Atrezzo_Prod)"

Setting up your organization



ORGANIZATION INFORMATION

ACCOUNT INFORMATION

Username:

Password: *

Confirm Password: *

Enter a secret question: *

Enter the secret answer: *

CONTACT INFORMATION

First Name: *

Last Name: *

Address:

City:

State:

Zip:

Email Address: *

Confirm Email:

Phone Number:

Fax Number: *

* denotes required field

Accounts will be created by
KEPRO.

Please email Provider Relations
at
ProviderRelationsME@kepro.com if your information should be
updated This information can be
edited by your system admin.

Registering system users and roles

- Only Group Admin or Admin can setup users for their organization. Under the Management tab, click Manage Providers and Preferences

MANAGEMENT

Manage Providers And Preferences

Manage Users

Register New Provider

Registering system users and roles

- Select the appropriate NPI and select Users

[\[Change Context\]](#)
PINES HEALTH SERVICES
PINES HEALTH
Contract: Maine DHHS

[\[Update Counts\]](#)
Total (work-in-progress) Requests: 0
Total Saved (not submitted): 0
Total Submitted: 0

Logout

HOME | REQUESTS | SEARCH | MANAGEMENT | MY ACCOUNT | HELP

MANAGE PROVIDER GROUP

Select a Provider to manage its preferences:

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

Register New NPI

Registering system users and roles

- Select Add New User

The screenshot displays the KEPRO user management interface. At the top, the KEPRO logo is on the left, and a user profile for Brianna Walton (Contract: Maine DHHS) is in the center. On the right, a summary box shows request counts: 538 total work-in-progress requests, 4 total saved (not submitted), and 534 total submitted. A navigation bar includes links for Home, Requests, Search, Management, Reports, My Account, and Help, with a Logout link on the far right. The main content area is titled 'USERS FOR' and contains a warning to save changes before navigating away. It features two panels: 'Available Users from your Provider Group' (a large empty box) and 'Users that are associated with this provider' (a list of roles with radio buttons). The roles listed are Group Admin, Admin, User, Group Admin+Reports, and Admin+Reports. A 'Save All Changes' button is located in the top right of the main area. At the bottom left, an 'Add New User' button is highlighted with a large orange arrow pointing to it.

[Change Context]

BRIANNA WALTON
Contract: Maine DHHS

[Update Counts]
Total (work-in-progress) Requests: 538
Total Saved (not submitted): 4
Total Submitted: 534

Logout

HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP

USERS FOR

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

Save All Changes

Available Users from your Provider Group:

Users that are associated with this provider:

☐ Group Admin ☐ Admin ☐ User [remove]

☒ Group Admin+Reports ☐ Admin+Reports

>>

Add New User



- SOMERSET REHABILITATION & LIVING CENTER-001

FNAME LNAME

Contract: Maine DHHS

[Update Counts]

Total (work-in-progress) Requests: 0

Total Saved (not submitted): 0

Total Submitted: 0

Logout

HOME | REQUESTS | SEARCH | MANAGEMENT | MY ACCOUNT | HELP

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

CONTACT INFORMATION

User Name:* ✓ Available

Enter Password:

Confirm Password:

First Name: *

Last Name: *

Email Address: *

Confirm Email:

Address 1:

Address 2:

Registering system users and roles

- Select the users role:
 - **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



[Change Context]

[Update Counts]

Total (work-in-progress) Requests: 538
Total Saved (not submitted): 4
Total Submitted: 534

Logout

HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP

USERS FOR

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:


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

>>

Add New User

Add additional
users by clicking
here

Registering system users and roles



[\[Change Context\]](#)
BRIANNA WALTON
Contract: Maine DHHS

[\[Update Counts\]](#)
Total (work-in-progress) Requests: 538
Total Saved (not submitted): 4
Total Submitted: 534

Logout

HOMEREQUESTSSEARCHMANAGEMENTREPORTSMY ACCOUNTHELP

USERS FOR

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

Save All Changes

Available Users from your Provider Group:

>>

Users that are associated with this provider:

☐ Group Admin☐ Admin☐ User
☒ Group Admin+Reports☐ Admin+Reports

First Time User Login



- Once the user logs in for the first time they will be required to read the terms of use.

