



Atrezzo Connect

Provider Portal End User Guide

Version 2.1

October 2011

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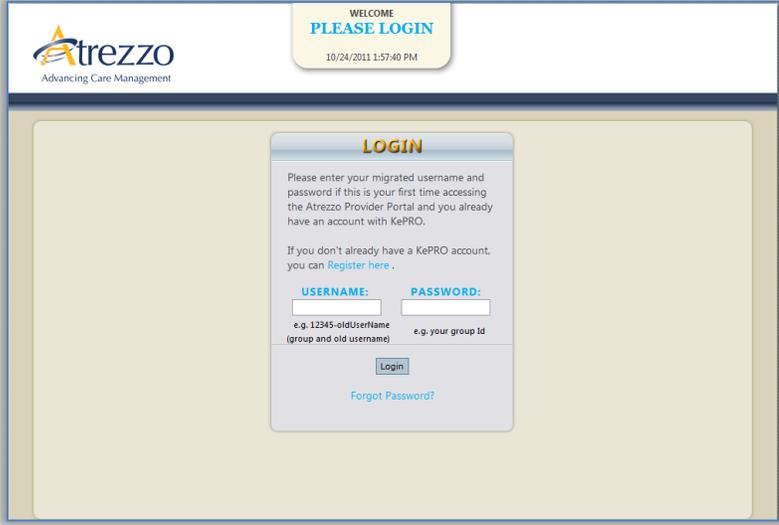
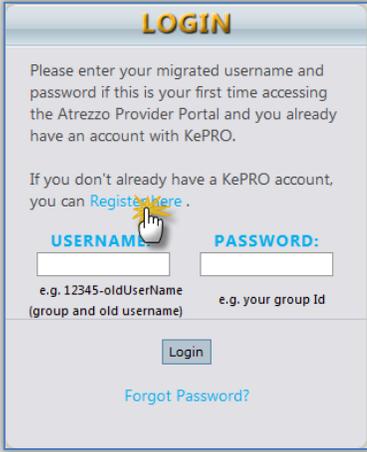
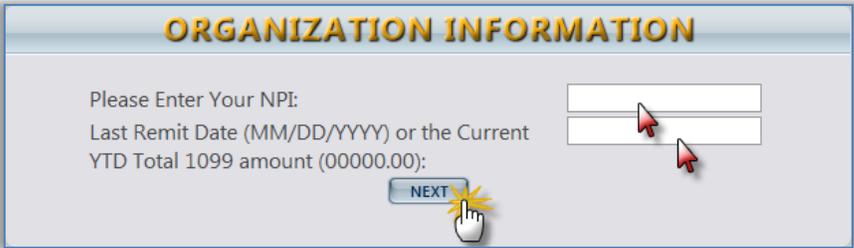
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Section 1: Register an Account, Login, & Basic Navigation

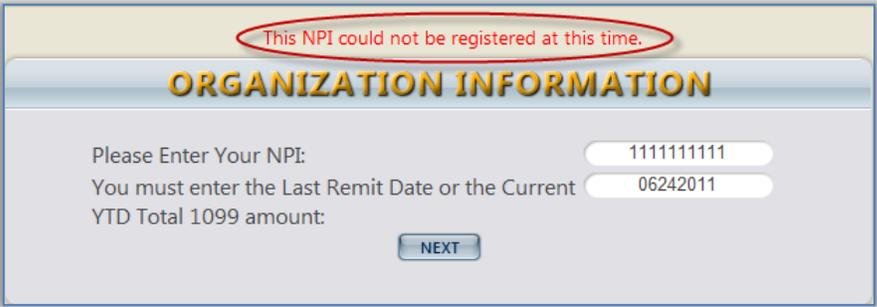
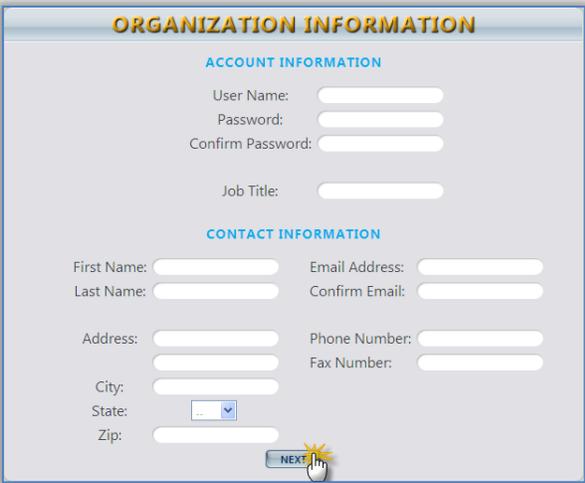
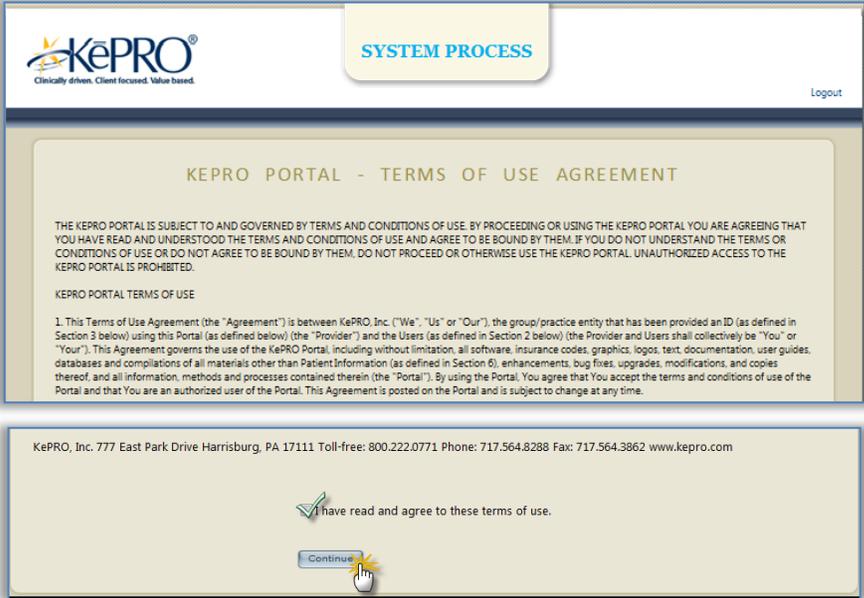
A screenshot of the Atrezzo login page. The top left corner features the Atrezzo logo with the tagline 'Advancing Care Management'. The top center has a yellow banner with the text 'WELCOME PLEASE LOGIN' and a timestamp '10/24/2011 1:57:40 PM'. The main content area is a light beige box with a 'LOGIN' header. Below the header, there is a paragraph of instructions: 'Please enter your migrated username and password if this is your first time accessing the Atrezzo Provider Portal and you already have an account with KePRO. If you don't already have a KePRO account, you can Register here.' Below this text are two input fields: 'USERNAME:' and 'PASSWORD:'. The username field has a placeholder 'e.g. 12345-oldUserName (group and old username)' and the password field has a placeholder 'e.g. your group Id'. A 'Login' button is located below the input fields, and a 'Forgot Password?' link is positioned below the button.

Register an Account & Login (New Users)

<p>Step 1</p>	<p>Click the Atrezzo button located on the website.</p>	
<p>Step 2</p>	<p>The user is brought to the Login page.</p>	
<p>Step 3</p>	<p>If the user does not currently have an account set up, click the Register link to begin the account set up process.</p>	
<p>Step 4</p>	<p>Enter your organization's NPI and 1099 numbers.</p> <p><i>(1099 = YTD amount on most recent remittance advice or last remit date. If using the date, use the format MM/DD/YYYY)</i></p> <p>Click Next.</p>	

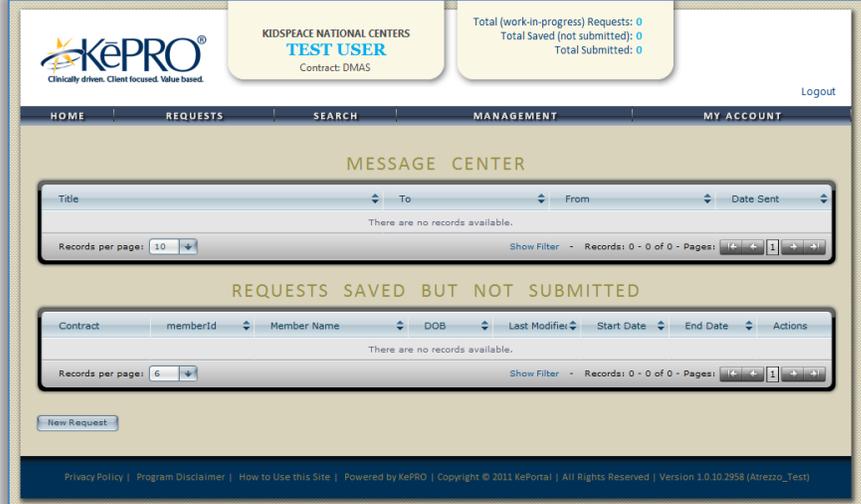
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Register an Account & Login (New Users), Continued

<p>Step 4-1</p>	<p>If you enter the NPI or 1099 number incorrectly, an error message displays.</p> <p>Re-enter the NPI or 1099 number(s) and click Next.</p> <p>Note: If you need to exit, click your browser's back button.</p>	
<p>Step 5</p>	<p>Select the location of your organization. (Select all that are displayed, if applicable)</p> <p>Click Select.</p>	
<p>Step 6</p>	<p>Enter a user name, select and confirm a password (minimum of 8 alpha/numeric characters), and then enter your job title.</p> <p>Complete the Contact Information.</p> <p>Note: First Name, Last Name, and Fax Number are required fields.</p> <p>Click Next.</p>	
<p>Step 7</p>	<p>Review the Terms of Use Agreement.</p> <p>Click the checkbox that states <i>"I have read and agree to these terms of use."</i></p> <p>Click Continue.</p>	

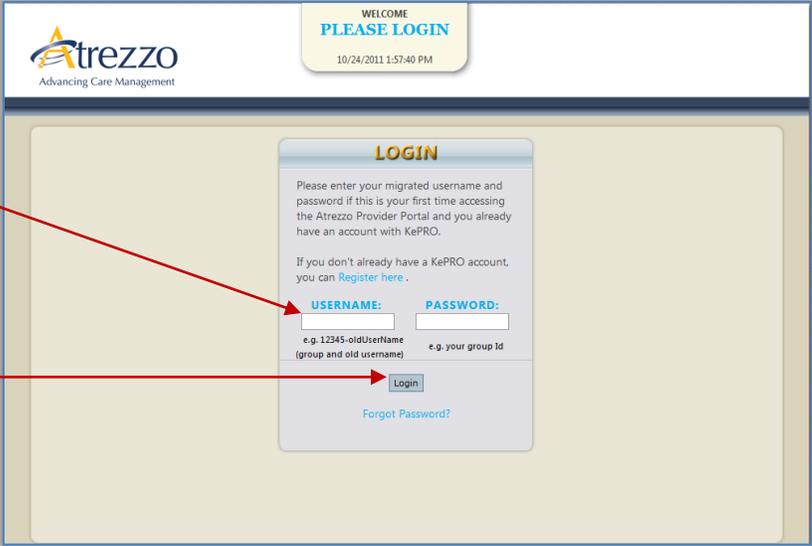
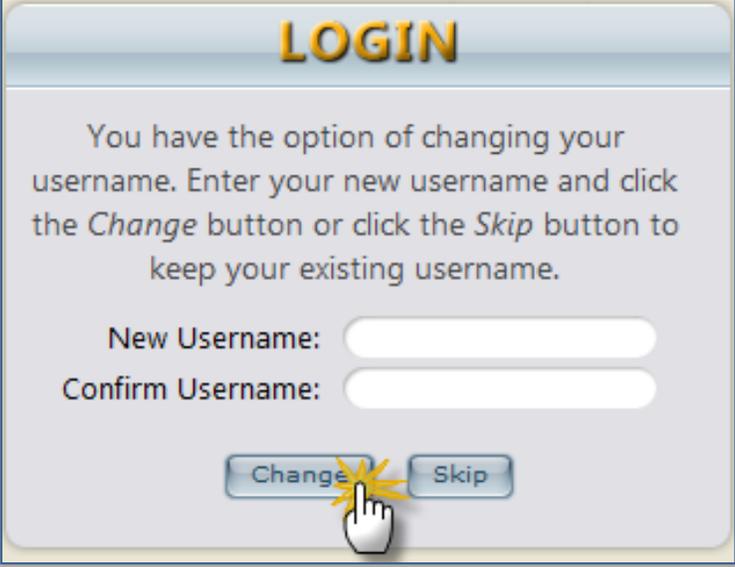
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Register an Account & Login (New Users), Continued

<p>Step 8</p>	<p>When prompted during the registration process, enter in a secret question and answer and click Update Security Question.</p>	
<p>Step 9</p>	<p>If you complete steps 1 through 6 successfully, the Homepage appears.</p>	

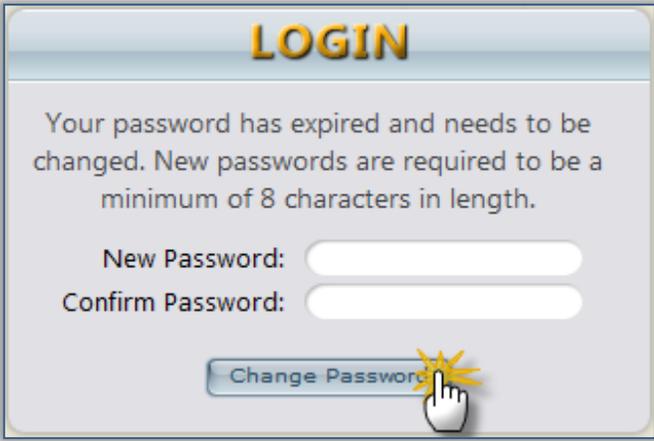
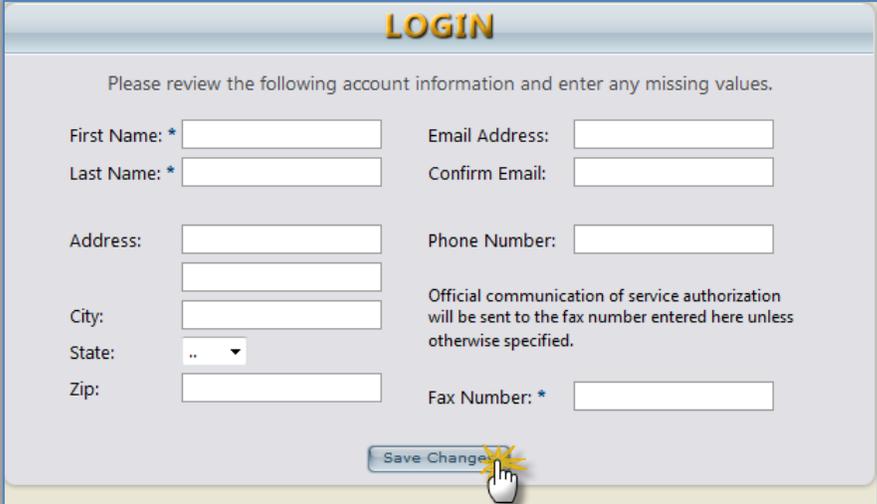
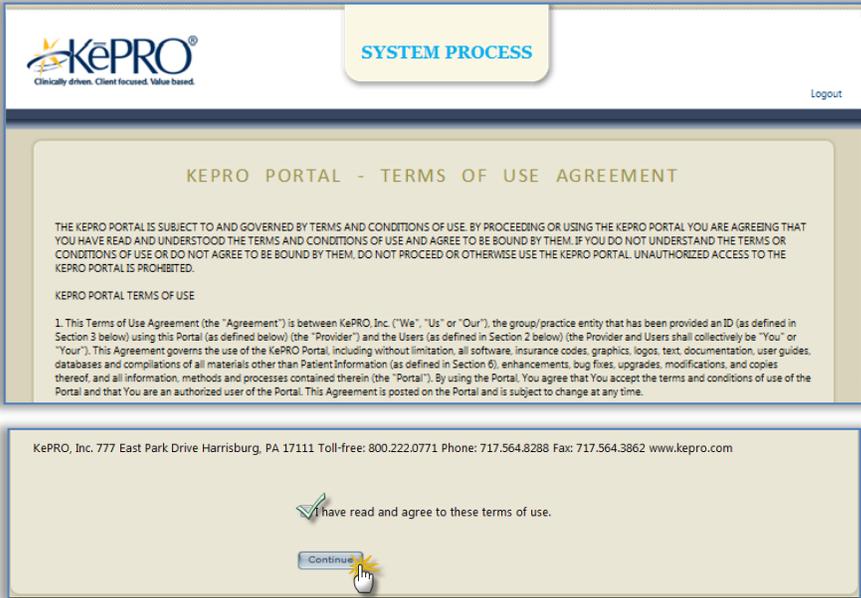
END ACCOUNT REGISTRATION AND LOGIN PROCESS FOR NEW USERS

