

ACCESSING ATREZZO PROVIDER PORTAL



Website Address: https://dmas.kepro.com

Select " Atrezzo Login"

To Register for Atrezzo Provider Portal :

Enter your 10 digit National Provider Identifier (NPI) number and Provider Registration Code: YTD 1099 amount or Date of last Remittance advice received. If you are a new provider please contact KEPRO customer service at 1-888-827-2884 to obtain your registration code

Registered Provider- Enter your unique user name and password

**If you are a new or existing provider registering for Atrezzo Connect and you have multiple NPI numbers, you must register those NPI numbers under your administrative account in Atrezzo Connect. **





KEPRO Atrezzo Provider Portal allows for:

- Secure access to Atrezzo Connect (Provider Portal)
- Via Atrezzo the provider will be able to access service authorization letters by case ID or Medicaid number, respond to pend request , and send/ receive messages to and from a Clinical Reviewer.



Successful Completion of setup/login, takes you to the Home Page

Click the New Request button (located at the bottom of the home screen)

or

Click Create New Request from the Requests tab

| IOME REQUES | TS SEARCH | MANAGEMENT | MY ACCOUNT | Logou |
|----------------|---------------------------------------|--|---|-------|
| | | MESSAGES | | |
| | You have 0 unread | messages - Go to Message Center | | |
| | | | 117750 | |
| * | REQUESTS SAV | ED ROL NOT SOBL | VIIIED | |
| lew Request | | | | |
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Search for Member by: Member ID or Last Name and Birthdate

Click the Search button

| KEPRO At | Contra | ct: | [Update Counts] Total (work-in-progress) Reque Total Saved (not submitte Total Submitte | sts: <u>5</u> ed): <u>0</u> ted: <u>5</u> |
|--------------------|--|---|--|---|
| HOME REQUESTS | S SEARCH | MANAGEMENT | MY ACCOUNT | Logout HELP |
| | M E M Search for a me | BER SEARCH | | |
| | Member ID: Member Last Name: Member Birthdate: | 111111111 or | | |
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Ensure accuracy of the members name and Medicaid ID prior to proceeding.

Select the Member from the search results by clicking on the Select link.

| HOME RE | QUESTS | SEARCH | MANAGEMENT | } | МУ АС | COUNT | HELP |
|----------------------|-------------------------|---------------------------|-------------------------------------|---|-----------------------|------------|---------|
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| | | IVIEIVI | BER SEARCH | | | | |
| | | | Search Again | | | | |
| | | | | | | | |
| Member ID 🗢 | Last Name 🗢 | First Name 🗢 | Address | • | ров 🗢 | Case Count | Actions |
| 111111111 | Testi | Testi | | 4 | 01/01/1970 | 0 | Select |
| Records per page: 10 | Teol | | | | Records: 1 - 1 of 1 | - Pages: | |
| | | | | | | | |
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Verify member information and click the New Request button









- Select Inpatient request type
- Select Sub contract DMAS or Expansion based on Members Medicaid Eligibility
- Click Create Request

| antenigent value i | | | Wedicaid | | | Logou |
|---------------------------|------------------------|---|---|-------------------------|---------------------|-------|
| HOME REQU | ESTS | SEARCH | MANAGEMENT | 1 MY | ACCOUNT | HELP |
| | | DEQUESTS | | T 4 | | |
| | | REQUESTS | FOR TESTI TES | 11 | | |
| | Testi | lest1 | | | | |
| | Addres | er ID: 111111111 s: 7900 International | Birth Date: 01/01/1970 Drive Contact: Primary Phone: | 866-433-3658 | | |
| | | Bloomington, MN | 55425- | | | |
| Submitted Requests | Servicing/Attendin | o/PCP Requests | | | | |
| | , criticing, Accentant | g) FOF Noquesta | | | | |
| Case ID (Reference ID) | Status | Request Info | Service Type | Service Date(s) | Providers | |
| | | | | | | |
| | Select requ | contract: | Create Request | Cancel | | |
| | | contract. | | | | |
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- Patient Detail information defaults.
- Click either the next section link or the Next button to continue through the Inpatient Service Request process