Logout



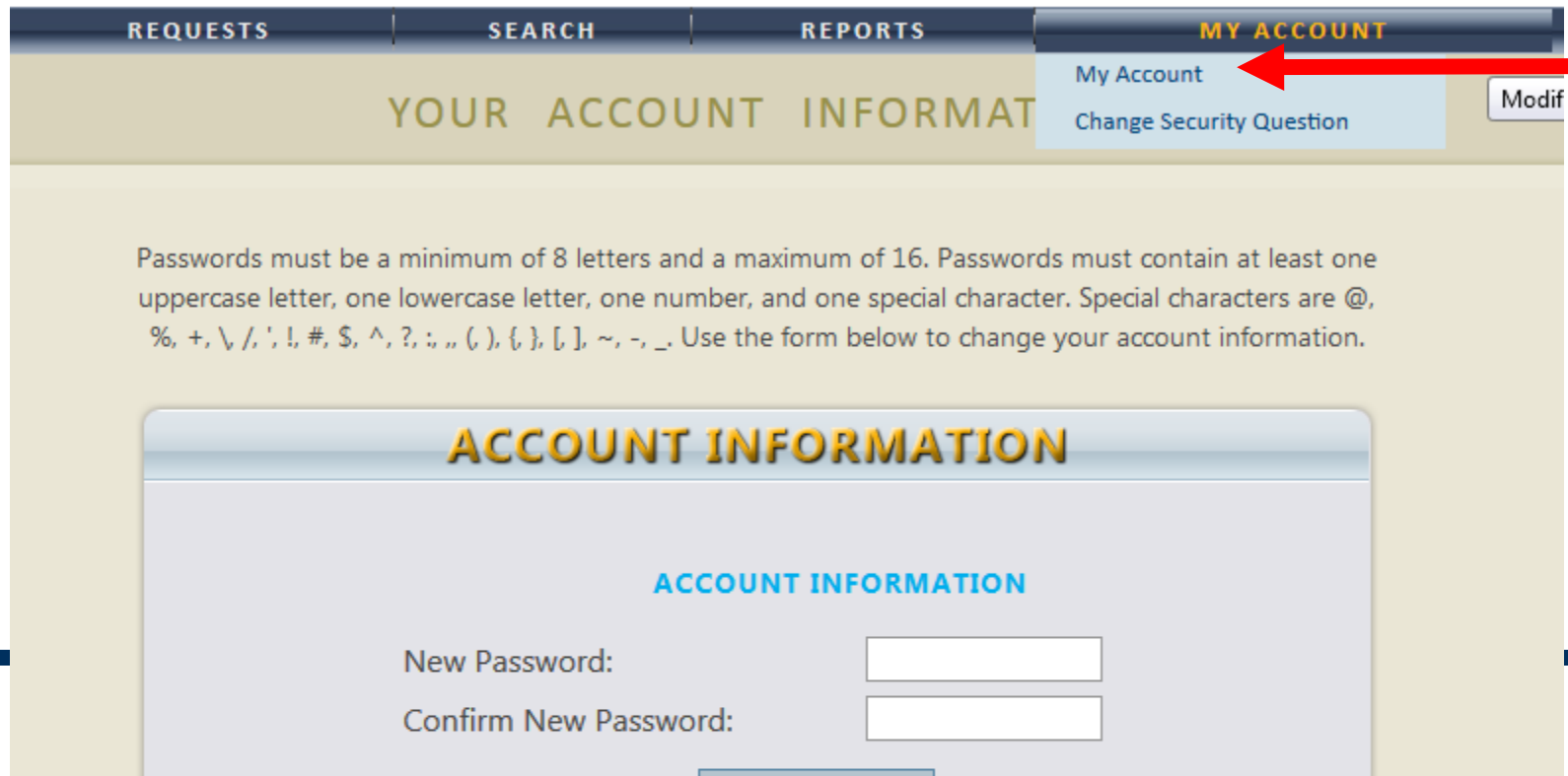
PLEASE LOGIN

KEPRO PORTAL - TERMS OF USE AGREEMENT

THE KEPRO PORTAL IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE. BY PROCEEDING OR USING THE KEPRO PORTAL YOU ARE AGREEING THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF USE AND

Setting up your profile

- Click My Account to add personal contact information, change your password, or edit your security questions.