Register an Account & Login (Existing Users)

<p>Step 1</p>	<p>Click the Atrezzo button located on the website.</p>	
<p>Step 2</p>	<p>The user is brought to the login page.</p> <p>Enter your current User name and Password.</p> <p>Example: ID: 77111-STEVE Password: 77111</p> <p>Click Login.</p>	
<p>Step 3</p>	<p>Type in a New User name.</p> <p>Click Change.</p> <p>Note: To continue using the current user name, click the Skip button.</p>	

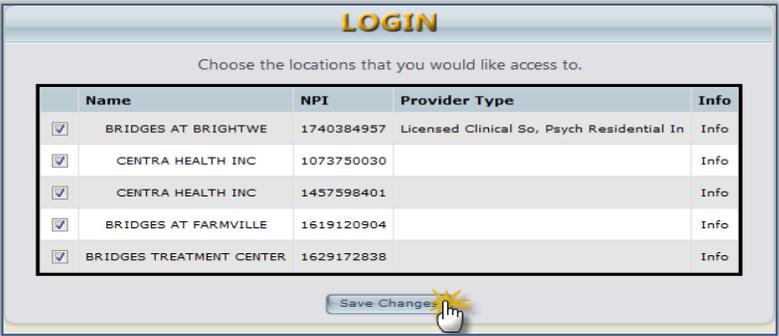
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Register an Account & Login (Existing Users), Continued

<p>Step 4</p> <p>The password will automatically expire, requiring you to enter a new one.</p> <p>The new password must be a minimum of 8 characters in length.</p> <p>Once entered, click Change Password.</p>	
<p>Step 5</p> <p>Complete the demographic information as required.</p> <p>Click the Save Changes button when complete.</p> <p>Note: First Name, Last Name, and Fax Number fields are required.</p>	
<p>Step 6</p> <p>Review the Terms of Use Agreement.</p> <p>Click the checkbox that states <i>"I have read and agree to these terms of use."</i></p> <p>Click Continue.</p>	

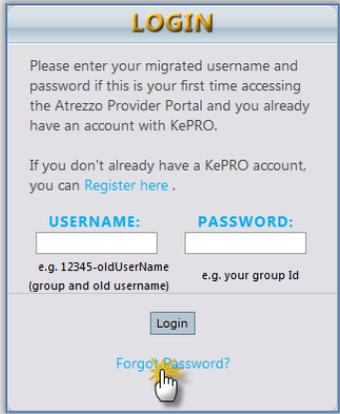
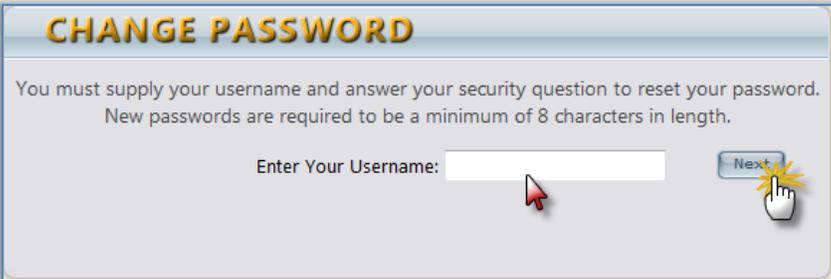
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Register an Account & Login (Existing Users), Continued

<p>Step 7</p>	<p>Select the location(s) you want access to from the list displayed.</p> <p>Click Save Changes.</p>	 <table border="1" data-bbox="730 331 1437 520"> <thead> <tr> <th></th> <th>Name</th> <th>NPI</th> <th>Provider Type</th> <th>Info</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>BRIDGES AT BRIGHTWE</td> <td>1740384957</td> <td>Licensed Clinical So, Psych Residential In</td> <td>Info</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>CENTRA HEALTH INC</td> <td>1073750030</td> <td></td> <td>Info</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>CENTRA HEALTH INC</td> <td>1457598401</td> <td></td> <td>Info</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>BRIDGES AT FARMVILLE</td> <td>1619120904</td> <td></td> <td>Info</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>BRIDGES TREATMENT CENTER</td> <td>1629172838</td> <td></td> <td>Info</td> </tr> </tbody> </table>		Name	NPI	Provider Type	Info	<input checked="" type="checkbox"/>	BRIDGES AT BRIGHTWE	1740384957	Licensed Clinical So, Psych Residential In	Info	<input checked="" type="checkbox"/>	CENTRA HEALTH INC	1073750030		Info	<input checked="" type="checkbox"/>	CENTRA HEALTH INC	1457598401		Info	<input checked="" type="checkbox"/>	BRIDGES AT FARMVILLE	1619120904		Info	<input checked="" type="checkbox"/>	BRIDGES TREATMENT CENTER	1629172838		Info
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END ACCOUNT REGISTRATION AND LOGIN PROCESS FOR EXISTING USERS

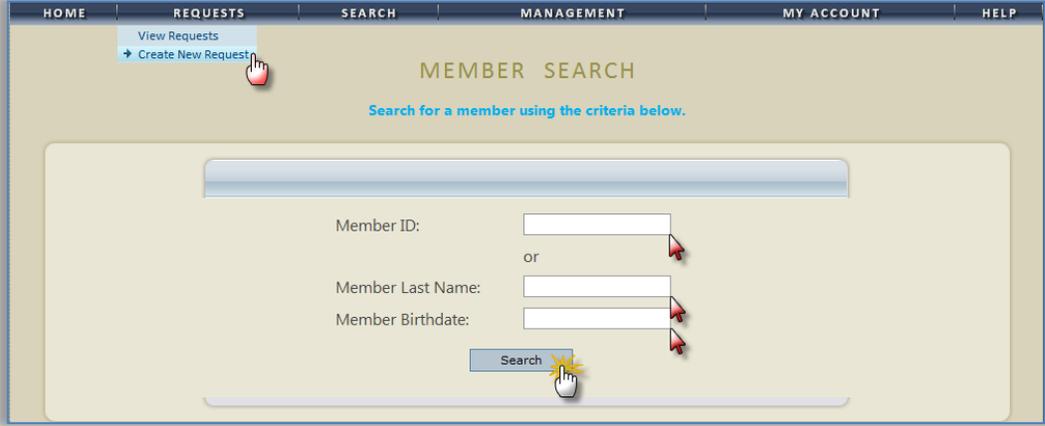
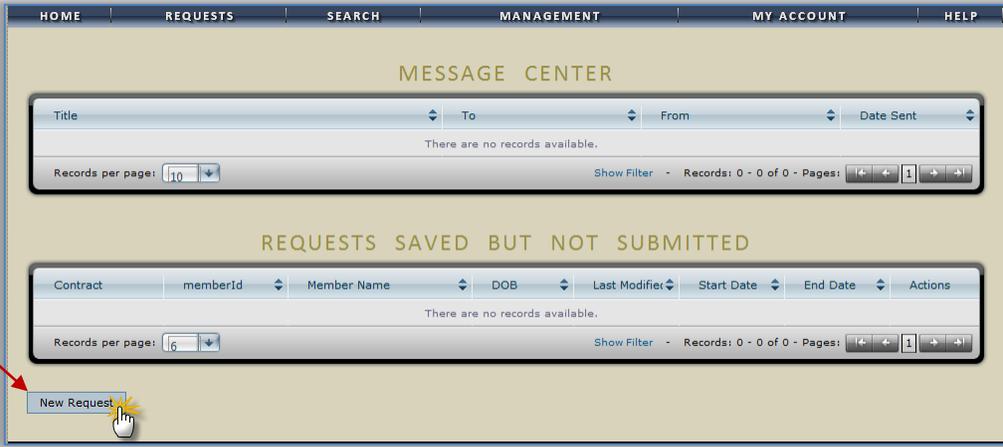
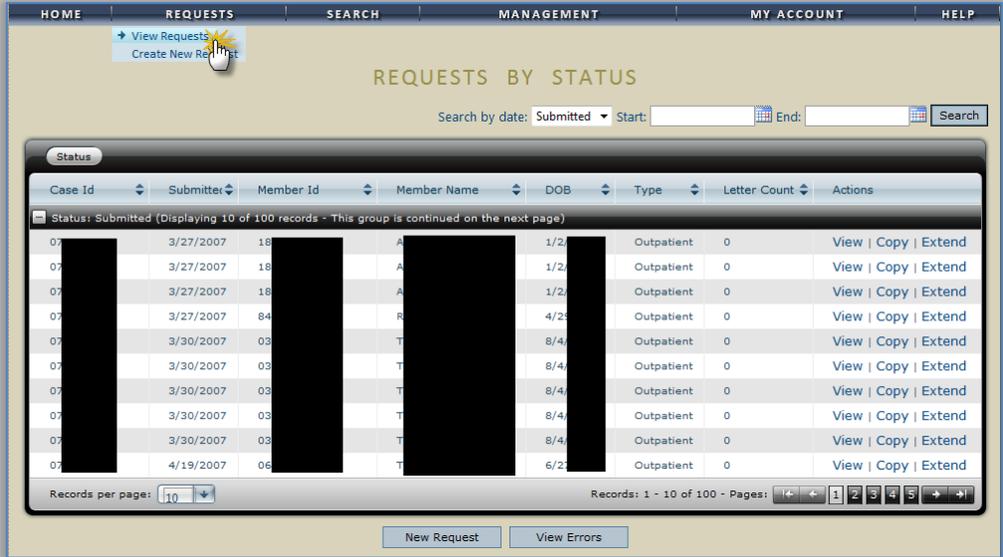
Resetting a Password

<p>Step 1</p>	<p>Click the Forgot Password link on the Login page.</p>	
<p>Step 2</p>	<p>Enter your Username.*</p> <p><i>*Please contact Customer Service if you cannot remember your Username.</i></p> <p>Click Next.</p>	
<p>Step 3</p>	<p>Enter the answer to the secret question you set during the initial registration.</p> <p>Click Next.</p>	
<p>Step 4</p>	<p>Enter in (and confirm) a new password.*</p> <p><i>*New passwords are required to be a minimum of 8 characters in length.</i></p> <p>Click Finish.</p> <p>You will be brought back to the Login page to enter your username and new password.</p>	

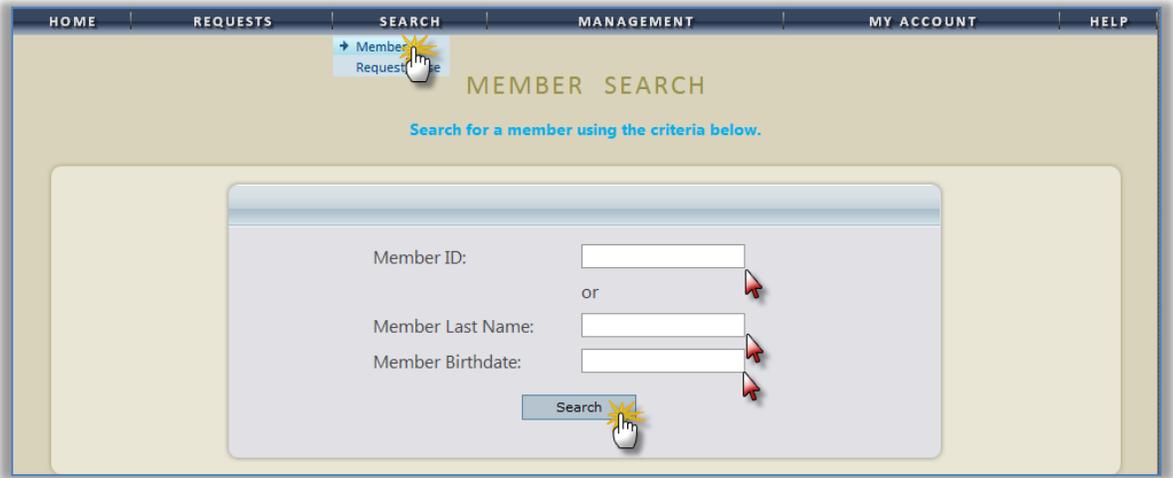
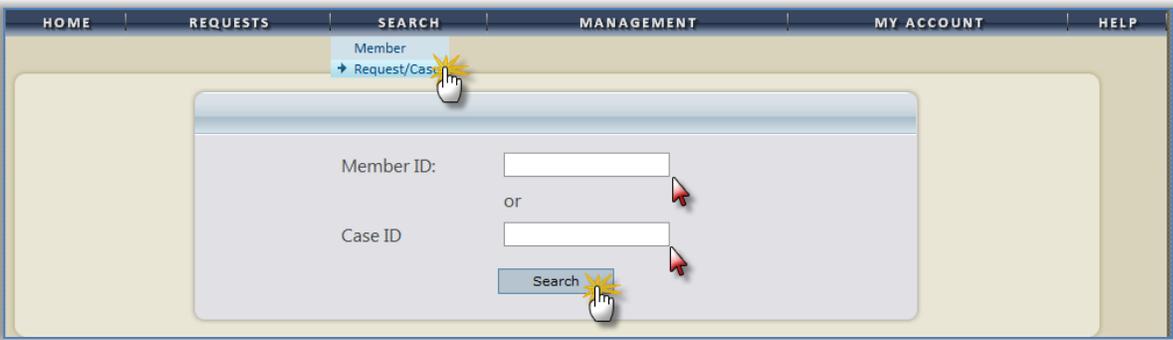
Homepage Tabs

<p>Home Tab (Home Page)</p>	
<p>Requests Tab & Dropdown Selection</p>	
<p>Search Tab & Dropdown Selection</p>	
<p>Management Tab & Dropdown Selection</p>	
<p>My Account Tab</p>	
<p>Help Tab & Dropdown Selection</p>	

Requests Tab

<p>Request Tab</p>	
<p>Click Create New Request on the Request Tab</p> <p>Search for member by ID or last name and DOB</p> <p>OR</p> <p>Click the New Request Button from the Home Tab</p>	 
<p>View All Requests</p> <p>Click the View Request selection from the dropdown to display all requests</p>	

Search Tab

<p>Search Tab</p>	
<p>Click Member to search using Member ID or Last Name/DOB.</p>	
<p>Click Request / Case to search using Member ID or Case ID.</p>	

Management Tab

<p>Management Tab</p>																																																							
<p>To register a new provider, click Register a New Provider and enter in their NPI and 1099 information and click the Find Provider button.</p>																																																							
<p>Verify and select the correct address (es) for the new provider (1), and then click the Select button (2).</p>																																																							
<p>The new provider (s) is now a part of the provider group for this account.</p>	<table border="1"> <thead> <tr> <th>Name</th> <th>NPI</th> <th>Provider Type</th> <th>Address</th> <th>Users</th> <th>Preferences</th> </tr> </thead> <tbody> <tr> <td>DESTINY HOME CARE</td> <td>1033434717</td> <td>047 - Respite Care</td> <td>2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529</td> <td>Users</td> <td>Preferences</td> </tr> <tr> <td>DESTINY HOME CARE</td> <td>1033434717</td> <td>055 - Personal Care</td> <td>2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529</td> <td>Users</td> <td>Preferences</td> </tr> <tr> <td>DESTINY HOME CARE</td> <td>1033434717</td> <td>063 - Private Duty</td> <td>2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529</td> <td>Users</td> <td>Preferences</td> </tr> <tr> <td>DESTINY HOME CARE</td> <td>1033434717</td> <td>073 - Case Management Waiver</td> <td>2775-B HARTLAND RD HELEN MUNOCH FALLS CHURCH VA 22043-3529</td> <td>Users</td> <td>Preferences</td> </tr> <tr> <td>VALLEY HOME CARE</td> <td>1083600142</td> <td>062 - Durable Medical Equipment/Supplies</td> <td>525 AMHERST ST, STE 100 VALLEY HOME CARE WINCHESTER VA 22601-3881</td> <td>Users</td> <td>Preferences</td> </tr> <tr> <td>VALLEY HOME CARE</td> <td>1437393857</td> <td>062 - Durable Medical Equipment/Supplies</td> <td>480 E SOUTH COMMERCE AVE FRONT ROYAL VA 22630-0000</td> <td>Users</td> <td>Preferences</td> </tr> <tr> <td>FAUQUIER HEALTH HOME MEDICAL STORE</td> <td>1750390654</td> <td>062 - Durable Medical Equipment/Supplies</td> <td>129 WEST LEE HIGHWAY WARRENTON VA 20186-2107</td> <td>Users</td> <td>Preferences</td> </tr> <tr> <td>VALLEY HOME CARE</td> <td>1770570004</td> <td>062 - Durable Medical Equipment/Supplies</td> <td>762 SOUTH MAIN ST VALLEY HOMECARE- WOODSTOCK WOODSTOCK VA 22664-1108</td> <td>Users</td> <td>Preferences</td> </tr> </tbody> </table>	Name	NPI	Provider Type	Address	Users	Preferences	DESTINY HOME CARE	1033434717	047 - Respite Care	2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529	Users	Preferences	DESTINY HOME CARE	1033434717	055 - Personal Care	2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529	Users	Preferences	DESTINY HOME CARE	1033434717	063 - Private Duty	2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529	Users	Preferences	DESTINY HOME CARE	1033434717	073 - Case Management Waiver	2775-B HARTLAND RD HELEN MUNOCH FALLS CHURCH VA 22043-3529	Users	Preferences	VALLEY HOME CARE	1083600142	062 - Durable Medical Equipment/Supplies	525 AMHERST ST, STE 100 VALLEY HOME CARE WINCHESTER VA 22601-3881	Users	Preferences	VALLEY HOME CARE	1437393857	062 - Durable Medical Equipment/Supplies	480 E SOUTH COMMERCE AVE FRONT ROYAL VA 22630-0000	Users	Preferences	FAUQUIER HEALTH HOME MEDICAL STORE	1750390654	062 - Durable Medical Equipment/Supplies	129 WEST LEE HIGHWAY WARRENTON VA 20186-2107	Users	Preferences	VALLEY HOME CARE	1770570004	062 - Durable Medical Equipment/Supplies	762 SOUTH MAIN ST VALLEY HOMECARE- WOODSTOCK WOODSTOCK VA 22664-1108	Users	Preferences
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Management Tab, Continued

Click Manage Users to manage users and providers for users.