| INPA | ITEINT SERVIC | ES REQUEST | |
|----------------------|---------------|-------------------------|--|
| 🗵 Patient Detail | | PATIENT DETAIL | |
| Requesting Provider | Name | Mya Browman | |
| D Facility | Member ID | 999999999999 | |
| Attending Physician | DOB | 07/09/2011 | |
| Service Detail | Address | 1901 Hounds Way | |
| Procedures | Address | | |
| Diagnoses | | Midlothian VA 231138902 | |
| Clinical Information | | | |
| Attacked Desurgents | | | |
| Attached Documents | | | |
| Questionnaires | | | |
| | | | |
| | | | |
| | | | |
| | | Next | |



Requesting provider information can only be changed if you have more than 1 NPI number registered to your Atrezzo Provider portal account. To change the requesting provider you must cancel your existing case creation and select the applicable provider from the change context section.

Note: Enter in the FAX # where official communication about this service authorization should be sent.

| INPA | TIENT SERVICES REQUEST |
|----------------------|--|
| Patient Detail | REQUESTING PROVIDER |
| Requesting Provider | Name |
| Recility | Provider ID |
| Attending Physician | Provider Type |
| Service Detail | Addross |
| Procedures | Address |
| Diagnoses | |
| Clinical Information | |
| Attached Documents | Phone |
| Questionnaires | |
| | Official communication of service authorization will |
| | otherwise specified. |
| | |
| | Fax * |
| | * denotes required field |
| | Previous Next |



MISSION



The Facility information will automatically default to reflect the providers name listed in the change context section (Top Center of your screen).

If the listed provider is not applicable to the requested authorization click "Find" to complete a provider search.







******Attending Physician Section is optional**

INPATIENT SERVICES REQUEST

| Patient Detail Requesting Provider Facility | ATTENDING PHYSICIAN Optional: Use the search below in order to add an attending physician to this request. |
|--|--|
| Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires | Find Show Preferred |
| | Previous Next |



- Service type: Select the applicable service type from the drop down listing(Selection of the incorrect service type will delay case processing time)
- Admission Source = Prior Auth (New request), Retro (Retrospective review due retroactive Medicaid eligibility
- Length of Stay: Inpatient Acute Always enter "1" Intensive Rehab enter the requested length of stay
- Rate: Leave this filed BLANK
- Admit Date: Enter Admission Date
- Start Date/ End Date will automatically populate based on the Admission date and Length of stay entered
- FIPS Code- Does not apply (Leave this field BLANK)

Screen shot available on slide 14



MISSION

VALUES



INPATIENT SERVICES REQUEST

| Patient Detail | SERVICE DETAIL |
|----------------------|--|
| Requesting Provider | Service Type * |
| Eacility | Admission Source Elective |
| Attending Physician | Request TypeSelect One |
| Service Detail | Length of Stay * Rate |
| Procedures | Admit Date * |
| Diagnoses | Start Date |
| Clinical Information | End Date |
| Attached Documents | |
| Questionnaires | FIPS Code type code or county name and select from list |
| | * denotes required field |
| | Previous Next |





Procedures: Does not apply to Inpatient request. Proceed to the next screen.

OUTPATIENT SERVICES REQUEST

| Patient Detail Requesting Provider Service Provider Attending Physician Service Detail 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 |



- Click Find to select a diagnosis code for this case.
- Enter the code or the description. Select the code from the list that displays.