The screenshot shows the 'MY ACCOUNT' section of the KEPRO web application. The top navigation bar includes 'REQUESTS', 'SEARCH', 'REPORTS', and 'MY ACCOUNT'. A red arrow points to the 'My Account' link in the dropdown menu. Below the navigation bar, the page title is 'YOUR ACCOUNT INFORMATION'. A password policy notice states: '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 @, %, +, \, /, ', !, #, \$, ^, ?, :, ,, (), { }, [], ~, -, _.' Below this, a form titled 'ACCOUNT INFORMATION' contains fields for 'New Password:' and 'Confirm New Password:'. A 'Modify' button is visible on the right side of the page.

REQUESTS SEARCH REPORTS MY ACCOUNT

My Account Change Security Question

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

ACCOUNT INFORMATION

New Password:

Confirm New Password:

Modify

Home Screen Tabs

Home Screen



HOME	REQUESTS	SEARCH	REPORTS	MY ACCOUNT	HELP
	View Requests Message Center	Member Request/Case		My Account Change Security Question	User Guide (PDF) F.A.Q. (PDF) Latest Release Notes (PDF) Password Guidelines (PDF)

Home tab – To view pending requests and unread messages.

Home Screen



HOME	REQUESTS	SEARCH	REPORTS	MY ACCOUNT	HELP
	View Requests Message Center	Member Request/Case		My Account Change Security Question	User Guide (PDF) F.A.Q. (PDF) Latest Release Notes (PDF) Password Guidelines (PDF)

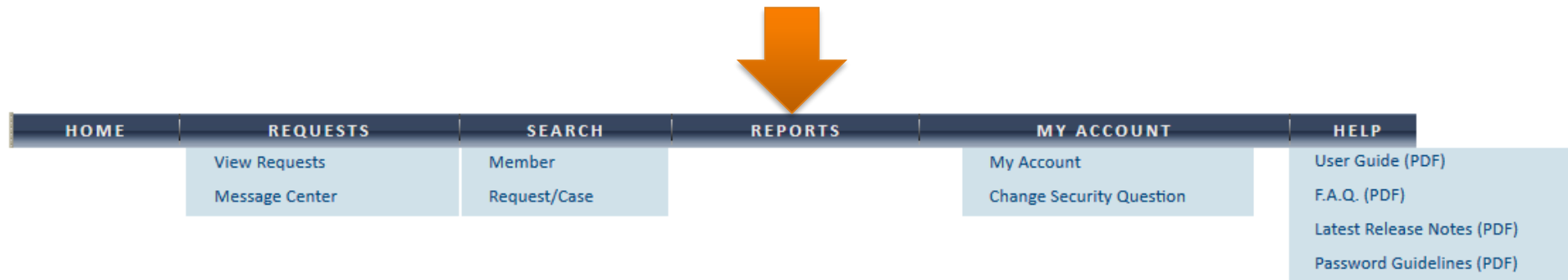
Request tab – To submit new requests and view messages

Home Screen



Search tab – To search requests

Home Screen



Reports tab – To view the Daily Authorization Report

**It will be made available to users with an admin + reports role*

Home Screen



My Account tab – To setup their account settings (name, email, fax, etc.) and update security questions.



CHANGE SECURITY QUESTION AND ANSWER

Enter a secret question:

Enter the secret answer:

Enter your password:

Home Screen



HOME	REQUESTS	SEARCH	REPORTS	MY ACCOUNT	HELP
	View Requests Message Center	Member Request/Case		My Account Change Security Question	User Guide (PDF) F.A.Q. (PDF) Latest Release Notes (PDF) Password Guidelines (PDF)

Help tab – To view resources/instructional guides for utilizing the system.