User Name	Full Name	Fax	Email	Manage User	Manage Providers
sfeltner5	Stephen Feltner	717-111-1111		Manage User	Manage Providers
28242-JKECK				Manage User	Manage Providers
28242-MSAUNDERS				Manage User	Manage Providers
28242-RTONEY				Manage User	Manage Providers
28242-YMARTIN				Manage User	Manage Providers
jjones	Jeffrey Jones	804-111-2222	jjones@med.com	Manage User	Manage Providers

Click Manage User to update specific user information.

ACCOUNT INFORMATION

ACCOUNT INFORMATION

New Password:

Confirm New Password:

CONTACT INFORMATION

First Name: *

Last Name: *

Email Address: *

Confirm Email:

Address 1:

Address 2:

City:

State:

Zip:

Phone Number:

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

Fax Number: *

* denotes required field

Continued on next page

Management Tab, Continued

Click Manage Providers to manage the access that a user has to a provider or group of providers.
 (1) – if this checkbox is checked, the user will have Group Admin access to all providers
 (2) – Change access permissions here (or remove a provider)
 (3) – Click Save Changes when done updating user permissions.

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

PROVIDER MANAGEMENT

Manage Providers And Preferences
 Manage Users
 Register New Provider

Select a User Account to Manage:

User Name	Full Name	Fax	Email	Manage User	Manage Providers
sfeltner5	Stephen Feltner	717-111-1111		Manage User	Manage Providers
28242-JKECK				Manage User	Manage Providers
28242-MSAUNDERS				Manage User	Manage Providers
28242-RTONEY				Manage User	Manage Providers
28242-YMARTIN				Manage User	Manage Providers
jjones	Jeffrey Jones	804-111-2222	jjones@med.com	Manage User	Manage Providers

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

Back to Manage Users

MANAGE PROVIDER ACCESS FOR STEPHEN FELTNER

Stephen Feltner
 User Name: sfeltner5
 Email:

Available Providers Not Yet Associated:
 All available providers in this group are currently associated with this user account.

This User is a Group Admin (Note: Selecting Group Admin will make this user a group admin for all providers in the provider group.)

Associated Providers:

- [Info] VALLEY HOME CARE Group Admin Admin User [remove]
- [Info] VALLEY HOME CARE Group Admin Admin User [remove]
- [Info] FAUQUIER HEALTH HOME MEDICAL STORE Group Admin Admin User [remove]
- [Info] VALLEY HOME CARE Group Admin Admin User [remove]
- [Info] DESTINY HOME CARE Group Admin Admin User [remove]
- [Info] DESTINY HOME CARE Group Admin Admin User [remove]
- [Info] DESTINY HOME CARE Group Admin Admin User [remove]
- [Info] DESTINY HOME CARE Group Admin Admin User [remove]

Save Changes

User Definitions	
Group Admin	Can create users, other admins, other submitting providers, enter cases, perform searches
Admin	Can create users, other admins, enter cases, perform searches
User	Can enter cases and perform searches

Continued on next page

Management Tab, Continued

Click Manage Providers and Preferences to add new users and set preferences

Name	NPI	Provider Type	Address	Users	Preferences
DESTINY HOME CARE	1033434717	047 - Respite Care	2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529	Users	Preferences
DESTINY HOME CARE	1033434717	055 - Personal Care	2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529	Users	Preferences

Click Users.

MANAGE PROVIDER GROUP

Select a Provider to manage its preferences:

NPI	Provider Type	Address	Users	Preferences
1033434717	047 - Respite Care	2775-B HARTLAND RD DESTINY HOME CARE FALLS CHURCH VA 22043-3529	Users	Preferences

USERS FOR DESTINY HOME CARE

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

Available Users from your Provider Group:
 28242-MSAUNDERS
 28242-RTONEY
 28242-YMARTIN

Users that are associated with this provider:

- Stephen Feltner Group Admin Admin User [remove]
- 28242-JKECK Group Admin Admin User [remove]
- Jeffrey Jones Group Admin Admin User [remove]

[Add New User](#)

Continued on next page

Management Tab, Continued

Enter the account information for the new user.

New passwords are required to be a minimum of 8 characters in length. 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:

City:

State:

Zip:

Phone Number:

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

Fax Number: *

* denotes required field

The new user is added to the user group.

Permission access can be set for the user (Group Admin, Admin, User).

Click Save All Changes when finished.

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

USERS FOR DESTINY HOME CARE

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

Available Users from your Provider Group:

- 28242-MSAUNDERS
- 28242-RTONEY
- 28242-YMARTIN

Users that are associated with this provider:

- Stephen Feltner Group Admin Admin User [remove]
- 28242-JKECK Group Admin Admin User [remove]
- Jeffrey Jones Group Admin Admin User [remove]
- John Smith Group Admin Admin User [remove]

>>

Setting User Preferences (Management Tab)

From the Manage Providers and Preferences dropdown, select Preferences



Click Servicing Providers /Facilities to set preferred (favorites) list.



Click Attending Physicians to set preferred (favorites) list.



Click Procedure Codes to set preferred (favorites) list.



Click Diagnosis Codes to set preferred (favorites) list.

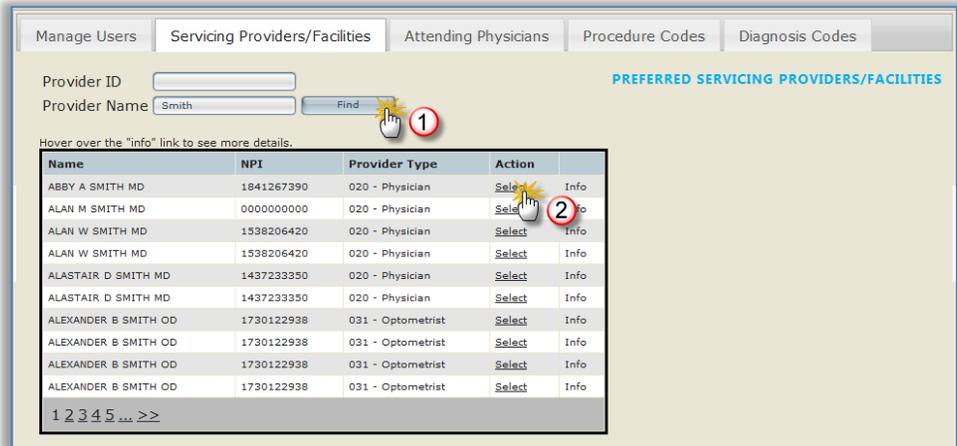


Continued on next page

Setting User Preferences (Management Tab), Continued

Step 1 Search for **Provider (1)**.

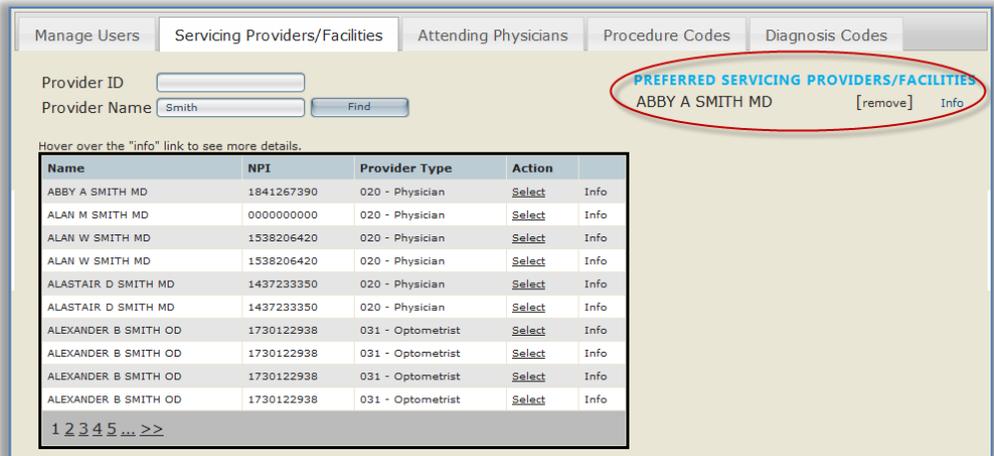
Once you find the provider to add to your preferred (favorites) list, click **Select** from the search results (2).



Step 2 Provider is added to the preferred list.

Click **Remove** to take off of the list.

This process works the same for **Attending Physicians, Procedure Codes, and Diagnosis Codes**.



My Account Tab

My Account Tab	
	MESSAGE CENTER My Account Change Security Question

Use this tab to change your password or update your contact information.

ACCOUNT INFORMATION

ACCOUNT INFORMATION

New Password:

Confirm New Password:

CONTACT INFORMATION

First Name: *

Last Name: *

Email Address:

Confirm Email:

Address 1:

Address 2:

City:

State:

Zip:

Phone Number:

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

Fax Number: *

* denotes required field

Continued on next page

My Account Tab, Continued

Use this tab to change your secret question and answer for resetting your password.

CHANGE SECURITY QUESTION AND ANSWER

Enter a secret question:

Enter the secret answer:

Enter your password:



Help Tab

Help Tab

View User Guide (this document)

Step 2 The user is brought to the login page.

Enter your current **User name and Password.**

Example:
 ID: 77111-STEVE
 Password: 77111

Click **Login.**

View FAQs

Atrezzo Connect FAQs

1	Q:	When will the Atrezzo system go live?
	A:	October 31, 2011. iExchange will go down at 5pm on October 28, so any requests that need to be sent to KePRO between 5pm on the 28 th – 6am on the 31 st will need to be faxed.
2	Q:	If you do not finish submitting a request, how long will it stay in the system?
	A:	Indefinitely.
3	Q:	Can you enter multiple diagnosis codes in a request?
	A:	Yes, and there is no limit.
4	Q:	Can you attach multiple documents to a request?
	A:	Yes.
5	Q:	What do I do if my clinical notes exceed 4,000 characters?
	A:	You can add or continue lengthy clinical notes in the Clinical Notes field located at the bottom of the Request Overview if you need more space.
6	Q:	Where will the link to the new system be located?
	A:	On the KePRO-DMAS website (www.kepro.dmas.com).
7	Q:	How should I submit a request in the event the Atrezzo system is down?
	A:	Send requests via fax until the system is back up.
8	Q:	Can I copy and paste into the Clinical Notes field?
	A:	Yes.

Messaging

To READ a message sent, go to the Home Screen and click on the message located in the Message Center.

Note: Messages are NOT for attaching clinicals.

KePRO[®]
Clinically driven. Client focused. Value based.

[Change Context]
BENCHMARK FAMILY SERVICES
STEPHEN FELTNER
Contract: DMAS

Total (work-in-progress) Requests: 23
Total Saved (not submitted): 9
Total Submitted: 14

PROVIDER PORTAL

Logout

HOME REQUESTS SEARCH MANAGEMENT MY ACCOUNT

MESSAGE CENTER

Title	To	From	Date Sent
RE: Test Message - Rush Review	Stephen Feltner	Steve Feltner	9/16/2011
updates of case	Stephen Feltner	Steve Feltner	9/16/2011
██████████	Stephen Feltner	Steve Feltner	9/19/2011
Re: Lab Results	Stephen Feltner	Steve Feltner	9/23/2011

Records per page: 10

Show Filter - Records: 1 - 4 of 4 - Pages: 1

The message appears (1).

To REPLY to the message, type the reply in the space provided (2) and click the Reply button (3).

HOME REQUESTS SEARCH MANAGEMENT MY ACCOUNT

MESSAGES FOR CASE 112 ██████████

To: Stephen Feltner
From: Steve Feltner
Sent At: 8/22/2011 17:16:00
Subject: Re: Lab Results

Thank you - please forward the labs as soon as possible to ensure this request is finalized today. 1

Subject: Re: Lab Results

2

Reply 3

Type in the subject and message body in the space provided and click Reply (or Send) to send the message to KePRO.

MESSAGES FOR CASE 112 ██████████

To: Stephen Feltner
From: Steve Feltner
Sent At: 8/22/2011 17:16:00
Subject: updates of case

IP stay approved

Subject: Additional Clinical Information

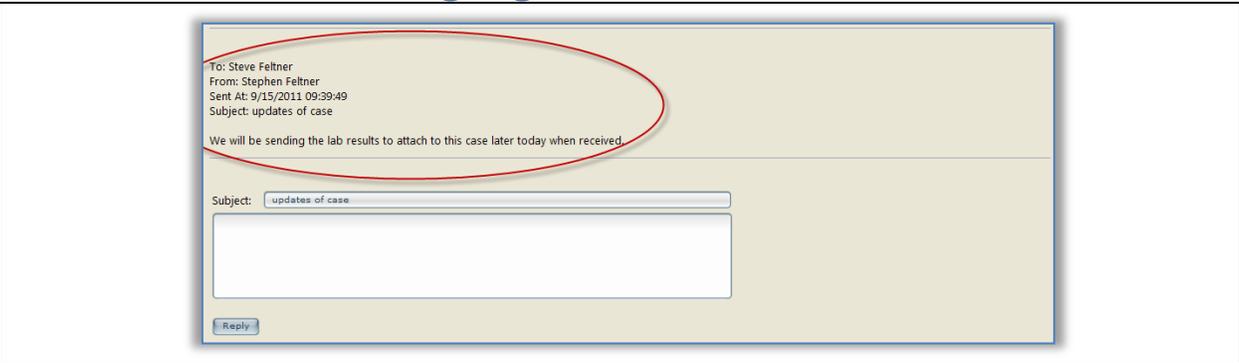
We will be sending the lab results to attach to this case later today when received.

Reply 1

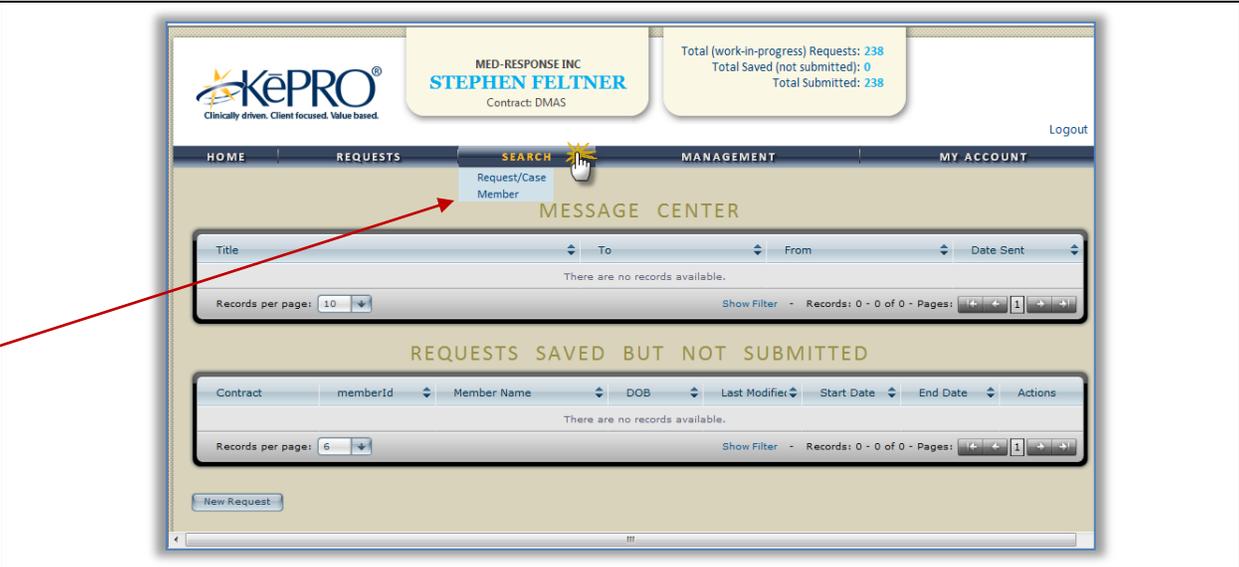
Continued on next page

Messaging, Continued

The message has been sent and is now a part of the request record.



