



Frequently Asked Questions-Waivers/EPSDT

General Questions

Q. What is the Atrezzo Provider Portal?

A. Atrezzo Provider Portal is KEPRO's web based portal entry system that allows Providers to submit prior authorization (PA) requests for medical necessity. It enables providers to have 24/7 access to all PA requests submitted under all registered NPI# (for an individual provider), print approval/denial letters, check on case status, and respond to requests for additional information directly in the system. The Atrezzo Provider Portal allows providers to complete questionnaires in lieu of attaching clinical documentation to help streamline information needed to review PA requests.

Q. Are there any upcoming changes to Waiver/EPSDT (Early Periodic Screening Diagnosis Treatment) Services?

A. Effective September 1, 2015, all prior authorization submission requests for Waiver & EPSDT Services will be required to be submitted via KEPRO's Atrezzo Connect. The includes Elderly or Disabled with Consumer Directed Waiver (0900), Money Follows the Person (0909), Technology Waiver (0960), Individual and Family Developmental Disabilities Support Waiver (0902), EPSDT Private Duty Nursing (0098 & 0090) and EPSDT Personal/Attendant Care (0091).

Q. Will I continue to receive "Request for additional information" and PA Approval letters via fax?

A. Yes. After September 1, 2015 KEPRO will continue to send fax notifications to Providers when additional information is being requested and to notify of PA approvals/denials. Even though providers will receive the "Request for Additional Information" via fax, providers will ONLY be able to respond to the notice via the Atrezzo Provider Portal. Providers WILL NOT be able to fax responses to requests for additional information.

Q. If after September 1, 2015, the Atrezzo Provider Portal is down, may I fax my PA request to KEPRO?

A. No. If the portal is down, Providers will need to wait for the portal to become fully operational again to submit PA requests. Once the portal is back up and running, Providers may submit all requests as normal and can place a note in the "Clinical Information" section of any particular case advising that Atrezzo Provider Portal was down on a particular day; therefore, there was a delay in responding to requests for additional information or submitting a PA requests. Example: "Portal was down on 5/16/2015. Unable to submit request on that day".

****Please note that KEPRO keeps record of down time of Atrezzo Provider Portal to verify for untimely submissions/responses.**

- Q. Where can I go to find help on navigating through Atrezzo Provider Portal?
- A. **Once you have logged into the Atrezzo Provider Portal with your username and password, please click on the “User Guide” under the “HELP” tab found on the home screen in the portal. The User Guide is a 52 page document that can help you navigate through each section of the portal as well as walk you through step by step how to submit a PA request for outpatient (Waiver/EPST) services. KEPRO asks that all providers, refer to the User Guide BEFORE contacting KEPRO with Atrezzo Portal Issues. If after reading through the guide, you are unable to remedy the situation, please feel free to contact KEPRO.**
- Q. Now that all submissions are web based only, how will we be able to prove that we attempted to submit timely when we have a patient who receives retroactive Medicaid eligibility?
- A. **KEPRO is able to verify Medicaid retro eligibility. Provider can note under the “Clinical Information” section in the portal that the request is late due to retro active Medicaid eligibility.** If the member meets DMAS criteria for all hours requested, the authorization will be approved retrospectively back to the requested start of care date for all hours.
- PLEASE NOTE***This only applies to retroactive Medicaid eligibility and not just to simple untimely requests. KEPRO is able to verify when Medicaid eligibility was established.**
- Q. How do I attach documents in the Atrezzo Provider Portal?
- A. **Please refer to pages 41-42 of the Atrezzo Provider Portal User Guide for instructions on how to attach documentation.**

Case Submission Questions

- Q. What quantity do I enter when requesting Agency Directed Personal or Consumer Directed Attendant Care?
- A. **If you are requesting Agency Directed Personal Care you should be entering the total # of weekly hours multiplied by 4.6 (e.g. 30 hrs/wk x 4.6=138). If you requesting Consumer Directed Attendant Care you should be entering the total # of weekly hours multiplied by 2 (e.g. 30 hrs/wk x 2=60).**
- Q. If there is a questionnaire for the procedure code I am requesting and I fill it out, do I still need to attach documentation?
- A. **No. If there is a required questionnaire for a requested procedure code, you do not have to attach additional clinical documentation to the case UNLESS the questionnaire advises you to do so. For example, when requesting T1019/S5126 under ED CD Waiver (0900), you only need to attach additional documents if you are 1) requesting supervision more than 5 days/wk and/or 2) you are sharing personal/attendant care hours with another provider. In these instances you will need to attach employment letters for every individual that lives in the home with the patient and if sharing hours, you will need to attach the plan of care for the other provider also performing personal care. You DO NOT need to attach documents like the DMAS 96, UAI, or DMAS 98. If KEPRO needs you to attach additional documents, you will be advised while filling out the questionnaire.**

Q. How do I notify KEPRO that I am discharging a patient or I need to respond to a request for additional information?

A. Once you have logged in to the portal, click on the “Search” tab from the home screen. You then can do a search by the patient’s Medicaid ID, case ID, or PA number. Once you have located your current, open cases, please click on “Select” on the far right hand side of the screen and place a note under the clinical information section. You DO NOT need to attach your DMAS 225. Please advise of the last date of service and if the patient is transferring to another waiver (if applicable).

Q. How do I request continuation of services because my current PA is getting ready to end or I need to request an increase or decrease in hours on a patient?

A. Once you have logged in to the portal, click on the “Search” tab from the home screen. Search by the patient’s Medicaid ID, case ID, or PA number. Once you have located your current, open case, please click on “Extend” on the far right hand side of the screen.

Please NOTE If you are requesting a temporary increase, please enter the dates of service that you are requesting for increase ONLY in the procedure code section and then please enter a note under the clinical information section during the case submission process of what date you would like to resume your originals hours. For example under the clinical information section write “Please resume originally approved 30 hrs/wk of personal care effective 9/3/2015”.**

Q. Can a patient be a Level of Care “D” or “E” for EDCD Waiver Services?

A. Level of care “D” and “E” are not defined in the EDCD Waiver Manual, so please ensure that you are identifying your patient as a Level of Care “A”, “B”, or “C” based on the ADL composite score (and the presence of skilled need if applicable).