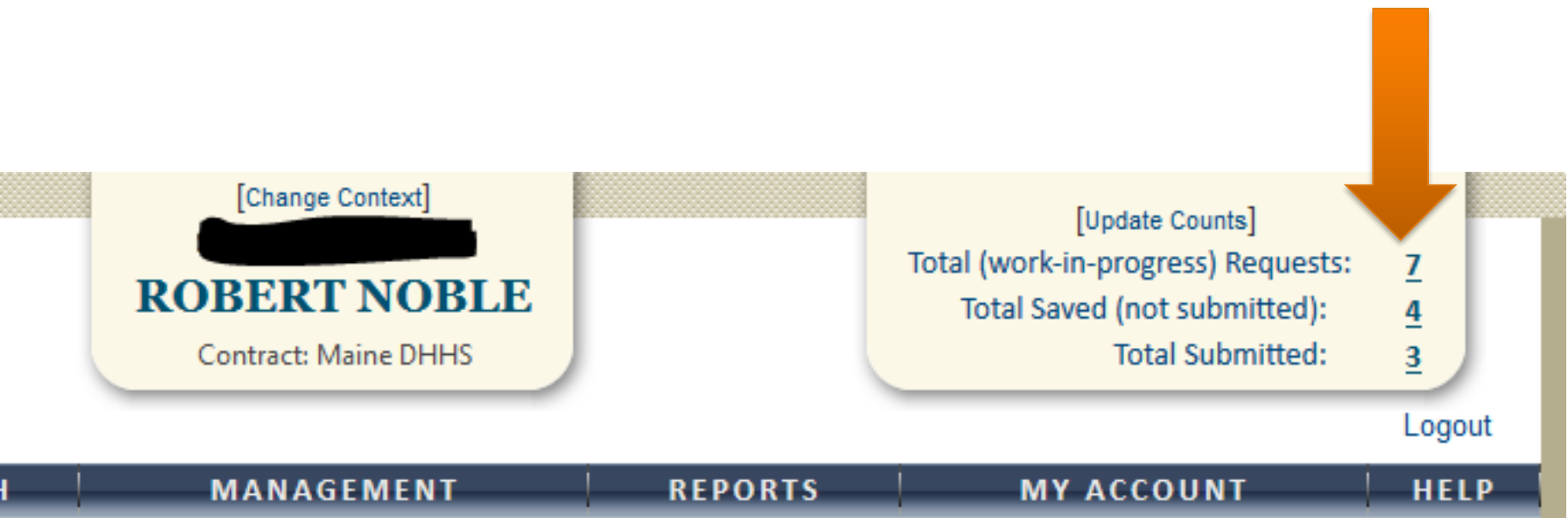
Home Screen



Management tab – *ADMIN ONLY* - To setup users, change permissions, reset passwords, and register new NPI #'s.

Home Screen

- The system offers a dashboard of cases submitted or saved. Click the numbers to view the request(s).



The screenshot shows the KEPRO Home Screen dashboard. On the left, a yellow box contains a "[Change Context]" link, a redacted name, and the text "ROBERT NOBLE" and "Contract: Maine DHHS". On the right, another yellow box contains an "[Update Counts]" link and a table of request counts. A large orange arrow points to the table. At the bottom right is a "Logout" link. A dark blue navigation bar at the bottom contains the links "MANAGEMENT", "REPORTS", "MY ACCOUNT", and "HELP".

[Update Counts]	
Total (work-in-progress) Requests:	<u>7</u>
Total Saved (not submitted):	<u>4</u>
Total Submitted:	<u>3</u>

