



CRITICAL INCIDENT TRAINING

Atrezzo Submission Guide

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Hello and Welcome to the Kepro Critical Incident Training.

This video has been created to provide a general overview on how to submit a critical incident request in Atrezzo. The guidance presented in this training is meant to give providers a basic understanding and overview of the critical incident process, and the submission process in Atrezzo.



PART ONE

General Overview



We will start with a general overview of the critical incident process.

Overview

Kepro in collaboration with the Office of Behavioral Health (OBH) are streamlining the critical incident process for OBH contracted providers.

Effective November 30, 2020, all critical incidents must be entered through Kepro's Atrezzo platform and will have an "critical incident" questionnaire attached to the request.



Critical Incident Levels

- **Level 1:** These are critical incidents that results in death or serious injury. They significantly jeopardize clients, public safety or program integrity.
- **Level 2:** These are critical incidents that include significant errors or undesirable events that compromise quality of care or client safety.



A critical incident is defined as a serious event that creates significant risk of harm to clients, jeopardizes public safety or program integrity, and includes errors or undesirable events.

There are two types of critical incidents; level 1 and level 2.

Level 1: These are critical incidents that results in death or serious injury. They significantly jeopardize clients, public safety or program integrity.

Level 2: These are critical incidents that include significant errors or undesirable events that compromise quality of care or client safety.

Types of Critical Incidents

Level 1 Incidents	Level 2 Incidents
Suicide or Homicide	Alleged Physical/Sexual Abuse of Client
Unexplained or Unattended Death	Suicide Attempt
Medication Issues (dosing error, theft, loss)	Lost or Missing Client
Self Harm (resulting in ER care for client)	Medication Diversion or Refusal Against Orders
Clinical or Medication Error (resulting in ER care for client)	Major Physical Plant Disaster
Serious Crime by client with extreme risk of harm to client, staff, or public (arson, assault, hostage)	
Other Serious Events (fire, flood, MVA, Natural Disaster)	



Critical Incidents as indicated in the table, must be reported through Atrezzo whether or not the incident took place on the program site. Level 1 incidents include the following:

Level 2 incidents include the following:

The Director of Crisis Services, Program Operations, and the Executive Director are responsible for formulating a plan which includes submitting the critical incident in Atrezzo. A level 1 incident is required to be reported within 4 hours of the incident becoming known to staff and twenty-four (24) hours for a level 2 incident.



PART TWO

Atrezzo Submission



Part Two – The Atrezzo clinical submission

Accessing Atrezzo



Visit www.qualitycareforme.com to access the Atrezzo portal



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

Atrezzo Login

Enter in your username and password



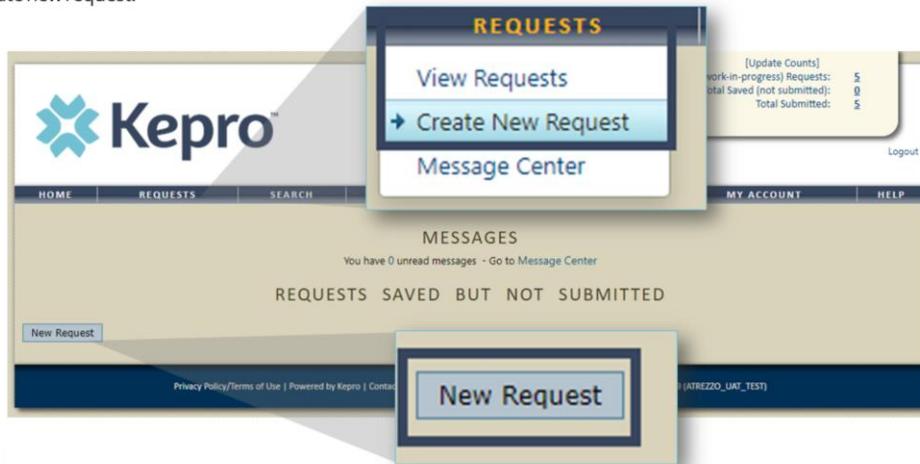
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Once you click on the Atrezzo login button, you will be brought to the actual login page. Here you will enter in your username and password. If you have forgotten your password, click on the “forgot password” link. This will ask you to provide your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