***Recommendation: Complete search utilizing the Diagnosis code versus the description to minimize search results

| | INPATIENT SERVICES REQUEST | | | |
|---|----------------------------|--|--|--|
| Patient Detail Requesting Provider Facility Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires | Find Show Preferred | | | |
| | Previous Next | | | |





- At least one diagnosis code must be attached to the case. If there is more than one, one must be selected as the primary.
- Diagnosis codes cannot be changed once a case is submitted.
- Primary diagnosis code must reflect acute medical/surgical diagnosis

| Patient Detail Requesting Provider Facility Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires | Use the s Primary Type ICD9 | search b Code 799.9 | DIAGNOSES below in order to add diagnoses to this request Description UNKN CAUSE MORB/MORT OT Find Show Preferred | [remove] |
|---|------------------------------------|---------------------------|---|----------|
| | | | Previous Next | |





Enter Clinical documentation to support the requested services

INPATIENT SERVICES REQUEST Patient Detail Requesting Provider Facility Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires

Previous

is Next



Upload Clinical documentation

Click "Browse" locate the file and click open to attach. File Name will appear when it is successfully uploaded

Refer to slide 20 for steps 2-4

INPATIENT SERVICES REQUEST





MISSION

VALUES









- Click the check box of the case entry page acknowledging the below statement.
- Successful case entries requires selection of "Submit". Request overview page will now display your case entry and KEPRO case id number.
- Selecting "Save for Later" Saves the case entry up to the current point. Case will reflect on the provider Atrezzo Provider Portal home page awaiting final submission.

Note: Case is not received by KEPRO until receipt of KEPRO case ID on the Request overview page.

| I understand that precertification does not guarantee payment. I understand that precertification only ide and does not identify benefits. | ntifies medical necessity |
|---|---------------------------|
| Save Save for later Cancel Request Submit | |
| | |





Once a request is successfully submitted the following page will display. KEPRO case ID number is located to the upper left

| IDUIC I PEQUESTS SEARCH VARACEMENT VY ACCOUNT REQUEST OVERVIEW CASETINFOMMATION Case ID: Case Submit Date: STV Auth 11350000 4/16/2011 N/A Member ID: Member Name: Gander: DDB: JONIS 7 13/3 Senter Type: Admission Source: 0100-3epatient devices Intele Method: Discharge Dispositions: Web |
|--|
| REQUEST OVERVIEW CASETINGOMINATION Case ID: Case Submit Date: 11590003 9(16/1011 Member ID: Member Name: Member ID: Member ID: |
| CASETHROMATION Case Submit Date: STV Auth 11550000 9/16/2011 N/A Member ID: Member Name: Gender: D05: VINIES 5 12/4 Service Type: Admission Source: 0400 - Signifient Jainization Date: Discharge Dispositions: Wab |
| Case ID: Case Submit Data: SRV Auth 113590003 9/15/2011 N/A Member ID: Member Name: Gender: DOS: VIONES F 13/4 Service Type: Admission Source: 0400 - Separate Admission Intales Method: Discharge Dispositions: Wab |
| Case ID: Case Submit Deta: SRV Auth 112540003 9/16/2011 N/A Member ID: Member Name: Gender: DOS: VIONES 5 12/3 Service Type: Admission Source: 0400 - Ngatest Admission Source: 0400 - Ngatest Admission Source: Web Scout CT |
| Member ID: Member Name: Gender DOB: VIONIS 7 12/3 Service Type: Admission Source: 0400 - Neaton Jankson Intake Method: Discharge Dispositions: Wob Member ID: Member Name: Discharge Dispositions: Wob |
| Service Type: Admission Source: 0400 - Neuton Intale Method: Discharge Dispositions: Web |
| Intele Method: Discharge Dispositions: Web |
| Month CT |
| and a set of the set o |
| Facility: Attending Physician: NNOVATIVE SEMANOR TRTNNT CTR |
| BLA GN OST S |
| Primary Code Description |
| a a a service a |







Additional Trainings documents: Refer to Atrezzo Provider Portal user guide located under "HELP" tab within your Atrezzo Provider portal account.

KEPRO Customer Service Department : 1-888-827-2884

Email: <u>atrezzoissues@KEPRO.com</u>