Logout

MANAGEMENT | REPORTS | MY ACCOUNT | HELP

Submitting a Request

Submitting a request

Finding a member

Service Request

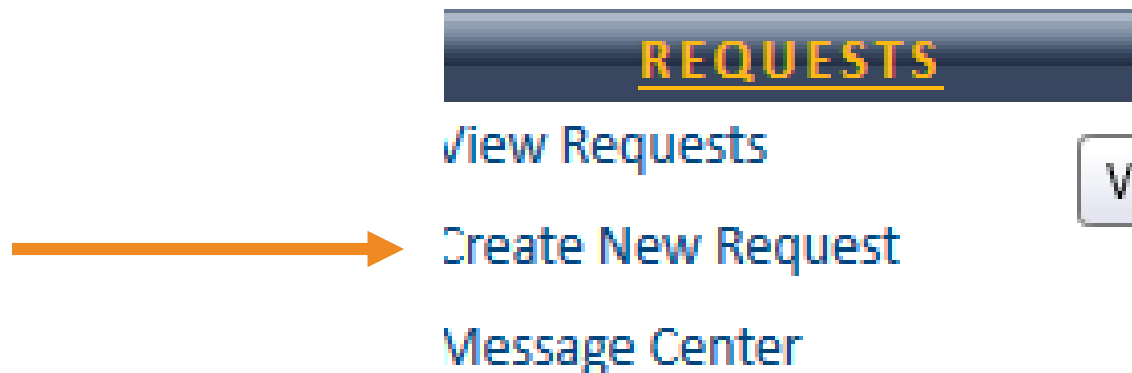
Diagnostic Lookup

Attaching Documents

Questionnaires

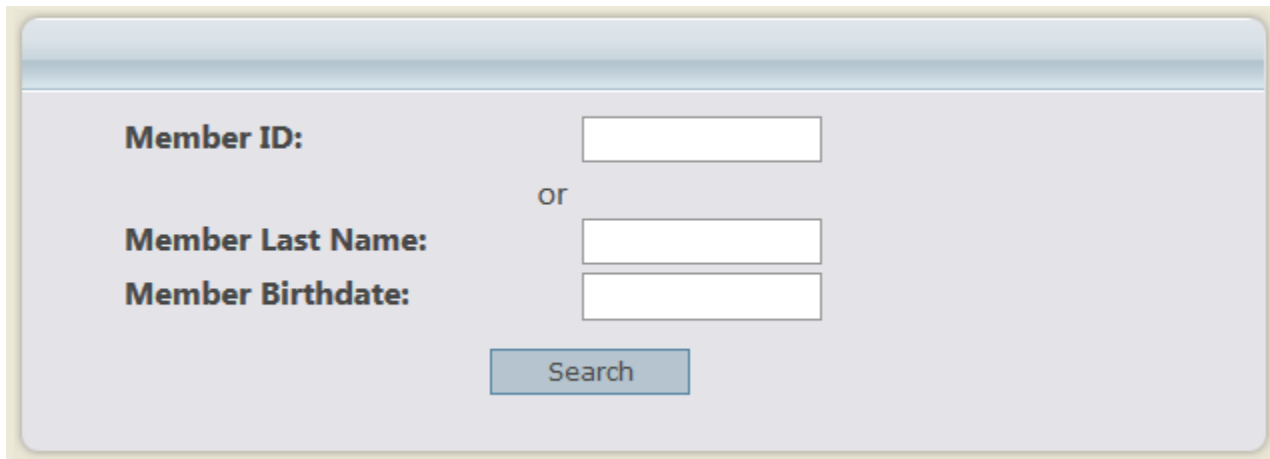
Submitting a Request

- Click Requests and Create New Request to start a submission



Finding a Member

- Search by Member ID, or
- Search by Member Last Name and Date of Birth



A search form with a light blue header bar. Below the header, there are three input fields on the left and one on the right. The first input field is labeled "Member ID:". The second input field is labeled "Member Last Name:". The third input field is labeled "Member Birthdate:". To the right of the first input field is a single input field. Below the first and second input fields is the word "or". Below the third input field is a "Search" button.

Member ID:	<input type="text"/>
	or
Member Last Name:	<input type="text"/>
Member Birthdate:	<input type="text"/>
<input type="button" value="Search"/>	

Finding a Member

- The member demographic information will be displayed. Click Select to start the request.

MEMBER SEARCH

Search Again

Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
					0	Maine DHHS	Select

Submitting a Request

- Select Request type as Outpatient.
 - Outpatient = Community based services

REQUESTS FOR

Member ID:
Address:

Birth Date:
Contact:

Previously submitted cases for the member will be displayed below with the options to EXTEND, COPY or DISCHARGE

Submitted Requests Servicing/Attending/PCP Requests

Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
		Select request type:	<div>Inpatient ▼ Inpatient Outpatient</div>	<div>Create Request</div> <div>Maine ASO ▼</div>	<div>Cancel</div>
		Select sub contract:			

Outpatient Services Request

☒ Patient Detail

Requesting Provider

☒ Service Provider

Attending Physician

Service Detail

Procedures

Diagnoses

Clinical Information

Attached Documents

☒ Questionnaires

PATIENT DETAIL

Name

Member ID

DOB

Address

Next

You may save your request at anytime

☐ 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

Requesting Provider

Outpatient Services Request

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

REQUESTING PROVIDER

Name	SOMERSET REHABILITATION & LIVING CENTER-001
Provider ID	1447310644
Provider Type	41 - Nursing Home
Address	43 OWENS ST. N WING BINGHAM ME 04920-
Phone	207-672-4041

Official communication of service authorization will be sent to the fax number entered here unless otherwise specified.

Fax *

** denotes required field*

[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](#)

Submitting a Request

Outpatient Services Request

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

SERVICE PROVIDER

Use the search below to change the selected Service Provider.