Creating the Request

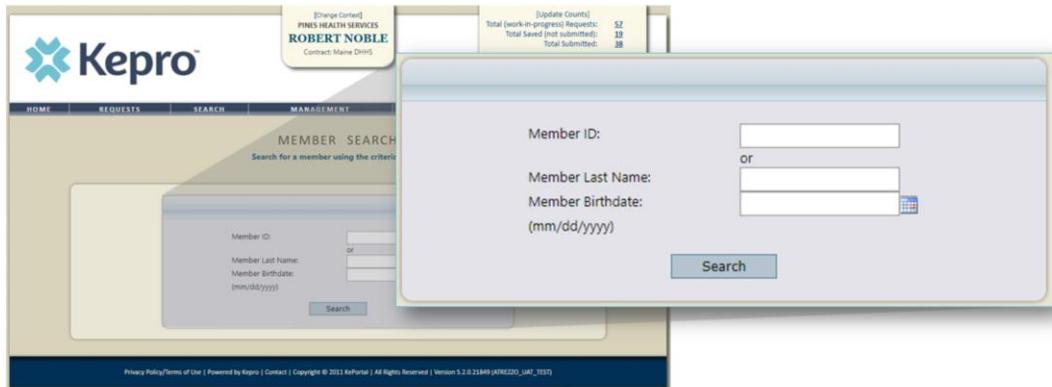
Once you have successfully logged in, you will be brought to the home screen of Atrezzo. There are two ways to create a new request. You can click on New Request at the bottom of the home screen, or by clicking on the requests tab and selecting create new request.



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Creating the Request

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



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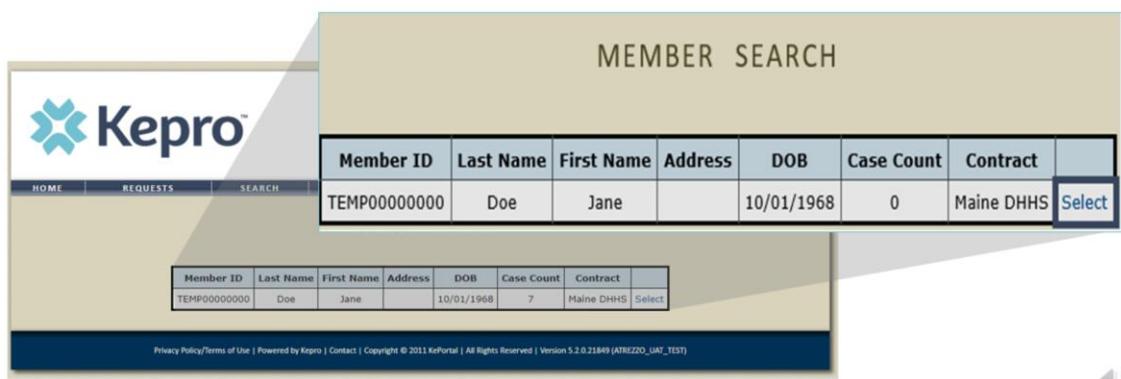


Enter in the member's MaineCare ID in the Member ID box. If you don't have the member's MaineCare ID, you can search for the member by entering in the member's last name and date of birth and click search.

If the consumer does not have MaineCare, you will be prompted to Create a Temporary member. This should be used for Grant Funded consumers who do not have a MaineCare ID.

Creating the Request

Click on select once the member appears in the member search screen.



Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
TEMP00000000	Doe	Jane		10/01/1968	0	Maine DHHS	Select

Member ID Last Name First Name Address DOB Case Count Contract
TEMP00000000 Doe Jane 10/01/1968 0 Maine DHHS Select

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

Creating the Request

Click on New Request at the bottom of the Request screen

Submitted Requests Servicing/Attending/PCP Requests

Case Level Member ID

Case ID (Reference ID)

Status Request Info Service Type Service Date(s) Providers

New Request

CONTRACT DETAILS

County: N/A District Office: N/A Member Class Indicator: N/A

Results Sorted By: Case ID (descending) Go

Submitted Requests Servicing/Attending/PCP Requests

Case ID (Reference ID) Status Request Info Service Type Service Date(s) Providers

New Request

Logout

DOE

10/01/1968 Primary Phone: 555-555-5555

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Click on New Request at the bottom of the Request screen

Creating the Request

Select Outpatient as the request type



Select request type: Outpatient

Select sub contract: Maine ASO

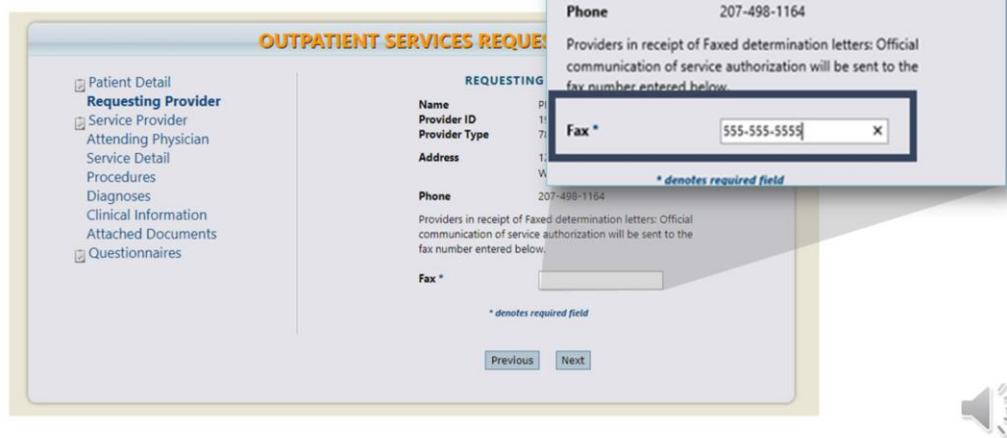
Create Request

Cancel

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

Requesting Provider Page

Enter in your agency's fax number if not already indicated.



OUTPATIENT SERVICES REQUEST

REQUESTING PROVIDER

Name PINES HEALTH SERVICES
Provider ID 1922449834
Provider Type 78 - Facility-Agency-Organization NR Provider
Address 1260 MAIN ST
WADE ME 04786
Phone 207-498-1164

Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

Fax * X

* denotes required field

Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

Fax *

* denotes required field

Previous **Next**

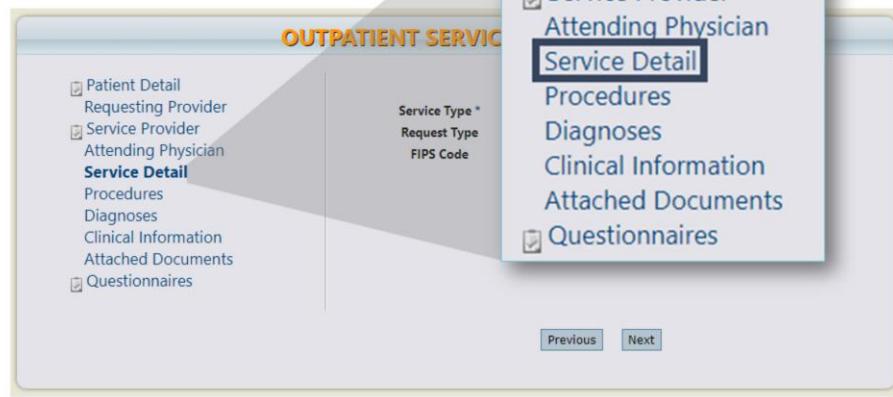
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Once you have clicked create request, you will be brought to the Requesting Provider page. If your agency's fax number is not already indicated, please enter in the fax number and click next.