To SEND a message to KePRO about a submitted case, find the case by clicking Search (search by case ID or member)



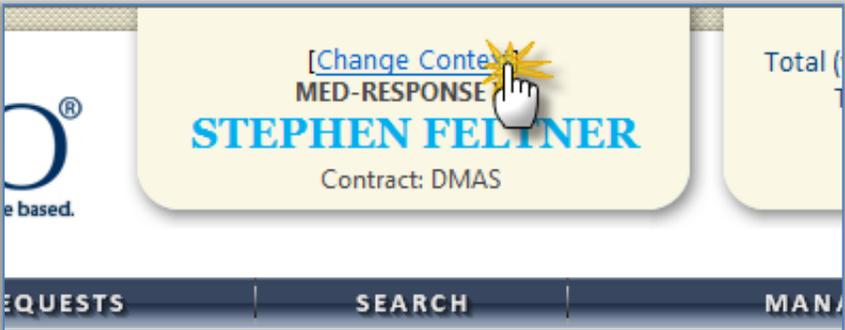
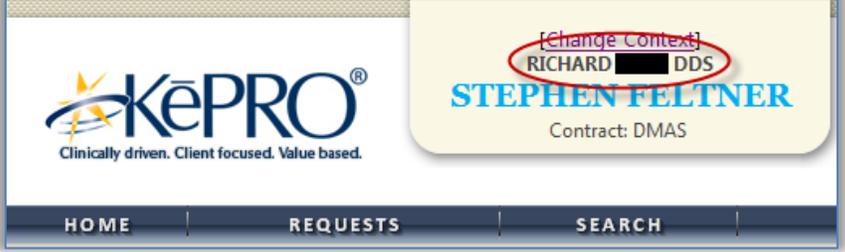
Click View to bring up the Request Overview



Scroll down to the Messages and Attachments section of the overview and click the Send New Message link.



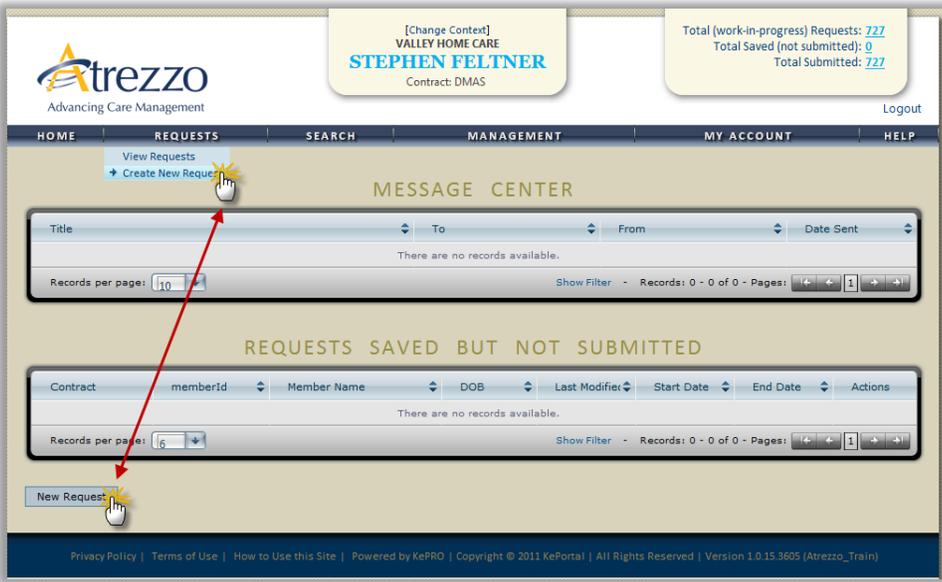
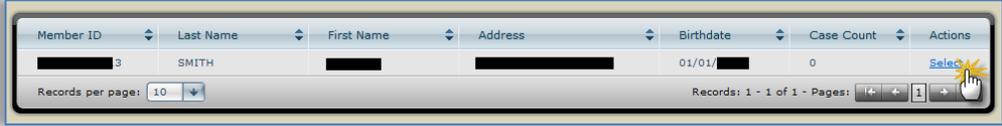
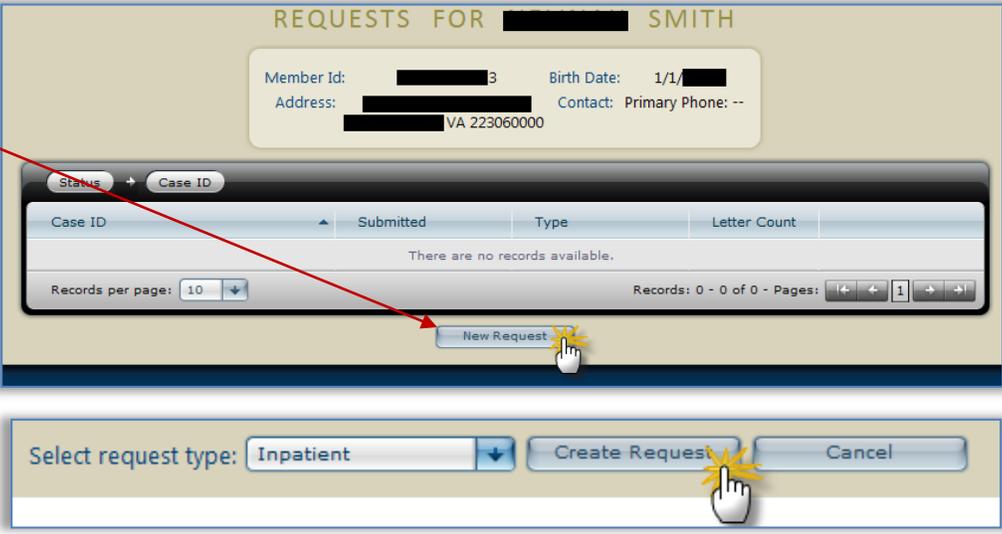
Change Context Function (Submitting via a Different NPI)

<p>Step 1</p>	<p>To submit a request under a different NPI, click the Change Context link.</p>	 <p>The screenshot shows a provider profile for Stephen Feltner, Contract: DMAS. A yellow box highlights the '[Change Context]' link, with a mouse cursor clicking on it. The navigation bar at the bottom includes 'REQUESTS', 'SEARCH', and 'MANA'.</p>
<p>Step 2</p>	<p>Select the provider from the dropdown list that you want to submit a request under.</p> <p>Click Select.</p>	 <p>The screenshot shows the 'CHOOSE PROVIDER' form. It includes a 'Choose Contract' dropdown set to 'DMAS' and a 'Choose Provider' dropdown. The 'Choose Provider' dropdown is open, showing 'MED-RESPONSE INC.' and 'RICHARD [REDACTED] DDS' (which is highlighted). A 'Select' button is visible. A red arrow points from the text 'Click Select.' to the 'Select' button. The footer contains links for 'Privacy Policy', 'Program Disclaimer', 'How to Use this Site', and 'Powered by KePRO Copyright © 2011 KePort'.</p>
<p>Step 3</p>	<p>The provider name has now been changed. Requests will now be submitted under the selected provider.</p>	 <p>The screenshot shows the provider profile for Stephen Feltner, Contract: DMAS. The '[Change Context]' link is circled in red, and the provider name 'RICHARD [REDACTED] DDS' is also circled in red. The navigation bar at the bottom includes 'HOME', 'REQUESTS', and 'SEARCH'.</p>



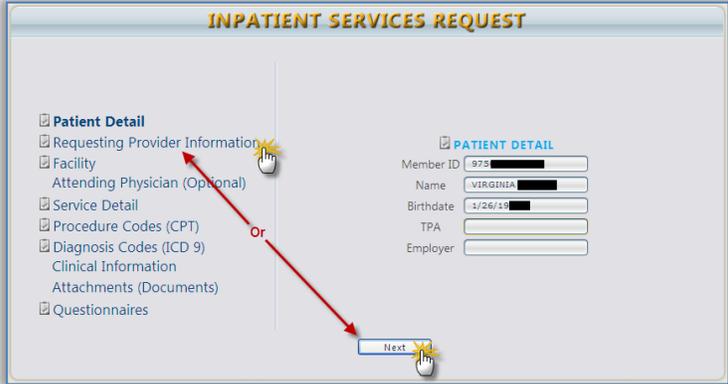
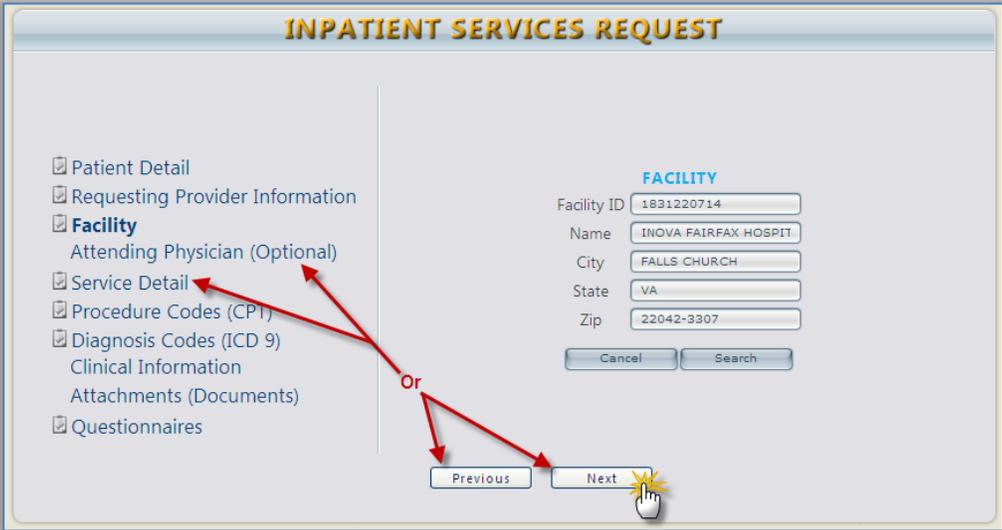
Section 2: Service Authorization Requests & Questionnaires

Service Authorization Request (Inpatient)

<p>Step 1</p> <p>Click the New Request button (located at the bottom of the home screen)</p> <p>Or</p> <p>Click Create New Request from the Requests tab.</p>	
<p>Step 2</p> <p>Search for member by:</p> <ul style="list-style-type: none"> • Member ID Or • Last Name • Birthdate <p>Click the Search button.</p>	
<p>Step 3</p> <p>Select the Member from the search results by clicking on the Select link.</p>	
<p>Step 4</p> <p>Verify member information and click the New Request button.</p> <p>Select request type (Inpatient or Outpatient) and click Create Request.</p>	

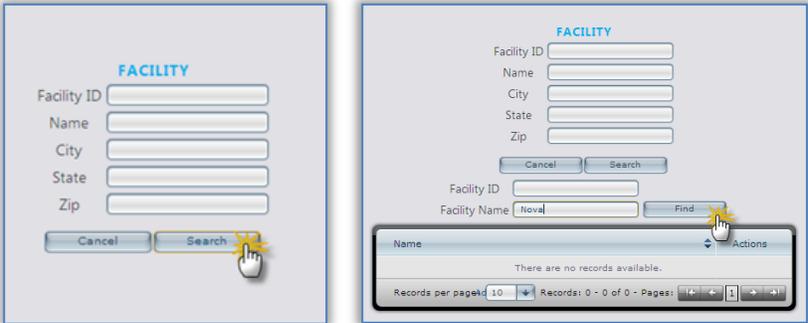
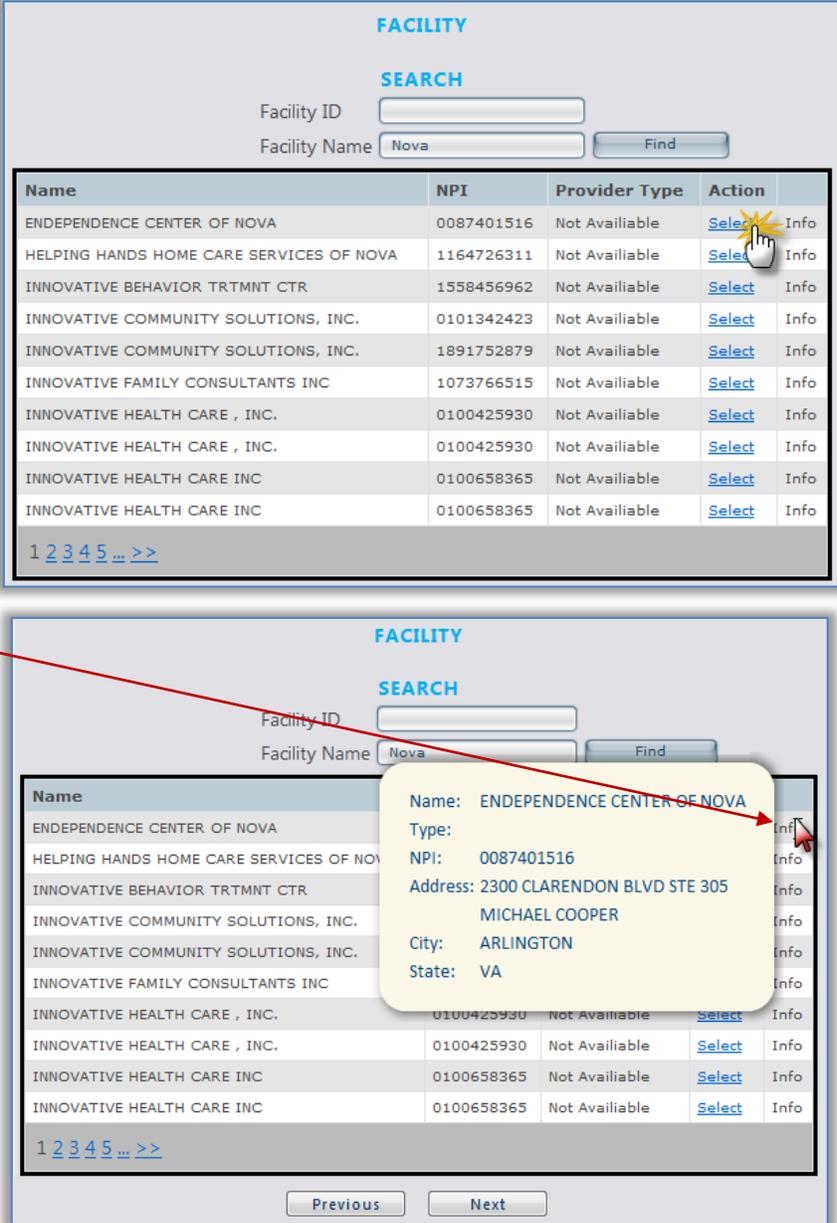
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Service Authorization Request (Inpatient), Continued

<p>Step 5</p> <p>Patient Detail information defaults.</p> <p>Click either the next section link or the Next button to continue through the Inpatient Service Request process.</p>	
<p>Step 6</p> <p>Requesting Provider Information defaults.</p> <p>Note: Enter in the fax # where official communication about this service authorization should be sent.</p> <p>Click either the next section link or the Next button to continue through the Inpatient Service Request process.</p>	
<p>Step 7</p> <p>Facility information automatically defaults.</p> <p>If the facility information needs to be changed, use the search function to find and select a different facility.</p>	

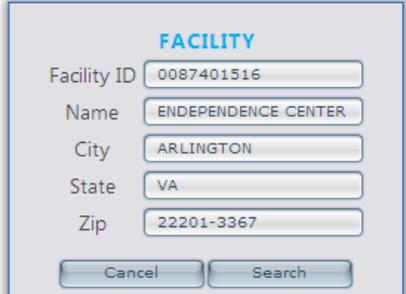
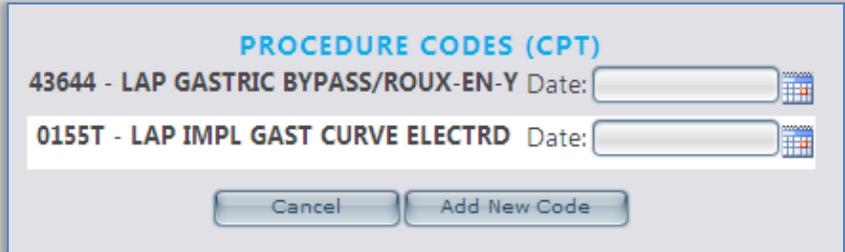
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Service Authorization Request (Inpatient), Continued

