

SUBMITTING A REQUEST TO KEPRO

Atrezzo Submission Guide

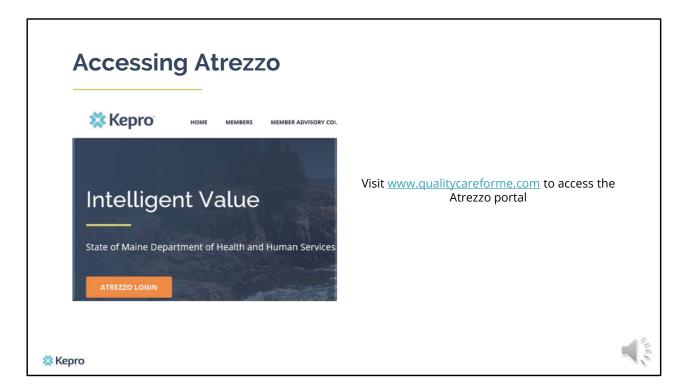
Presented by: Mark MacDonald Operations Supervisor for Kepro Maine

3/24/202

Hello and Welcome to the Kepro training on how to submit a request. This video has been created to provide general guidance for Providers on how to submit request for services in Atrezzo.

Member's must have active MaineCare in order to submit a request and must meet eligibility criteria for the service requested. To review criteria, please visit www.maine.gov to access the MaineCare Benefits Manual.

The guidance presented in this presentation is meant to give providers a basic understanding of the submission process in Atrezzo.



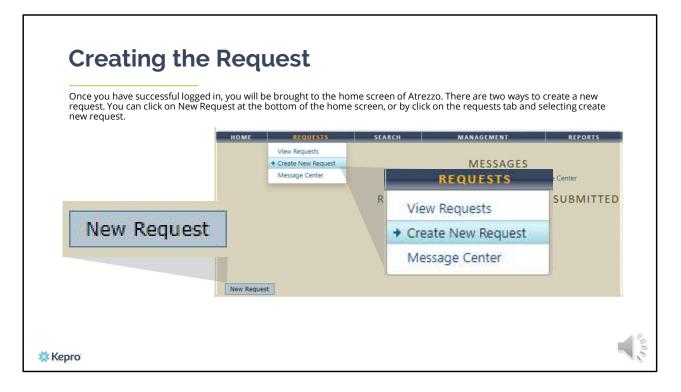
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button

Atrezzo Logi	PLEASE LOOIN	Login
Enter in your username password	and	
🗱 Керго	* * Login Forgot Password?	100 m

Once you click on the Atrezzo login button, you will be brought to the actual login page. Here you will enter in your username and password. If you have forgotten your password, click on the I forgot password link. This will ask you to provide your username and the answer to your security question. Once you have answered your security question, you will be able to reset your own password.

Home	Screen	I				
requests that you users and log in i	i have already sub	any requests that you r mitted. In addition to ci BDDEFORD IM MARK MACI Contract Mains	reating cases, you		v daily reports and m	
Now Request	ROUESTS SEA	CH MANAGEMENT MESSA(You have 0 unread messages - QUESTS SAVED BUT	G E S Go to Message Center		T HELP	
	Privacy Policy/Terms of Use P	wered by Kepro Contact Copyright ® 2011 Ke	ePortal All Rights Reserved Versio	M 5.2.0.21930 (ATRE220_UAT_TEST)		
REQUESTS View Requests Create New Request Message Center	SEARCH Member Request/Case	MANAGEMENT Manage Providers and Preferences Manage Users	REPORTS	MY ACCOUNT My Account Change Security Question	HELP User Guide (PDF) F.A.Q. (PDF) Latest Release Notes (PDF) Password Guidelines (PDF)	

The Home screen allows you to see any requests that you may have saved. This is also where you are able to search for any requests that you have already submitted. In addition to creating cases, you are also able to view daily reports and manage users and log in information.



Once you have successfully logged in to Atrezzo, you will be brought to the home screen of Atrezzo. There are two ways to create a new request. You can click on New Request at the bottom of the home screen, of by clicking on the requests tab and selecting create new request.