Name SOMERSET REHABILITATION & LIVING
CENTER-001
Provider ID 1447310644
Location BINGHAM ME 04920-

**Providers can update the
NPI to the Service Location
by clicking on find and
selecting the NPI+3**

Find

Show Preferred

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

Service Detail

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

SERVICE DETAIL

▼

- 100 - Baxter Fund Services
- 120 - Long-Term Supported Employment
- * de 130 - Section 13 Targeted Case Management
- 140 - Section 17 Community Support Services - Adults
- 150 - Section 17 Community Support - Grant Funded Adult
- 160 - Section 21 Rehab for Adults w/ I.D. and Autism
- 170 - Section 28 Referral Management Process
- 180 - Section 28 Rehab and Community Support (RCS)
- 220 - Section 65 Behavioral Health Services
- 230 - Section 92 Behavioral Health Homes
- 235 - Section 93 Opioid Health Home
- 240 - Section 97 Private Non-Med Institution (PNMI)

Previous Next

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

Service Detail

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

SERVICE DETAIL

140 - Section 17 Community Support Servi

--Select One--

--Select One--

Continued Stay Review

* de 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.

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

Find

Show Preferred

** denotes required field*



Previous Next

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

Service Detail

Out

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

Procedure Search

Code Type

MEASO ▾

Code Starts with

Description

Smart Search

Find

Close

Previous Next

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

Service Detail

Out

☒ Patient Detail
Requesting Provider

☒ Service Provider
Attending Physician
Service Detail
Procedures
Diagnoses
Clinical Information
Attached Documents

☒ Questionnaires

Previous

Next

Procedure Search

Code Type

MEASO

Code Starts with

T101

Description

Smart Search

Find

Close

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

Service Detail

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

Procedure Search

Code Type

MEASO

Code Starts with

T101

Description

Smart Search

Find

Code	Description	Action
T1017HF	Case Management Services - Adult w/Substance Abuse Disorder	Select
T1017	Case Management Services - Adult w/HIV	Select
T1017U5	Case Management Services - Experiencing Homelessness	Select
		Select

*Has Multiple Descriptions

Close

Previous Next

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

Service Detail

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

T1017

Case Management Services - (▼) [remove]

Date: * to

Qty: * **May 2017**

Su	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			

Find

Show Preferred

** denotes required field*

Previous

Next

Service Request

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

[remove]

H2015 - Community Integration (CI) ▼

Date: * 05/18/2017  **to** 08/17/2017 

Qty: * 68 Daily ▼

Rate:

Find

Show Preferred

** denotes required field*

Previous Next

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

Diagnostic Lookup

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



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Next

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

Diagnostic Lookup

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

☐ I unders
precertifi

Diagnosis Search ✕

Code Type

ICD10 ▾

Code Starts with

F43

Description

Smart Search

Search

Code	Description	Action
F43.0	ACUTE STRESS REACTION	Select
F43.10	POST-TRAUMATIC STRESS DISORDER UNS	Select
F43.11	POST-TRAUMATIC STRESS D/O ACUTE	Select
F43.12	POST-TRAUMATIC STRESS D/O CHRONIC	Select
F43.20	ADJUSTMENT DISORDER UNSPECIFIED	Select
F43.21	ADJUST D/O WITH DEPRESSED MOOD	Select
F43.22	ADJUSTMENT DISORDER WITH ANXIETY	Select
F43.23	ADJUST D/O MIXED ANX & DEPRESS MOOD	Select
F43.24	ADJUST D/O W/DISTURBANCE CONDUCT	Select
F43.25	ADJUST D/O W/MIXED DISTURB EMOTIONS	Select
F43.29	ADJUST D/O WITH OTHER SYMPTOMS	Select

Close

Diagnostic Lookup

Outpatient Services Request

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

DIAGNOSES

Primary	Type	Code	Description	
<input checked="" type="checkbox"/>	ICD10	F43.10	POST-TRAUMATIC STRESS DISORDER	[remove]
<input type="checkbox"/>	ICD10	F20.0	UNS PARANOID SCHIZOPHRENIA	[remove]

Find

Show Preferred

Previous

Next

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

Submit to KEPRO

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

Medication Management

Not Completed

Previous

☐

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

Searching for an Authorization

Messaging

Letters and Notifications

New Daily Authorization Report

Discharging and Continue Stay Review

Request Overview

REQUEST OVERVIEW

CASE INFORMATION

[PRINT CASE](#)



Case ID:	Case Submit Date:	SRV Auth:	Reference ID:
171380003	5/18/2017 10:32 AM	N/A	N/A

Member ID:	Member Name:	Gender:	DOB:
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PROCEDURES



H2015 Comp comm supp svc, 15 min	Status: Submitted	Reason: N/A
----------------------------------	--------------------------	--------------------

	Requested	Certified		
Quantity:	68	N/A	Freq: Daily	
Start Date:	5/18/2017	N/A	Mod: N/A	Rate: N/A
End Date:	8/17/2017	N/A		
Errors:				

Request Overview

CASE INFORMATION

PRINT CASE



The case associated with this request is currently locked
Case was locked by KePRO at 5/18/2017 10:39:38 AM -05:00.