<p>Step 7.1</p> <p>To search for facility information, click the search button.</p> <p>Type in a keyword in the Facility Name field and click Find.</p>																																													
<p>Step 7.2</p> <p>Select the facility from the search results.</p> <p>Note: Hovering the cursor over the Info column will display a bubble with more detailed Facility information that can be reviewed before selecting.</p>	 <table border="1"> <thead> <tr> <th>Name</th> <th>NPI</th> <th>Provider Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>ENDEPENDECE CENTER OF NOVA</td> <td>0087401516</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>HELPING HANDS HOME CARE SERVICES OF NOVA</td> <td>1164726311</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE BEHAVIOR TRTMNT CTR</td> <td>1558456962</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE COMMUNITY SOLUTIONS, INC.</td> <td>0101342423</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE COMMUNITY SOLUTIONS, INC.</td> <td>1891752879</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE FAMILY CONSULTANTS INC</td> <td>1073766515</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE , INC.</td> <td>0100425930</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE , INC.</td> <td>0100425930</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE INC</td> <td>0100658365</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE INC</td> <td>0100658365</td> <td>Not Available</td> <td>Select Info</td> </tr> </tbody> </table> <p>Facility Information:</p> <ul style="list-style-type: none"> Name: ENDEPENDECE CENTER OF NOVA Type: NPI: 0087401516 Address: 2300 CLARENDON BLVD STE 305 MICHAEL COOPER City: ARLINGTON State: VA 	Name	NPI	Provider Type	Action	ENDEPENDECE CENTER OF NOVA	0087401516	Not Available	Select Info	HELPING HANDS HOME CARE SERVICES OF NOVA	1164726311	Not Available	Select Info	INNOVATIVE BEHAVIOR TRTMNT CTR	1558456962	Not Available	Select Info	INNOVATIVE COMMUNITY SOLUTIONS, INC.	0101342423	Not Available	Select Info	INNOVATIVE COMMUNITY SOLUTIONS, INC.	1891752879	Not Available	Select Info	INNOVATIVE FAMILY CONSULTANTS INC	1073766515	Not Available	Select Info	INNOVATIVE HEALTH CARE , INC.	0100425930	Not Available	Select Info	INNOVATIVE HEALTH CARE , INC.	0100425930	Not Available	Select Info	INNOVATIVE HEALTH CARE INC	0100658365	Not Available	Select Info	INNOVATIVE HEALTH CARE INC	0100658365	Not Available	Select Info
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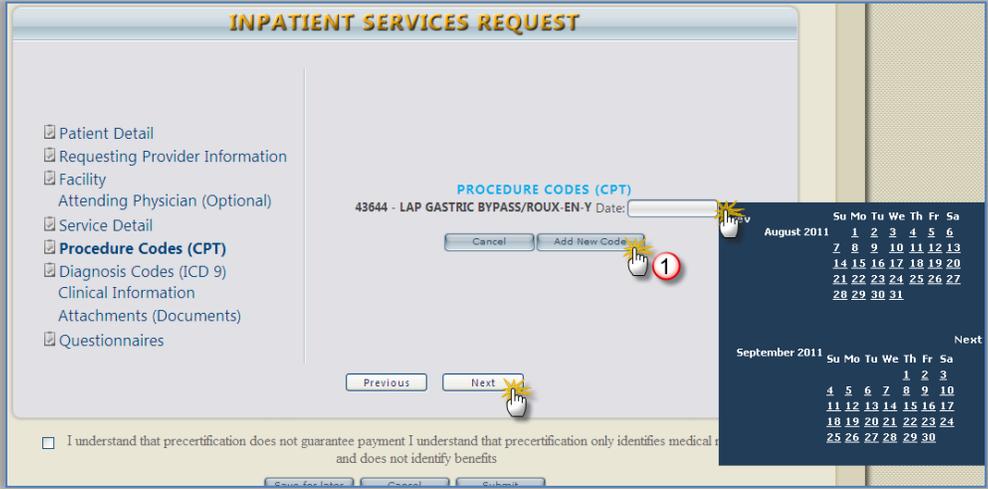
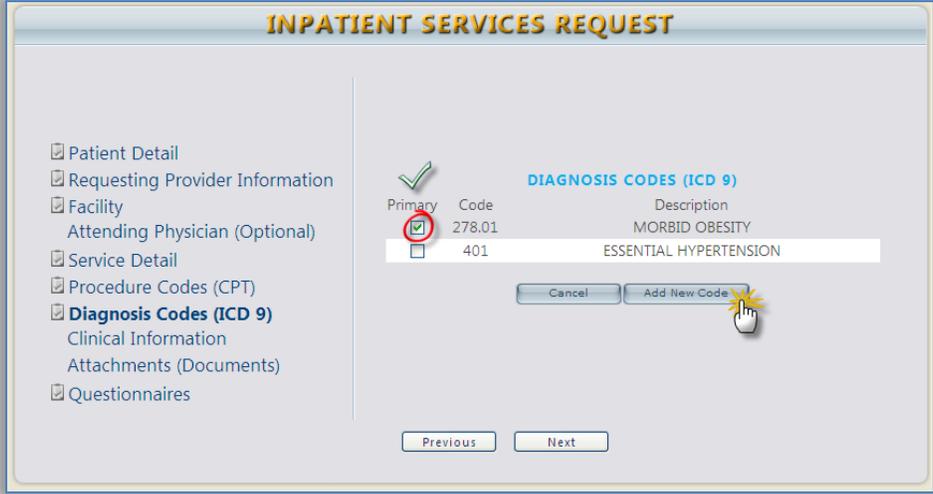
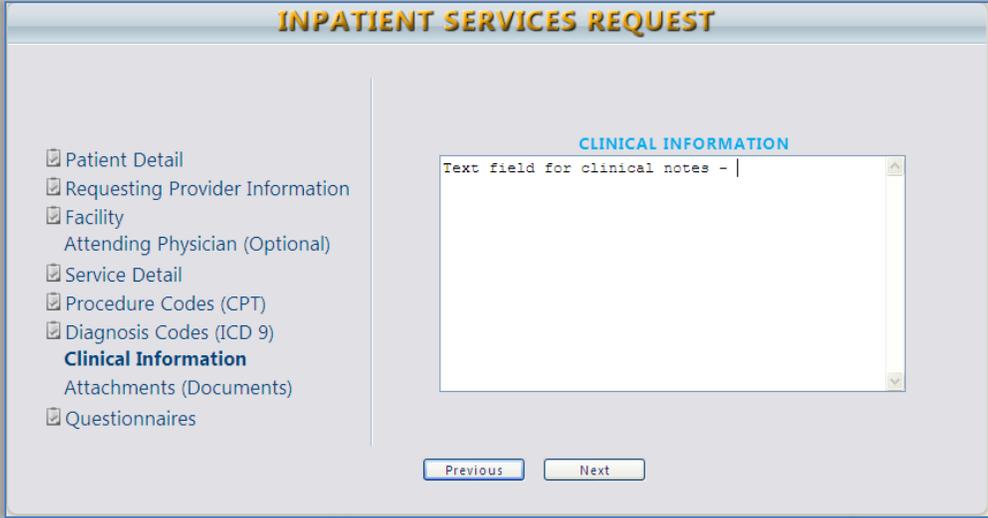
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Service Authorization Request (Inpatient), Continued

<p>Step 7.3</p>	<p>Facility information populates the fields from the search selection.</p>	
<p>Step 8</p>	<p>Select the appropriate service detail using the corresponding drop down menus and fields.</p> <p>Click Next to continue.</p>	
<p>Step 9</p>	<p>Add CPT Code by clicking the Add New Code button searching and selecting from the search results (optional).</p>	
<p>Step 9.1</p>	<p>As shown here, the code that was added is highlighted in white.</p> <p>To add another code, click Add New Code.</p>	

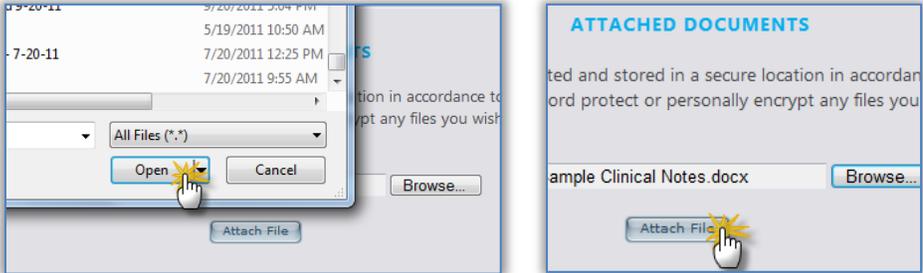
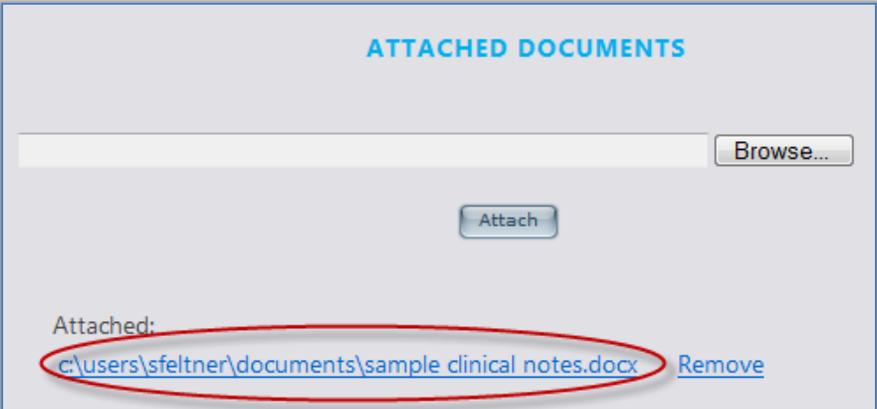
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Service Authorization Request (Inpatient), Continued

<p>Step 9.2</p> <p>Select the requested date of the procedure by clicking the appropriate date on the dropdown calendar.</p> <p>To add a new code (1), click the add new code button and select from the search results.</p> <p>Click Next to continue.</p>	
<p>Step 10</p> <p>At least one diagnosis code must be attached to the case. If there is more than one, one must be selected as the primary.</p> <p>To add a new code, click the Add New Code button and select from the search results.</p>	
<p>Step 11</p> <p>Enter any clinical notes in the text field.</p> <p>Click Next to continue.</p>	

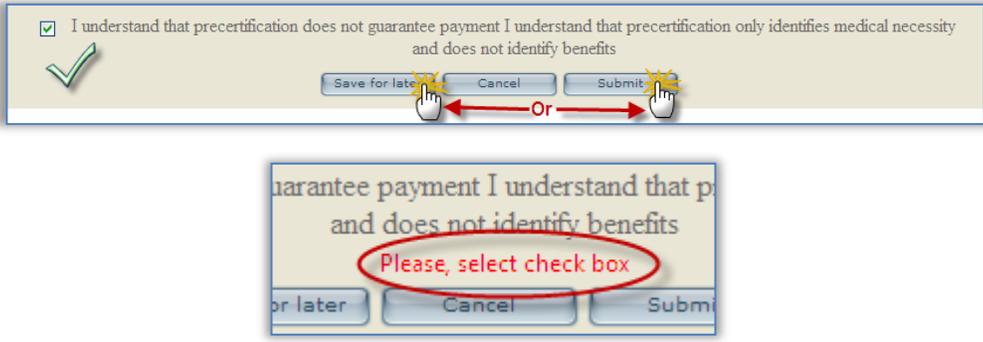
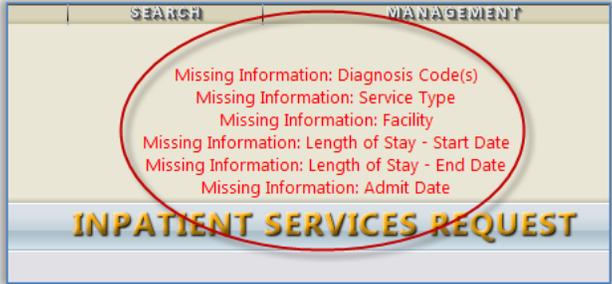
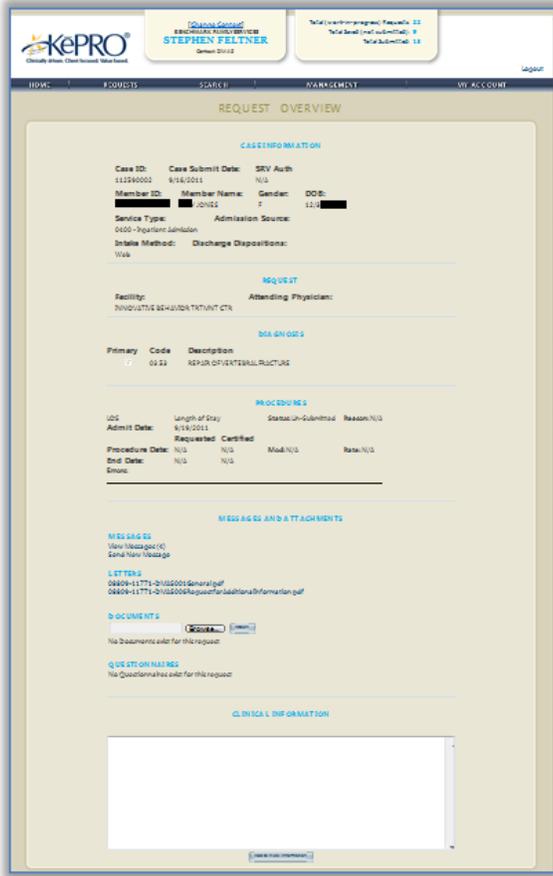
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Service Authorization Request (Inpatient), Continued

<p>Step 12</p>	<p>Attach clinical documentation by clicking the browse button.</p>	
<p>Step 12.1</p>	<p>Browse and find the file and click Open to attach.</p> <p>Once attached, click Attach File.</p>	
<p>Step 12.2</p>	<p>File name appears when it is successfully uploaded.</p> <p>To remove the file, click the Remove link.</p>	
<p>Step 13</p>	<p>Questionnaires* (Does not apply to all services)</p> <p><i>*See the Questionnaires section in this manual for more detailed information</i></p>	

Continued on next page

Service Authorization Request (Inpatient), Continued

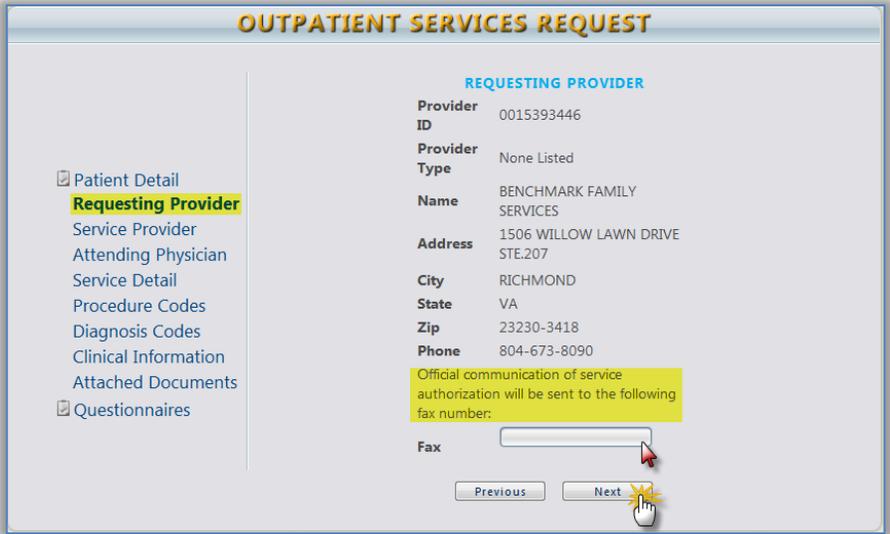
<p>Step 14</p>	<p>VERY IMPORTANT!</p> <p>Click the checkbox at the bottom of the page and click either Save for Later or Submit.</p> <p>You cannot proceed if you do not click the checkbox.</p>	
<p>Step 14.1</p>	<p>If any required portion of the request is missing, these alerts appear.</p>	
<p>Step 15</p>	<p>Once a request is successfully submitted, a Request Overview is displayed.</p>	

Service Authorization Request (Inpatient) Summary

Step 1	<ul style="list-style-type: none"> Click the New Request button (located at the bottom of the home screen).
Step 2	<ul style="list-style-type: none"> Search for member by: <ul style="list-style-type: none"> Member ID OR Last Name Date of Birth Click the Search button.
Step 3	<ul style="list-style-type: none"> Select the Member from the search results by clicking on the Select link.
Step 4	<ul style="list-style-type: none"> Verify member information and click the New Request button. Select request type (Inpatient or Outpatient) and click Create Request.
Step 5	<ul style="list-style-type: none"> Enter Patient Detail. Click either the next section link or the Next button to continue through the Inpatient Service Request process.
Step 6	<ul style="list-style-type: none"> Enter Requesting Provider Information. Click Next to continue.
Step 7	<ul style="list-style-type: none"> Enter Facility information. To search for facility information, click the search button. Type in a keyword in the Facility Name field and click Find. Select the facility from the search results. Facility information will populate the fields from the search selection.
Step 8	<ul style="list-style-type: none"> Select the appropriate service detail using the corresponding drop down menus and fields. Click Next to continue.
Step 9 optional	<ul style="list-style-type: none"> Add CPT Code by clicking the Add New Code button searching and selecting from the search results. Select the requested date of the procedure by click the appropriate date on the dropdown calendar. To add a new code, click the Add New Code button and select from the search results. Click Next to continue.
Step 10	<ul style="list-style-type: none"> At least one diagnosis code must be attached to the case. If there are more than one, one must be selected as the primary. To add a new code, click the Add New Code button and select from the search results. Click Next to continue.
Step 11	<ul style="list-style-type: none"> Enter any clinical notes in the text field. Click Next to continue.
Step 12	<ul style="list-style-type: none"> Attach clinical documentation by clicking the browse button. Browse and find the file and click Open to attach. Once attached, click Submit.
Step 13	<ul style="list-style-type: none"> Questionnaires (if applicable)
Step 14	<ul style="list-style-type: none"> Click the checkbox at the bottom of the page and click either Save for Later or Submit.
Step 15	<ul style="list-style-type: none"> A Request Overview is displayed.