Creating the Reques	ID box. If you don't have the member's MaineCare ID, you can search for and date of birth
the member by entering in the member's last name a	and date of birth
NOME REQUESTS SEARCH MEMBER SEARCH Search fire a member using the criteria b Member ich member using the criteria b Member ich member using the criteria b Member ich member using the criteria b	Member ID: or Member Last Name: Member Birthdate: (mm/dd/yyyy) Search
Princy Roby/Tome of the Proceeding Segres Contact Copylight & 2011 School Ad Topics Reserved W	Weeven % 2.8.25444 (JARK220 (JAR) (TATI)

Enter in the member's MaineCare ID in the Member ID box. If you don't have the member's MaineCare ID, you can search for the member by entering in the member's last name and date of birth and click search

Creati	ng the	Reque	est						
Click on select o	nce the member	appears in the m	ember searc	h screen.					
1				MEN	1BER	SEARCH			
🗱 Ke	pro	Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
HOME REQUEST	s SEARCH	TEMP00000000	Doe	Jane		10/01/1968	0	Maine DHHS	Select
	Member ID Last Nar TEMP0000000 Doe	First Name Address Jane 1	DOB Case Cou 0/01/1968 7	nt Contract Maine DHHS Sele	ct				
Kepro	acy Policy/Terms of Use Powered by	Kepro Contact Copyright © 2011 KePo	rtal Ali Rights Reserved Ve	rsion 5.2.0.21849 (ATREZZO_U	AT_TEST)				

Once the member appears in the member search screen, click on select to start the request

Creat	ing the	e Re	quest					
			e Request screer	1			[Update Counts]	
Submitted Requests	Servicing/Attending/PCP Re	quests				Change Context]	Total (work-in-progress) Requests: Total Saved (not submitted): Total Submitted:	57 19 38
Case Level Men Case ID (Reference ID)	nber ID	Status	Request Info	Service Type	Service Date(s)	Providers	REPORTS MY ACCOUNT	Logout
			New Request	Bangor, ME 044		FRACT DETAILS	10/01/1968 Primary Phone: 555-5555	
			Results Sorted By: Case		District Off	ice: N/A	Member Class Indicator: N/A	
			Submitted Requests Case ID (Reference ID)	Servicing/Attending/PCP Reques	Request Info	Service Type	Service Date(s) Providers	
Kepro						New Request		

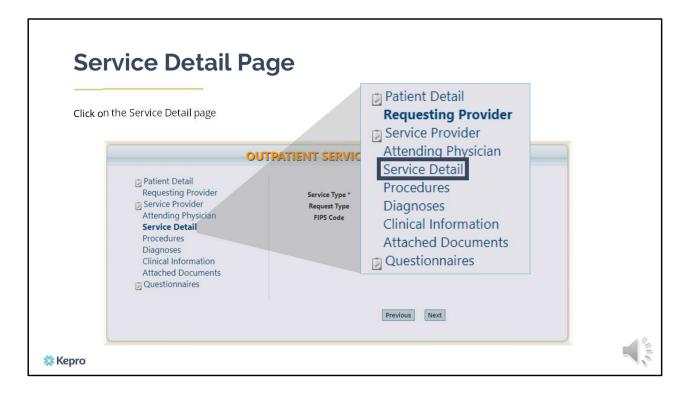
Click on New Request at the bottom of the Request screen

Crea	ating the Request	
Select Out	tpatient as the request type	
	Select request type: Outpatient V Create Request Cancel	
	Jane Doe TEMP0000000 Birth Date: 10/07/1988 Address: 132495 Mid 92 Contact: Primary Iffone: 35-35-353.5 Bangor, ML 04401 CONTRACT DETAILS CONTRACT OFFICE: N/A Member Class Indicator: N/A	
	Revists Sorted By: Card Distocreting @ Ge Submitted Requests Service/Attending/PCP Requests Case ID (Reference ID) Status Request Info Service Type Date(s) Providers	. //
🗱 Kepro	Select request type: Occusion v Create Request Cancel Select sub contract: Maine ADO v	C II O

In the select request type box, choose outpatient. The select sub contract will default to Maine ASO. Click Create request to continue.

Request	ing Provid	er Page	1.120.200.00	TING PROVIDER
•	•	Ŭ	Name Provider ID	PINES HEALTH SERVICES 1922449834
			Provider Type	78 - Facility-Agency-Organization NR Provide
Enter in your agency's	s fax number if not already i	ndicated.	Address	1260 MAIN ST
				WADE ME 04786
			Phone	207-498-1164
	OUTP	ATIENT SERVICES REQUE	Providers in receipt	of Faxed determination letters: Official
		BEQUESTING	communication of s	ervice authorization will be sent to the
	Patient Detail Requesting Provider	REQUESTING Name P	fax number entered	below.
D	Service Provider	Provider ID 19 Provider Type 74	Fax *	555-555-5555 ×
	Attending Physician Service Detail	Address 1	0.000	
	Procedures	W		ates required field
	Diagnoses Clinical Information		07-498-1164 d determination letters: Officia	
F	Attached Documents	communication of service a	authorization will be sent to th	
	Questionnaires	fax number entered below.		
		Fax *		
		* denotes requ	rired field	
		Previous	Next	
			Incor	

Once you have clicked create request, you will be brought to the Requesting Provider page. If your agency's fax number is not already indicated, please enter in the fax number and click next.



Using the tabs on the left-hand side of your screen, click on the Service Detail page. The Service Provider and Attending Physician pages are generally not required for Requests.