Service Detail Page

Click on the Service Detail page



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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 not required.

Service Detail Page

Complete the Service Type and Request Type

The screenshot shows a web-based application for service requests. At the top left, there is a logo for 'Kepro'. The main form has a light gray background with a yellow border on the right side. On the left, there are two dropdown menus: 'Service Type *' (set to '140 - Section 17 Community Support Services') and 'Request Type' (set to 'Critical Incident'). Below these are two columns of checkboxes:

Service Detail	VICE DETAIL
<input type="checkbox"/> Requesting Provider	<input type="checkbox"/> 140 - Section 17 Community Support Services
<input type="checkbox"/> Service Provider	<input type="checkbox"/> Grant Funded Review
<input type="checkbox"/> Attending Physician	
<input type="checkbox"/> Service Detail	
<input type="checkbox"/> Procedures	
<input type="checkbox"/> Diagnoses	
<input type="checkbox"/> Clinical Information	
<input type="checkbox"/> Attached Documents	
<input type="checkbox"/> Questionnaires	

At the bottom right of the form, there are 'Previous' and 'Next' buttons. A small note at the bottom right of the form area states: '* denotes required field'. The right side of the form has a yellow border with the word 'QUEST' in orange at the top and 'VICE DETAIL' below it.

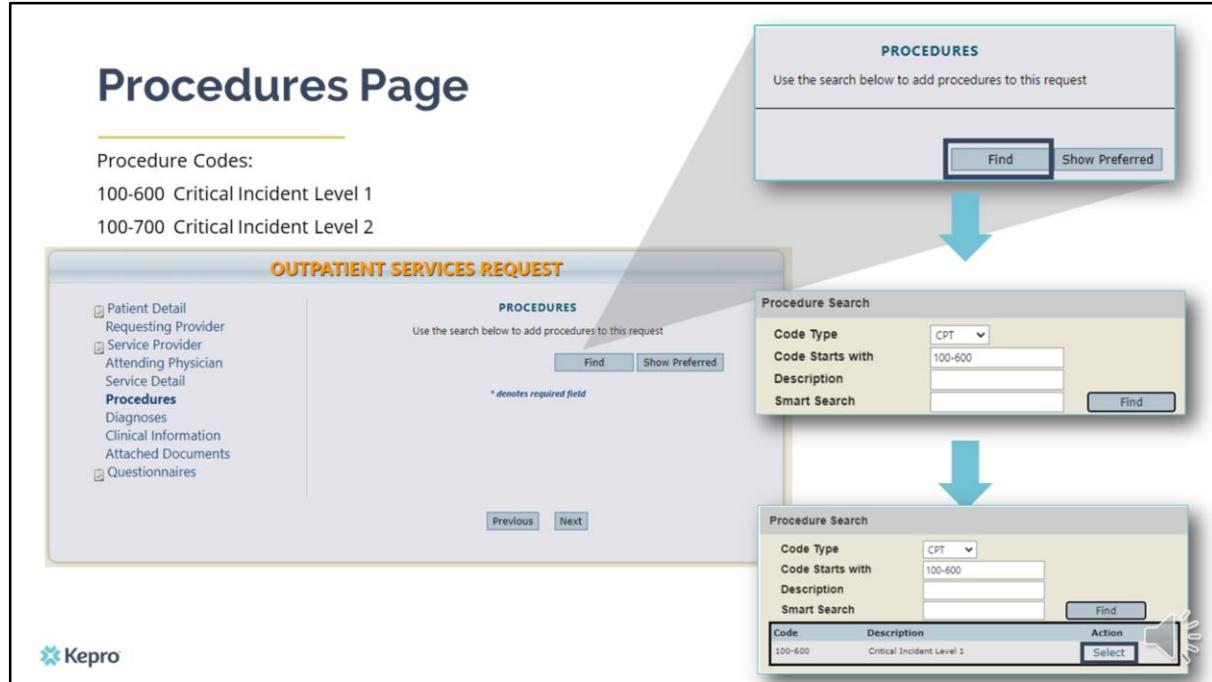
In the service type box, enter in the Section of MaineCare policy that you are submitting the critical incident request for. In this training we used Section 17 Community Support Services. Next, enter in your request type as Critical Incident and click next.