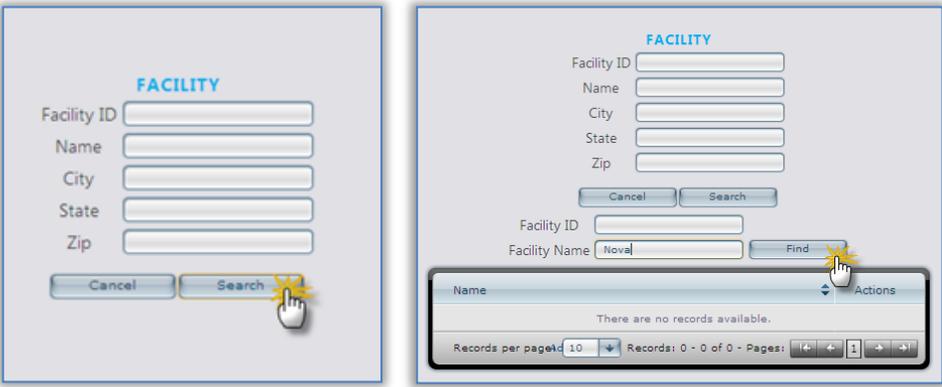
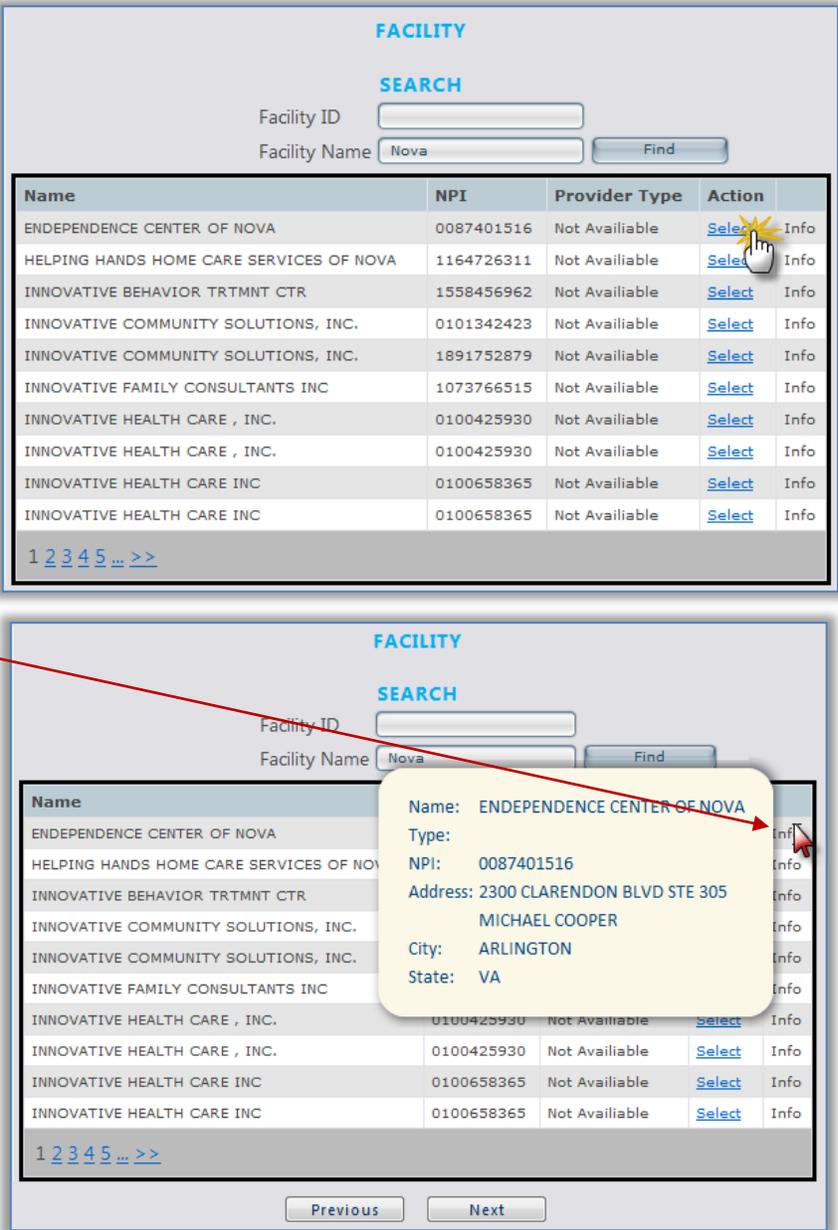
END INPATIENT PROCESS FLOW

Service Authorization Request (Outpatient)

<p>Step 1</p> <p>Once you have located and brought up a member (see steps 1-4 of Inpatient process), Patient Detail information defaults.</p> <p>Click Next to continue.</p>	
<p>Step 2</p> <p>Requesting Provider Information data defaults.</p> <p>Note: Enter in the fax # where official communication about this service authorization should be sent.</p> <p>Click Next to continue.</p>	
<p>Step 3</p> <p>Service Provider Information defaults. If not known, click the Search button.</p>	

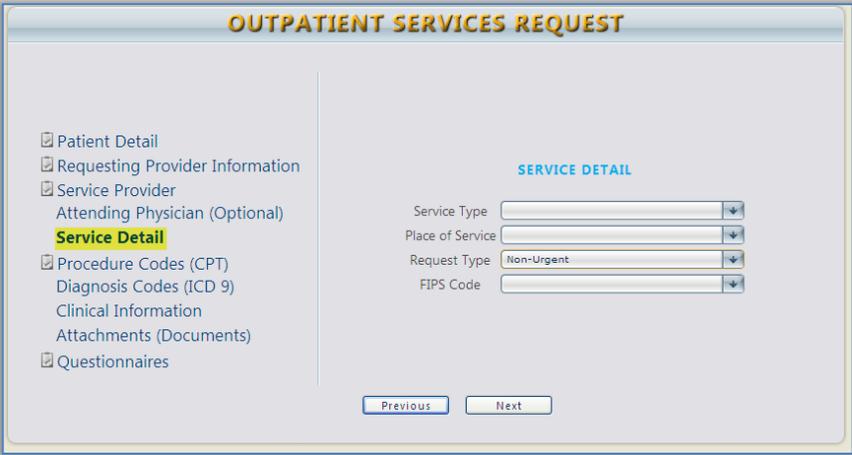
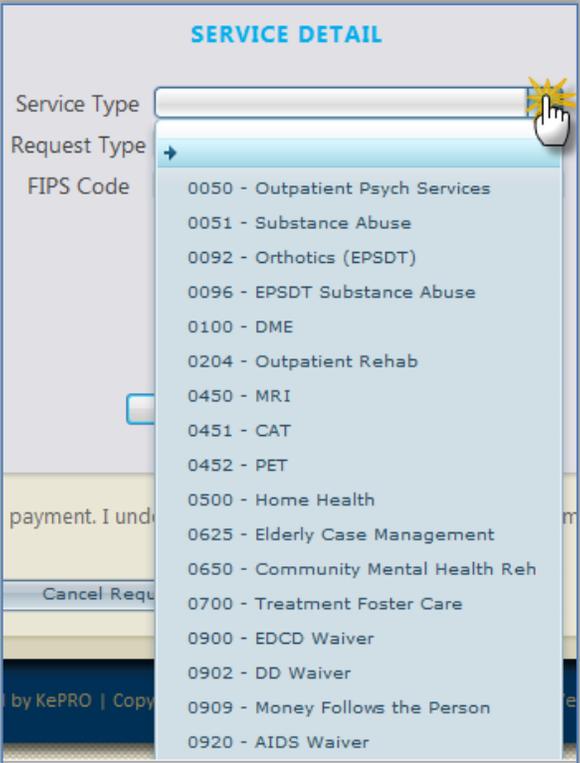
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Service Authorization Request (Outpatient), Continued

<p>Step 3.1</p> <p>To search for facility information, click the search button.</p> <p>Type in a keyword in the Facility Name field and click Find.</p>																																													
<p>Step 3.2</p> <p>Select the facility from the search results.</p> <p>Note: Hovering the cursor over the Info column will cause a bubble to appear with more detailed Facility information that can be reviewed before selecting.</p>	 <table border="1"> <thead> <tr> <th>Name</th> <th>NPI</th> <th>Provider Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>ENDEPENDENCE CENTER OF NOVA</td> <td>0087401516</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>HELPING HANDS HOME CARE SERVICES OF NOVA</td> <td>1164726311</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE BEHAVIOR TRTMNT CTR</td> <td>1558456962</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE COMMUNITY SOLUTIONS, INC.</td> <td>0101342423</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE COMMUNITY SOLUTIONS, INC.</td> <td>1891752879</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE FAMILY CONSULTANTS INC</td> <td>1073766515</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE, INC.</td> <td>0100425930</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE, INC.</td> <td>0100425930</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE INC</td> <td>0100658365</td> <td>Not Available</td> <td>Select Info</td> </tr> <tr> <td>INNOVATIVE HEALTH CARE INC</td> <td>0100658365</td> <td>Not Available</td> <td>Select Info</td> </tr> </tbody> </table> <p>Detailed Facility Information:</p> <ul style="list-style-type: none"> Name: ENDEPENDENCE CENTER OF NOVA Type: NPI: 0087401516 Address: 2300 CLARENDON BLVD STE 305 City: ARLINGTON State: VA 	Name	NPI	Provider Type	Action	ENDEPENDENCE CENTER OF NOVA	0087401516	Not Available	Select Info	HELPING HANDS HOME CARE SERVICES OF NOVA	1164726311	Not Available	Select Info	INNOVATIVE BEHAVIOR TRTMNT CTR	1558456962	Not Available	Select Info	INNOVATIVE COMMUNITY SOLUTIONS, INC.	0101342423	Not Available	Select Info	INNOVATIVE COMMUNITY SOLUTIONS, INC.	1891752879	Not Available	Select Info	INNOVATIVE FAMILY CONSULTANTS INC	1073766515	Not Available	Select Info	INNOVATIVE HEALTH CARE, INC.	0100425930	Not Available	Select Info	INNOVATIVE HEALTH CARE, INC.	0100425930	Not Available	Select Info	INNOVATIVE HEALTH CARE INC	0100658365	Not Available	Select Info	INNOVATIVE HEALTH CARE INC	0100658365	Not Available	Select Info
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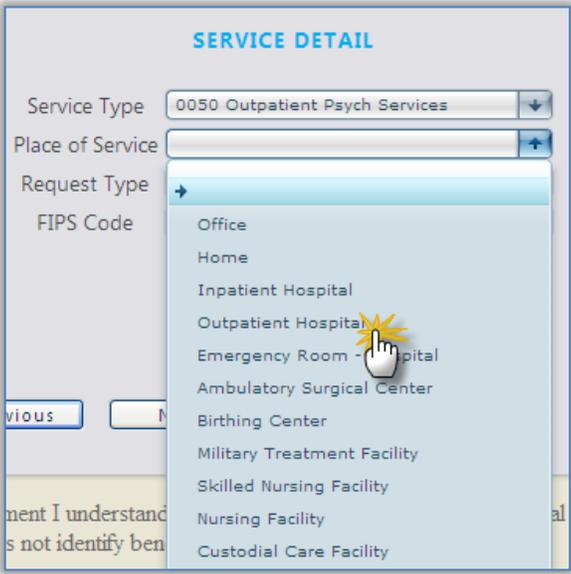
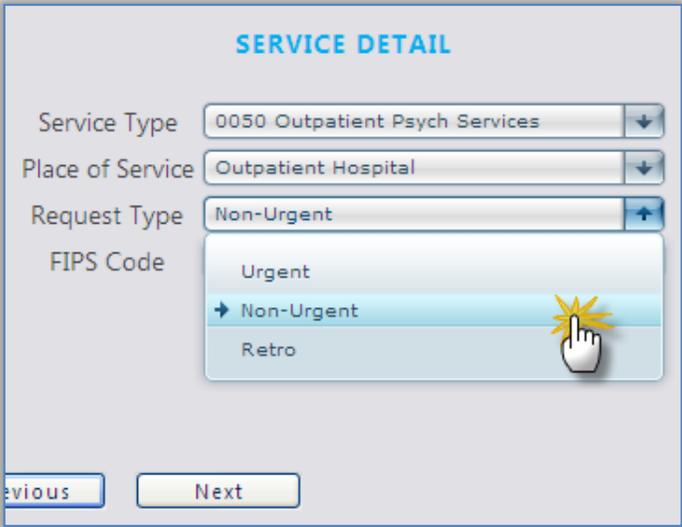
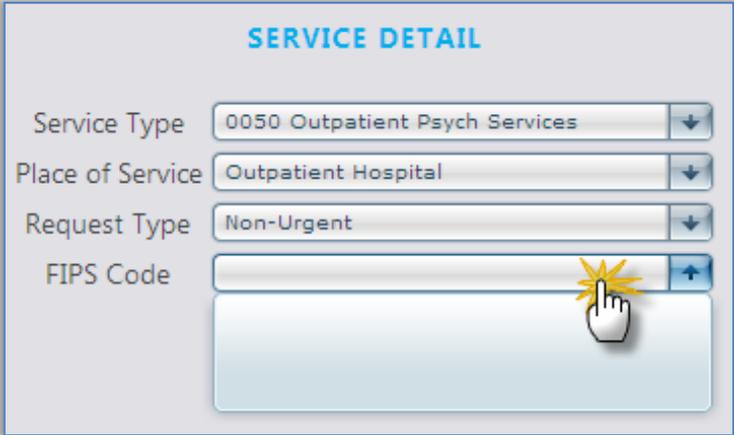
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Service Authorization Request (Outpatient), Continued

<p>Step 3.3</p>	<p>Facility information populates the fields from the search selection.</p>	
<p>Step 4</p>	<p>Complete the drop down fields for Service Detail.</p> <p>Note: The Attending Physician section is optional.</p>	
<p>Step 4.1</p>	<p>Select Service Type from the dropdown.</p>	