Service Detail	Page	100 - Baxter Fund Services 120 - Long-Term Supported Employment 130 - Section 13 Targeted Case Management
Complete the Service Type and Re	quest Type	140 - Section 17 Community Support Services - Adult 160 - Section 21 Rehab for Adults w/ LD. and Autism 180 - Section 28 Rehab and Community Support (RCS 220 - Section 65 Behavioral Health Services 230 - Section 92 Behavioral Health Homes
OU	TPATIENT SERVICES REQUEST	235 - Section 93 Opioid Health Home 240 - Section 97 Private Non-Med Institution (PNMI)
 Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires 	Service Type * Request Type FIPS Code	* e *
	Previous	iext

In the service type box, enter in the appropriate service you are requesting from the drop down menu. For the request type, this will be where you choose whether you are submitting a registration, continued stay reviews, etc..

Procedure	s Page	PROCEDURES Use the search below to add procedures to this request
Enter in the procedure co	le	Find Show Preferred
	ATIENT 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	Procedure Search X Code Type Code Starts with Description Smart Search Find Close
1	Previous Next	
🗱 Керго		Procedure Search Code Type Code Starts with Description Smart Search Code Comp comm supp prc. 13 min Select

On the procedures page, you will be able to select the service code. Click on find, then enter in the procedure code or description of the code and click find. For example, you would enter H2015 if you are looking for Community Integration. When the procedure appears, click on select under action. This will add the code to your request.

	dures Page		
Enter in the st	art and end date and units ir	 I SERVICES REQUEST	1
H2015 - Com	munity Integration (CI)	PROCEDURES Use the search below to add procedures to this request	
Date: *	to	H2015 - Community Integration (CI) V [remove] Date: * to C Qty: * -Frequency- V Rate:	
Qty: *	-Frequency- V Rate:	 MOD(5): MOD-	
		* denotes required field	
			44
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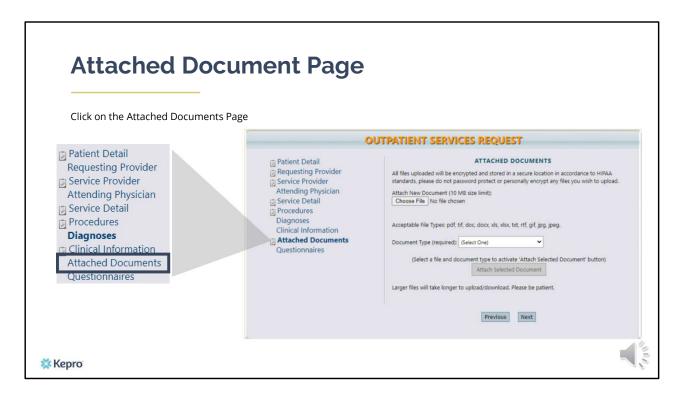
Once the code has been added, indicate the start as the date the request is being submitted. Then enter the units in the quantity box. Click Next.

Diagnosis Enter in the primary diag	Page	DIAGNOSES Find Show	Preferred
OUT	PATIENT SERVICES REQUEST DIAGNOSES	Diagnosis Search Code Type	×
Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses	Use the search below in order to add diagnoses to this request Find Show Preferred	Code Starts with F20.0 Description Smart Search	Search
Clinical Information Attached Documents Questionnaires	Previous Next	Diagnosis Search Code Type Code Starts with F200 Description Smart Search	Search
X Kepro		Code Description F20.0 PARANOID SCHIZOPHRENIA	Action

On the Diagnosis page, enter in the member's primary diagnosis and any other subsequent diagnosis at time of the request. Click on find, enter in the diagnosis code or description and click search. When the diagnosis code appears, click select under action to add the code to the request. Repeat the same steps to add each diagnosis code. Click next.

	mation tab allows for any ac	ion	
	(DUTPATIENT SERVICES REQUEST	
	 Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires 	Please click Save button before proceeding to the next section of the case submission process. CLINICAL INFORMATION	
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On the clinical information page, you will enter any additional information for the member. Once you have entered the information into the text box, click save. Press Next to continue.



Using the tabs on the left-hand side of your screen, click on the Attached documents page.

Attach any necessary requesting.	documents that pertain to the	service you are	Attach Nev Choose F	ile No file		5120 1111
	OUTPATIENT SERVICES REQUI	EST				
 Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires 	All files uploaded will be encrypted and stored standards, please do not password p Attach New Document (10 MB size lif Choose File No file chosen Acceptable File Types: pdf. tif, doc, dc Document Type (required): [Select O	 This PC > Desktop > Training New folder New folder New folder SPC * 	^	Date modified 9/24/2019 8:39 AM	Type Microsoft Word D	v о Size 12 КВ
	Larger files will take longer to upload	File name: Test Treatment Plan				×

On the Attached Documents page, the following are examples of documents that may be uploaded to a request;, Medical Necessity Physician Order Form, Release of Information and treatment plans.