Case ID:	Case Submit Date:	SRV Auth:	Reference ID:
171380003	5/18/2017 10:32 AM	N/A	N/A
Member ID:	Member Name:	Gender:	DOB:

PROCEDURES

H2015 Comp comm supp svc, 15 min	Status: Submitted	Reason: N/A		
Quantity:	Requested	Certified	Freq: Daily	
Start Date:	68	N/A	Mod: N/A	Rate: N/A
End Date:	5/18/2017	N/A		
Errors:	8/17/2017	N/A		

Letters and Notifications

MESSAGES AND ATTACHMENTS

MESSAGES

View Messages (0)

Send New Message

LETTERS

No Letters exist for this request

ATTACHED DOCUMENTS

kepro hin notification 3-10-2017.pdf Diagnosis

Attach New Document (4 MB size limit):

No file selected.

Notifications and letters would be displayed here. You are able to click and open them within the browser

(similar to the attached documents shown below)

Attach New Document (4 MB size limit):

No file selected.

Document Type:

QUESTIONNAIRES

General

Adult Needs and Strengths Assessment (ANSA)

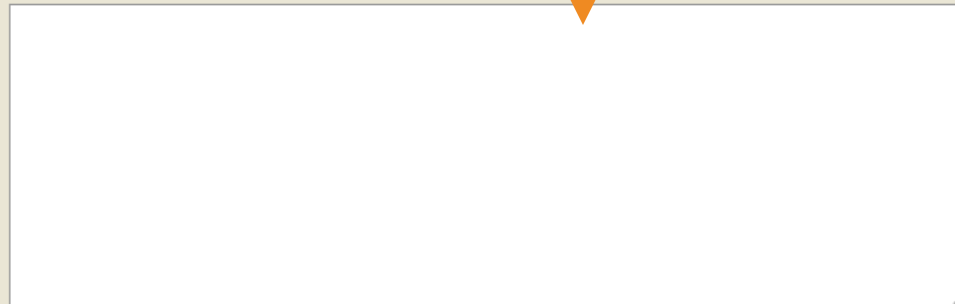
LOCUS Assessment Tool

RDS

Section 17

CLINICAL INFORMATION

Additional Clinical Information:



A large, empty rectangular text area for entering clinical information. An orange arrow points down to the top of this area.

CLINICAL INFORMATION

5/18/2017
RE Request 1, Procedure : Please upload a new diagnostic evaluation dated within the last year. - Jane Doe, LCSW

5/18/2017
Please upload a new diagnostic evaluation dated within the last year. - Jane Doe, LCSW

Additional Clinical Information:

I have attached a new assessment.

Add Clinical Information

Searching a Request

HOME

REQUESTS

SEARCH

MANAGEMENT

MY ACCOUNT

HELP

Member

Request/Case

Case or Reference ID:

Case Authorization Number:

Currently Searching: Related Submitting Providers

Member Info:

Member ID:

Last Name:

DOB:

Request Info:

Request Status:

Type:

Service Type:

Submitted

All Types

All Service Types

Service Dates:

To

Search Context: All Related Submitting Providers

Search

Results Sorted By: Case ID

New Daily Authorization Report

- Click **Reports**, select **Daily Authorization Report**, enter report parameters and click **View Report**




The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following links: HOME, REQUESTS, SEARCH, REPORTS, MY ACCOUNT, and HELP. Below the navigation bar is a light beige form area. The form contains the following elements: a 'Start Date' label followed by a text input field containing '4/1/2017' and a calendar icon; an 'End Date' label followed by a text input field containing '4/30/2017' and a calendar icon; a 'Select Service Type' label followed by a dropdown menu; and a blue 'View Report' button on the right side of the form. A horizontal scrollbar is visible at the bottom of the form area.