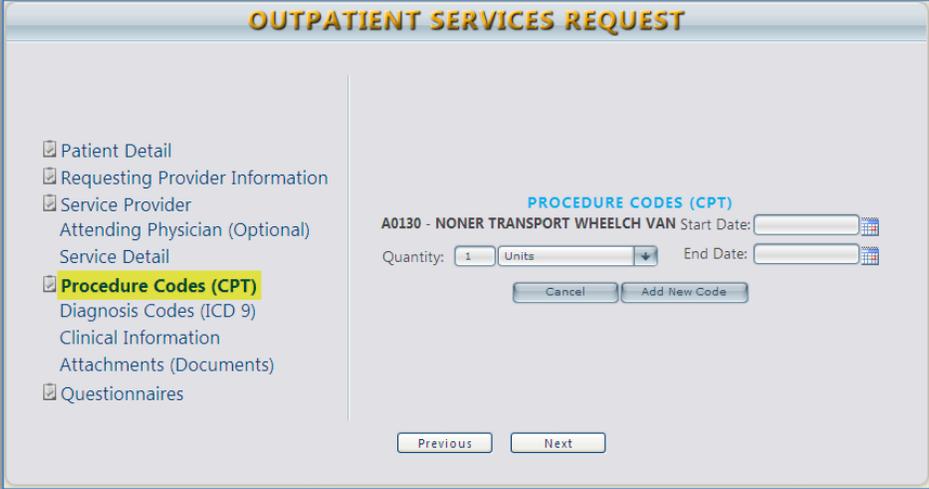
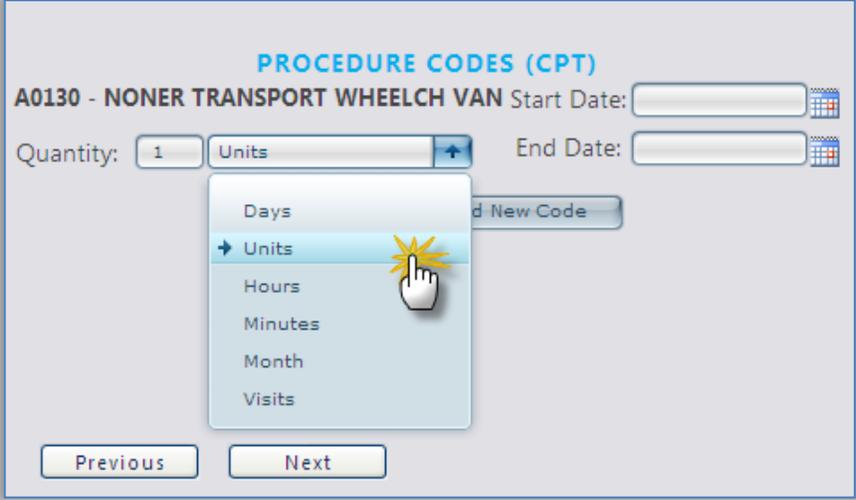
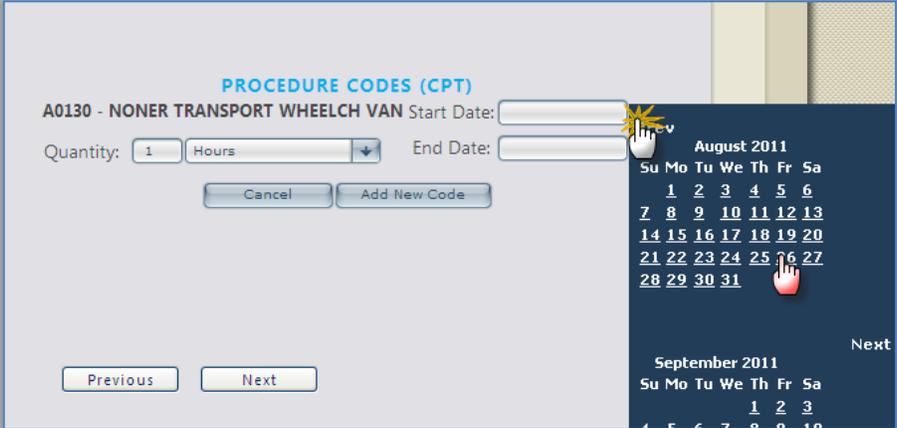
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Service Authorization Request (Outpatient), Continued

<p>Step 4.2</p>	<p>Select Place of Service from the dropdown.</p>	 <p>The screenshot shows the 'SERVICE DETAIL' form. The 'Service Type' is '0050 Outpatient Psych Services'. The 'Place of Service' dropdown is open, showing a list of options: Office, Home, Inpatient Hospital, Outpatient Hospital (highlighted), Emergency Room - Hospital, Ambulatory Surgical Center, Birthing Center, Military Treatment Facility, Skilled Nursing Facility, Nursing Facility, and Custodial Care Facility. A mouse cursor is pointing at 'Outpatient Hospital'.</p>
<p>Step 4.3</p>	<p>Select the Request Type from the dropdown.</p>	 <p>The screenshot shows the 'SERVICE DETAIL' form. The 'Service Type' is '0050 Outpatient Psych Services' and the 'Place of Service' is 'Outpatient Hospital'. The 'Request Type' dropdown is open, showing options: Urgent, Non-Urgent (highlighted), and Retro. A mouse cursor is pointing at 'Non-Urgent'.</p>
<p>Step 4.4</p>	<p>Select or input the FIPS Code (if required) in the last field.</p> <p>Click Next to continue.</p>	 <p>The screenshot shows the 'SERVICE DETAIL' form. The 'Service Type' is '0050 Outpatient Psych Services', 'Place of Service' is 'Outpatient Hospital', and 'Request Type' is 'Non-Urgent'. The 'FIPS Code' field is empty. A mouse cursor is pointing at the 'Next' button.</p>

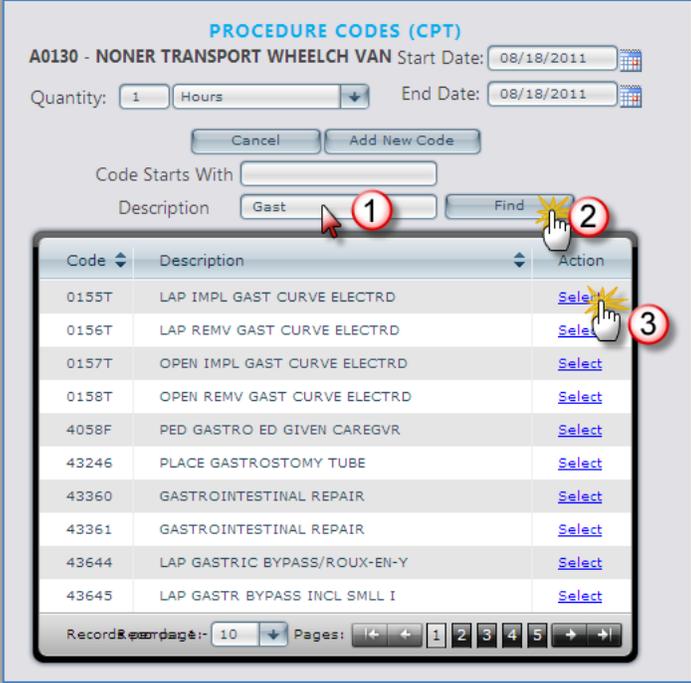
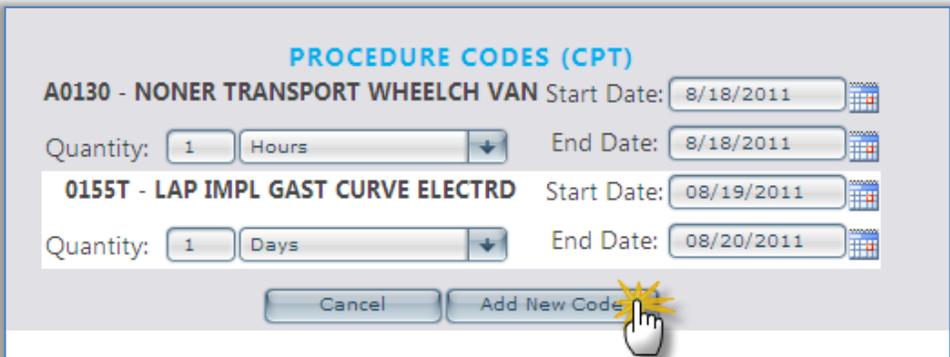
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Service Authorization Request (Outpatient), Continued

<p>Step 5</p>	<p>Fill in the required information for Procedure Codes (CPT).</p>	
<p>Step 5.1</p>	<p>Enter the quantity and select the number of Units, Hours, etc. from the dropdown.</p>	
<p>Step 5.2</p>	<p>Enter the Start Date and End Date using the calendar dropdowns.</p>	

Continued on next page

Service Authorization Request (Outpatient), Continued

<p>Step 5.3</p>	<p>If a new code needs to be added, click the Add New Code button.</p>	
<p>Step 5.4</p>	<p>Search for the code using the Code Starts With or Description (1) fields.</p> <p>Click Find (2).</p> <p>Select the appropriate CPT code to be added (3).</p> <p>The code is added to the member file.</p>	 

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Service Authorization Request (Outpatient), Continued

Step 6 Add **Diagnosis Code (ICD 9)** by clicking the **Add New Code** button.

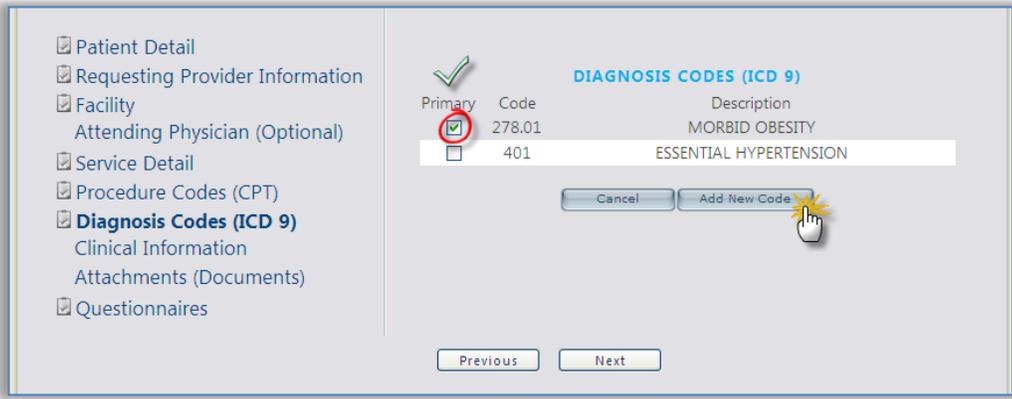
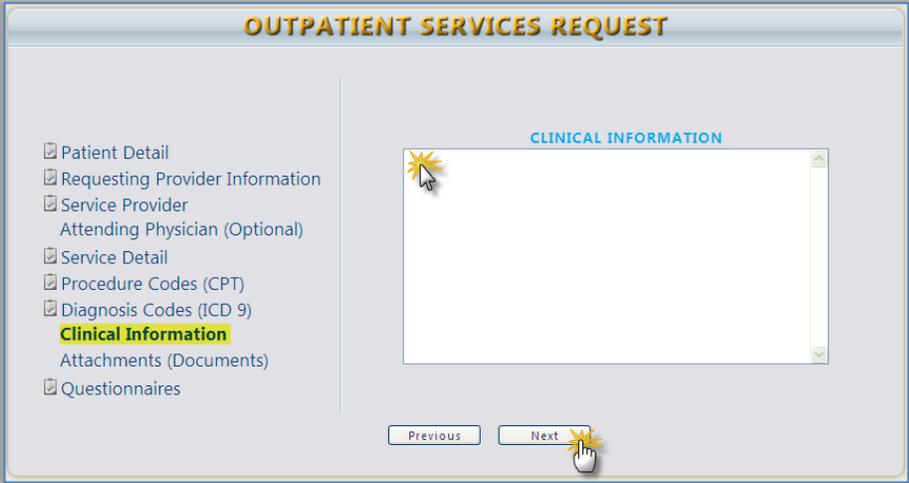
Step 6.1 Like the CPT Codes, search, locate, and attach **Diagnosis Codes** by using the search function.

(1) – Search by **Code Starts With** or **Description**
 (2) – Click **Search**
 (3) – Select the appropriate **ICD 9 code**

Code	Description	Actions
90	MICROSCOPIC EXAMINATION I	Select
90.0	MICRO EXAM NERVOUS SYSTEM	Select
90.01	BACT SMEAR NERVOUS SYSTEM	Select
90.02	CULTURE NERVOUS SYSTEM	Select
90.03	C & S NERVOUS SYSTEM	Select
90.04	PARASITOLGY NERV SYSTEM	Select
90.05	TOXICOLOGY NERVOUS SYSTEM	Select
90.06	CELL BLK/PAP NERVOUS SYSTEM	Select
90.09	MICRO EXAM NERVOUS OTHER	Select
90.1	MICRO EXAM ENDOCRINE GLAND	Select

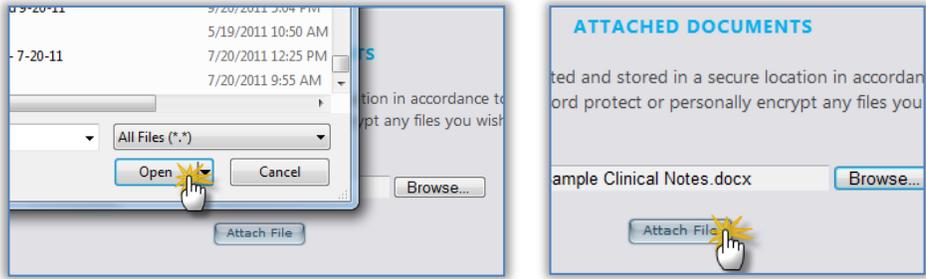
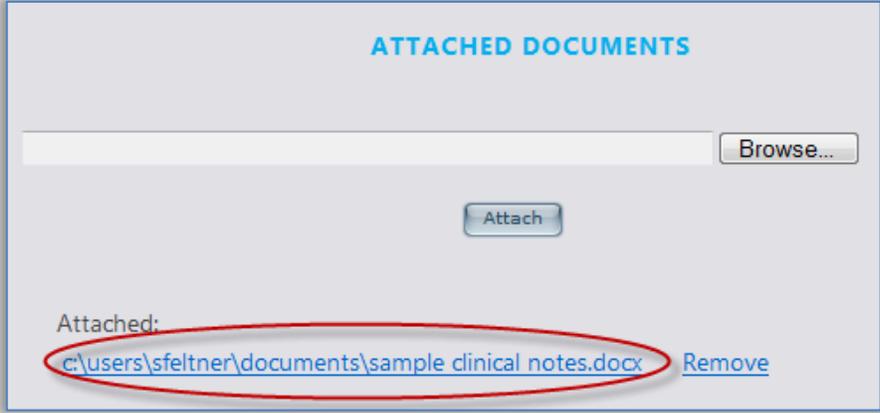
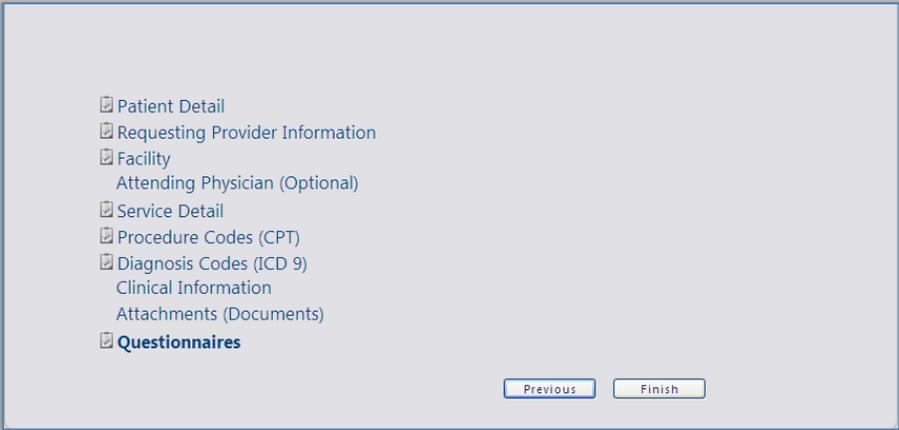
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Service Authorization Request (Outpatient), Continued

<p>Step 6.2</p> <p>At least one diagnosis code must be attached to the case. If there are more than one, one must be selected as the primary.</p> <p>To add a new code, click the Add New Code button and select from the search results.</p>	
<p>Step 7</p> <p>Enter any clinical notes in the text field.</p>	
<p>Step 8</p> <p>Attach clinical documentation by clicking the browse button.</p>	