Kepro is able to accept documents that are no larger than 10 megabytes and that meet the acceptable file types of PDF's, TIFs, word, txt, rich text format, gif, or jpeg files.

Click on browse and locate the document on your computer. Once you've found the document, double click on it, or select it and click open.

Attach any necessary	documents	Document Type (required): (Select a file and do	(Select One) (Select One) Appeal Document Application/Referral
 Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires 	Acceptable File Types: pdf, tid, doc, docx, xis, xisx, bt, rtf, gif, jpg, jpg. Chouse File Types: pdf, tid, doc, docx, xis, xisx, bt, rtf, gif, jpg, jpg. Coursent Type (required): [Select One]		Decision Letter Diagnosis Functional Assessment Scores Incident Report Individualized Education Plan Individualized Family Service Plan (IFS Individualized Treatment Plan MD Medical Necessity Note
	Larger files will take longer to upload/download. Please be patient. Previous Next		

Once you have selected the document, in Atrezzo, select the type of document you are uploading from the drop-down list and then click attached selected document.

Atta		ocument Page		
∷ Ru ≥ Se At Pr Di Cl	atient Detail equesting Provider ervice Provider tending Physician ervice Detail occedures agnoses inical Information ttached Documents Justionnaires	ATTACHED DOCUMENTS All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload. Attach New Document (10 MB size limit): Choose File No file chosen Acceptable File Types: pdf, tif, doc, docx, xis, xisx, txt, rf, gif, jpg, jpeg. Document Type (required): [Belect One]	ti is eval.docx Assessment	[remove
Kepro				

Allow a few moments for the document to attach. Once successfully uploaded, you will see the document listed as a hyperlink at the bottom of the Attached Documents page. Repeat the same process for each additional document you are uploading. Click next to navigate to the Questionnaire page.

Complete any	r questionnaires that apply the nnaires will not apply.	to the service you are requesting. Questionnaires will vary	y by service and at
unes questio		UTPATIENT SERVICES REQUEST	
	 Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires 	QUESTIONNAIRES There are no questionnaires to fill out for this request at this time	
		Previous	
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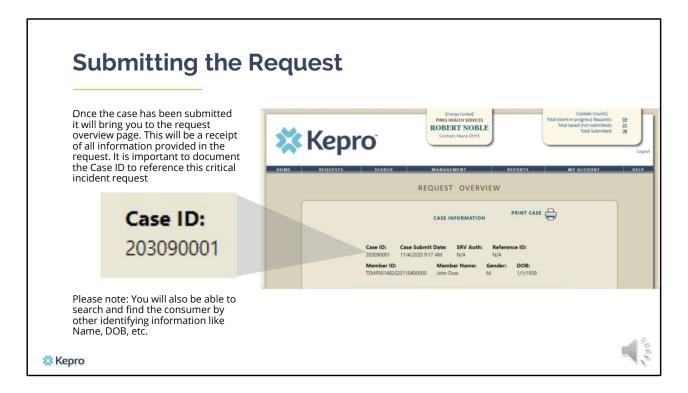
Click the Questionnaire that appears and complete the questionnaire. Please note, that as you answer the questionnaire, some questions will cascade to additional questions if more information is required. Questionnaires will vary by service and at times may not apply.

Questionnaire Pag	ge
Save changes and return to request	Edit Questionnaire
	Save Changes Mark as Completed Return To Request
	Referral
Edit Questionnaire	
Save Changes Mark as Completed	Return To Request Community Support (RCS) Services Community Support (RCS) Services Community Support (RCS) Services (School-Based)
	Section 65 Home and Community Based Treatment (HCT) Services Section 92 Behavioral Health Home (BHH) Services Section 97 Intensive Temporary Residential Treatment (TRT) Services 1.7.1. Indicate the referent 5 name, email address, and phone number:
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When the questionnaire has been completed, click on the save changes button and then click on Return to Request.

Select the pre-certification statement and click submit.	OUTP	ATIENT SERVICES REQUEST
statement and click submit.	 Patient Detail Requesting Provider Service Provider Attending Physician 	REQUESTING PROVIDER Name PINES HEALTH SERVICES Provider ID 1922449834 Provider Type 78 - Facility-Agency-Organization NR Pr
I understand that precertification does not benefits.	guarantee payment. I understand that precer	tification only identifies medical necessity and does no

Once you have returned to the request, scroll to the bottom of the page and check the precertification statement and then click submit.



If the case has been successfully submitted, you will be brought to the request overview page and a case ID number will be generated. Here you are able to print your request or view it at any time.



This concludes the training. If you do have any questions, please contact our customer service agents at 1-866-521-0027 for assistance. Thank you for watching and have a great day!