Discharge and Continued Stay Review

- **To submit a Discharge:** Search a case or member and click the Discharge button
- **To submit a Continue Stay Review:** Search a case or member and click the Extend button
- **To copy an existing review:** Click the copy button

First 100 records. Please refine your search.

	Member Info	Status	Request Info	Service Type	Service Date(s)	Providers	
14		Submitted Approved: 0 Denied: 0 Pending: 0 Void: 1	Outpatient Letters: 0 Messages: 0	125 - DME	12/29/2015 - 12/29/2015	[Servicing] [Attending]	[Select] [Extend] [Copy] [Discharge]
9		Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 1 Messages: 0	125 - DME	12/21/2015 - 3/20/2017	[Servicing] [Attending]	[Select] [Extend] [Copy] [Discharge]



Discharging

- Answer the three dropdown questions and modify the Certified End Date

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Intelligent Value

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Contract: The Funds - UMWA

[Update Counts]
Total (work-in-progress) Requests: [5212](#)
Total Saved (not submitted): [97](#)
Total Submitted: [5115](#)

Logout

HOME REQUESTS SEARCH MY ACCOUNT HELP

Discharge Request

CASE INFORMATION

Case ID: [REDACTED]
Case Submit Date: 4/15/2017 8:02 AM
Member ID: [REDACTED]
Member Name: [REDACTED]
SV Auth: [REDACTED]
Gender: [REDACTED]
Reference ID: N/A
DOB: [REDACTED]

DISCHARGE INFORMATION

Discharge Disposition: (Select One) [v]
Living Arrangement: (Select One) [v]
Employment Status: (Select One) [v]

Procedures/Services

Procedure	Description	Certified Start Date	Certified End Date	Certified Quantity
79999	Dummy Proc 1	4/20/2017	5/3/2017	14
36515	Dummy Proc 2	4/20/2017	5/3/2017	14
01922	Dummy Proc 3	4/20/2017	5/3/2017	14

Submit Cancel

Frequently Asked Questions (FAQ)

- **What is the submission window?**
 - The submission window is 5 calendar days from date of submission.
- **Will other providers have access to information about clients we enter or strictly our own agency?**
 - No, unless you grant them access
- **Do we need to submit proof or verification of homelessness?**
 - Not at this time.

- **Is there a minimum or maximum units on the request?**
 - No. Units should be tailored to each individual.
- **What are the billing unit increments?**
 - 1 unit = 15 minutes
- **Can we start the authorization process before May 13th?**
 - You will be able to start your cases and leave them in a saved status until the 13th once you receive access to Atrezzo.
- **Where can we find the MaineCare Benefit Manual rules?**
 - <https://www.maine.gov/sos/cec/rules/10/ch101.htm>

- **Is there any ability to submit requests for multiple clients with one submission?**
 - No. Each submission is unique to the individual member.
- **Does an entry need to be made each and every time a Case Management Service is provided?**
 - Yes. New members to service would be submitted as a Registration. Existing members would require a Continued Stay Review when you've exhausted all of your units or reached your end date.
- **Do clients need a Mental Health Diagnosis?**
 - If you do not have a mental health diagnosis, use R69 for Illness Unspecified or V60 for Homelessness. At time of Continued Stay Review a Mental Health Diagnosis is required except for procedure code T1017U5.

Introduction to Atrezzo Portal for Adult Targeted Case Management Providers:

This training is open to agency personnel that interface with the web portal for reviews.

- **April 17, 2019 – 2:00PM**
 - Conference Number(s): 717-230-1517
 - Participant Code: 813-6642
 - To join the meeting: <http://kepro.adobeconnect.com/tcm2/>
- **April 19, 2019 – 1:00PM**
 - Conference Number(s): 717-230-1517
 - Participant Code: 813-6642
 - To join the meeting: <http://kepro.adobeconnect.com/tcm3/>
- **April 22, 2019 – 1:00PM**
 - Conference Number(s): 717-230-1517
 - Participant Code: 813-6642
 - To join the meeting: <http://kepro.adobeconnect.com/tcm3/>



Phone (866)521-0027

Option 1 – Member Services

Option 2 – Katie Beckett

Option 3 – Provider Relations

Option 4 – Clinical

Option 5 – Appeals

Option 0 – Switchboard

Fax (866)325-4752

www.qualitycareforme.com

ProviderRelationsME@kepro.com