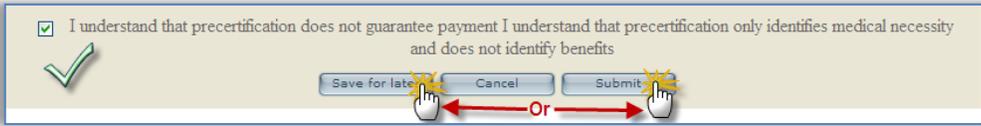
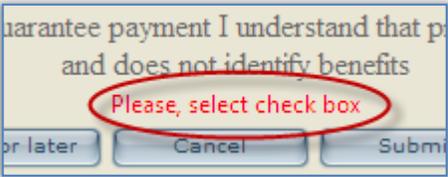
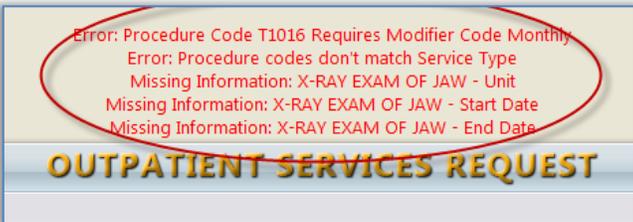
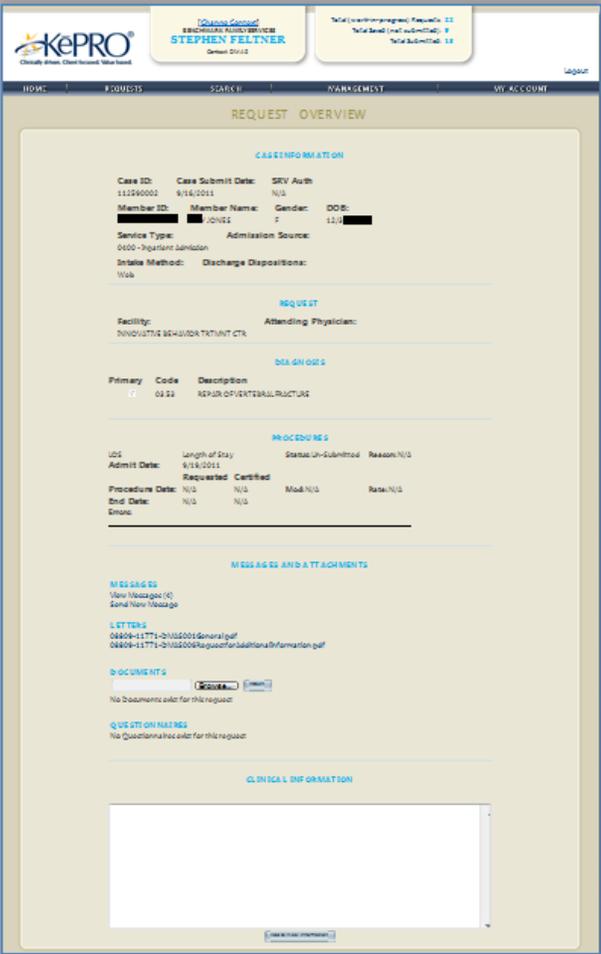
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Service Authorization Request (Outpatient), Continued

<p>Step 8.1</p>	<p>Browse and find the file and click Open to attach.</p> <p>Once attached, click Attach File.</p>	
<p>Step 8.2</p>	<p>File name will appear when it is successfully uploaded.</p>	
<p>Step 9</p>	<p>The indicator icons on the left of the screen should be visible in all service request areas to show that all required data has been inputted.</p>	
<p>Step 10</p>	<p>Questionnaires* (Does not apply to all services)</p> <p><i>*See the Questionnaires section in this manual for more detailed information</i></p>	

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Service Authorization Request (Outpatient), Continued

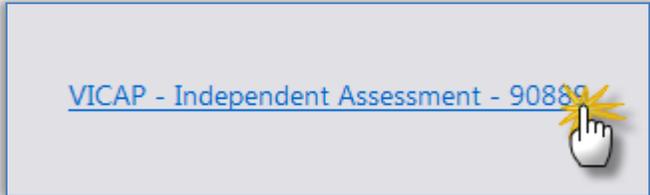
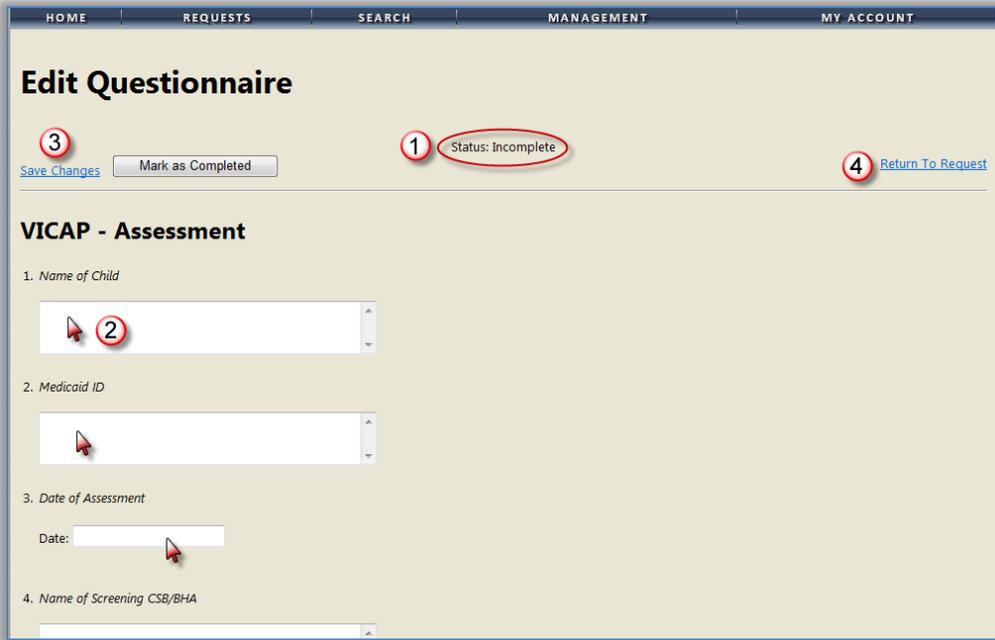
<p>Step 11</p>	<p>VERY IMPORTANT!</p> <p>Click the checkbox at the bottom of the page and click either Save for Later or Submit.</p> <p>You will not be able to proceed if you do not click the checkbox.</p>	 
<p>Step 11.1</p>	<p>If any required portion of the request is missing, these alerts will appear.</p>	
<p>Step 12</p>	<p>Once a request is successfully submitted, a Request Overview is displayed.</p>	

Service Authorization Request (Outpatient) Summary

Step 1	<ul style="list-style-type: none"> Once you have located and brought up a member (see steps 1-4 of Inpatient process), input Patient Detail. Click Next to continue.
Step 2	<ul style="list-style-type: none"> Enter Requesting Provider Information data. Click Next to continue.
Step 3	<ul style="list-style-type: none"> Enter in Service Provider Information. If not known, click the Search button. To search for facility information, click the search button. Type in a keyword in the Facility Name field and click Find. Select the facility from the search results.
Step 4	<ul style="list-style-type: none"> Complete the drop down fields for Service Detail. Note: The Attending Physician section is optional.
Step 5	<ul style="list-style-type: none"> Fill in the required information for Procedure Codes (CPT). Enter the quantity and select the number of Units, Hours, etc. from the dropdown. Enter the Start Date and End Date using the calendar dropdowns. If a new code needs to be added, click the Add New Code button. Search for the code using the Code Starts With or Description fields. Click Find. Select the appropriate CPT code to be added.
Step 6	<ul style="list-style-type: none"> Add Diagnosis Code (ICD 9) by clicking the Add New Code button. Like the CPT Codes, search, locate, and attach Diagnosis Codes by using the search function. Search by Code Starts With or Description. <ul style="list-style-type: none"> Click Search. Select the appropriate ICD 9 code. At least one diagnosis code must be attached to the case. If there are more than one, one must be selected as the primary. To add a new code, click the Add New Code button and select from the search results.
Step 7	<ul style="list-style-type: none"> Enter any clinical notes in the text field. Click Next to continue.
Step 8	<ul style="list-style-type: none"> Attach clinical documentation by clicking the browse button. Browse and find the file and click Open to attach. Once attached, click Submit.
Step 9	<ul style="list-style-type: none"> The indicator icons on the left of the screen should be visible in all service request areas to show that all required data has been inputted.
Step 10	<ul style="list-style-type: none"> Questionnaires (if applicable)
Step 11	<ul style="list-style-type: none"> Click the checkbox at the bottom of the page and click either Save for Later or Submit. You will not be able to proceed if you do not click the checkbox. An error message will appear as shown to the right.
Step 12	<ul style="list-style-type: none"> The Request Overview is displayed.

END OUTPATIENT PROCESS FLOW

Questionnaires

<p>Step 1</p>	<p>If a review requires the completion of a questionnaire, one will appear as link as shown.</p>	
<p>Step 2</p>	<p>Click the questionnaire link to begin completing it.</p>	
<p>Step 3</p>	<p>Complete the questionnaire.</p> <p>The status (1) is displayed in the center.</p> <p>Click in the fields or checkboxes to complete the questionnaire (2).</p> <p>Once complete, click Save Changes or Mark as Completed (3).</p> <p>Click the Return to Request link to return to the request (4).</p>	

Continued on next page

Questionnaires, Continued

Step 4 Once the questionnaire has been completed, the status changes to **Completed** as shown.

In addition, the Questionnaire section of the workflow is noted with a **checkmark** denoting that this step has been completed.

Edit Questionnaire

Status: Completed

OUTPATIENT SERVICES REQUEST

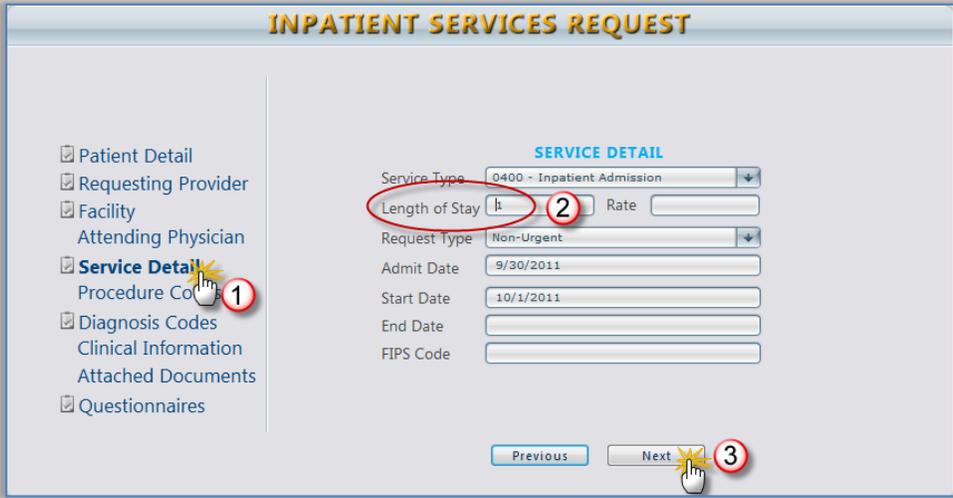
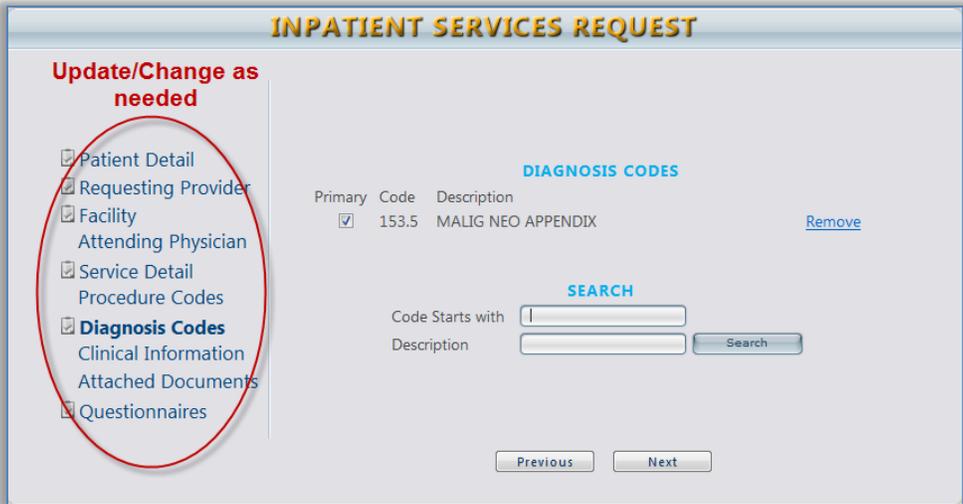
- Patient Detail
 - Requesting Provider
 - Service Provider
 - Attending Physician
- Service Detail
- Procedure Codes
 - Diagnosis Codes
 - Clinical Information
 - Attached Documents
- Questionnaires

PATIENT DETAIL

Member ID [REDACTED] 17
Name [REDACTED] JONES
Birthdate [REDACTED]
Address [REDACTED]
City [REDACTED]
State VA
Zip [REDACTED] 89

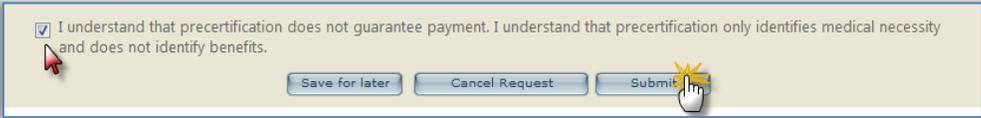
Next

Extending a Request (Concurrent Review)

<p>Step 1</p> <p>Locate the request that requires an extension. (Request/case or Member search)</p> <p>Click the Extend link on the case line.</p>	 <p style="text-align: center;">REQUESTS FOR JOHN DOE</p> <p>Member Id: 123123123123 Birth Date: 10/11/1952 Address: Contact:</p> <table border="1"> <thead> <tr> <th>Case ID</th> <th>Submitted</th> <th>Type</th> <th>Letter Count</th> </tr> </thead> <tbody> <tr> <td colspan="4">Status: Submitted</td> </tr> <tr> <td>Case ID: 112730001</td> <td></td> <td></td> <td></td> </tr> <tr> <td>112730001</td> <td>9/30/2011</td> <td>Inpatient</td> <td>0</td> </tr> <tr> <td colspan="4">Status: Un-Submitted</td> </tr> <tr> <td>Case ID:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Inpatient</td> <td>0</td> </tr> </tbody> </table> <p>Records per page: 10 Records: 1 - 2 of 2 - Pages: 1</p>	Case ID	Submitted	Type	Letter Count	Status: Submitted				Case ID: 112730001				112730001	9/30/2011	Inpatient	0	Status: Un-Submitted				Case ID:						Inpatient	0
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112730001	9/30/2011	Inpatient	0																										
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Case ID:																													
		Inpatient	0																										
<p>Step 2</p> <p>As an example, to add a day to a request, click Service Detail (1), and type in "1" in the Length of Stay field (2).</p> <p>Click Next (3).</p>	 <p style="text-align: center;">INPATIENT SERVICES REQUEST</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient Detail <input checked="" type="checkbox"/> Requesting Provider <input checked="" type="checkbox"/> Facility <input checked="" type="checkbox"/> Attending Physician <input checked="" type="checkbox"/> Service Detail (1) <input checked="" type="checkbox"/> Procedure Codes <input checked="" type="checkbox"/> Diagnosis Codes <input checked="" type="checkbox"/> Clinical Information <input checked="" type="checkbox"/> Attached Documents <input checked="" type="checkbox"/> Questionnaires <p style="text-align: right;">SERVICE DETAIL</p> <p>Service Type: 0400 - Inpatient Admission</p> <p>Length of Stay: 1 (2) Rate: _____</p> <p>Request Type: Non-Urgent</p> <p>Admit Date: 9/30/2011</p> <p>Start Date: 10/1/2011</p> <p>End Date: _____</p> <p>FIPS Code: _____</p> <p style="text-align: right;">Previous Next (3)</p>																												
<p>Step 3</p> <p>Update, add, delete, or change the remaining steps of the service request as needed.</p> <p>(Ex., add a diagnosis code, add additional clinical information, or attach additional documents)</p>	 <p style="text-align: center;">INPATIENT SERVICES REQUEST</p> <p style="color: red;">Update/Change as needed</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient Detail <input checked="" type="checkbox"/> Requesting Provider <input checked="" type="checkbox"/> Facility <input checked="" type="checkbox"/> Attending Physician <input checked="" type="checkbox"/> Service Detail <input checked="" type="checkbox"/> Procedure Codes <input checked="" type="checkbox"/> Diagnosis Codes <input checked="" type="checkbox"/> Clinical Information <input checked="" type="checkbox"/> Attached Documents <input checked="" type="checkbox"/> Questionnaires <p style="text-align: right;">DIAGNOSIS CODES</p> <table border="1"> <thead> <tr> <th>Primary</th> <th>Code</th> <th>Description</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>153.5</td> <td>MALIG NEO APPENDIX</td> <td>Remove</td> </tr> </tbody> </table> <p style="text-align: right;">SEARCH</p> <p>Code Starts with: _____</p> <p>Description: _____ <input type="button" value="Search"/></p> <p style="text-align: right;">Previous Next</p>	Primary	Code	Description		<input checked="" type="checkbox"/>	153.5	MALIG NEO APPENDIX	Remove																				
Primary	Code	Description																											
<input checked="" type="checkbox"/>	153.5	MALIG NEO APPENDIX	Remove																										

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Extending a Request (Concurrent Review), Continued

<p>Step 4</p>	<p>Click the disclaimer checkbox and click Submit.</p>	 <p>The screenshot shows a light-colored rectangular box containing a disclaimer. On the left, there is a checked checkbox with a mouse cursor hovering over it. The text reads: "I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits." To the right of the text are three buttons: "Save for later", "Cancel Request", and "Submit". A mouse cursor is also hovering over the "Submit" button.</p>
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