Procedures Page

Procedure Codes:

100-600 Critical Incident Level 1

100-700 Critical Incident Level 2



On the procedures page, enter in the service code by clicking find, then enter in the procedure code or enter the description and click find. The critical incident level 1 code is 100-600 and the level 2 code is 100-700. When the procedure appears, click on select under action. This will add the code to your request.

Procedures Page

Enter in the start and end date and total units.

The screenshot shows a software interface for an 'OUTPATIENT SERVICES REQUEST'. At the top, it displays '100-600 - Critical Incident Level 1' with a '[remove]' button. Below this, there are fields for 'Date: * 11/09/2020' and 'to 11/09/2020'. A dropdown menu for 'Qty: * 1' is open, showing options like '-Frequency-' and 'Rate:'. To the right, there is a 'PROCEDURES' section with a search bar and a list of fields identical to the main ones. At the bottom, there are buttons for 'Find', 'Show Preferred', 'Previous', 'Next', and a speaker icon for audio support. The Kepro logo is in the bottom left corner.

Once the code has been added, indicate the start and end date as the day you are submitting the request. In the quantity box, indicate the number 1 unit . Click Next.

Diagnosis Page

Enter in the primary diagnosis code and any subsequent diagnoses.

OUTPATIENT SERVICES REQUEST

DIAGNOSES
Use the search below in order to add diagnoses to this request

Find **Show Preferred**

Diagnosis Search

Code Type ICD10
Code Starts with F20.0
Description
Smart Search

Search

Diagnosis Search

Code Type ICD10
Code Starts with F20.0
Description
Smart Search

Code	Description	Action
F20.0	PARANOID SCHIZOPHRENIA	Select

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On the Diagnosis page, enter in the member's diagnosis by clicking find, enter in the diagnosis code or a description and click search. When the diagnosis code appears, click select under action to add the code to the request. Repeat the same steps for each diagnoses. Click next.

Clinical Information Page

Clinical information page is not required



The screenshot shows a software interface titled "OUTPATIENT SERVICES REQUEST". On the left, a sidebar lists several tabs: "Patient Detail", "Requesting Provider", "Service Provider", "Attending Physician", "Service Detail", "Procedures", "Diagnoses", "Clinical Information" (which is highlighted in blue), "Attached Documents", and "Questionnaires". The main content area is titled "CLINICAL INFORMATION" and contains a large red "NOT REQUIRED" message with a red circle and a diagonal slash over it. At the bottom of the main area are "Previous" and "Next" buttons. Above the main area, a note says "Please click Save button before proceeding to the next section of the case submission process."

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Using the tabs on the left-hand side of your screen, click on the Questionnaire page. The Clinical Information page is not required

Questionnaire Page

A Critical Incident Questionnaire will be added.

OUTPATIENT SERVICES REQUEST

<input type="checkbox"/> Patient Detail	QUESTIONNAIRES	
<input type="checkbox"/> Requesting Provider		
<input type="checkbox"/> Service Provider	Questionnaire Name	Status
Attending Physician	Critical Incident Report	Not Completed
<input type="checkbox"/> Service Detail	Previous	
<input type="checkbox"/> Procedures		
Diagnoses		
Clinical Information		
<input type="checkbox"/> Attached Documents		
Questionnaires		

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At the time of submission, complete the Critical Incident questionnaire. This is where we will capture the information about the incident. Please note that as you answer questions, additional questions may appear if more information is required.

Submitting the Request

Check the precertification acknowledgement and click submit

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

OUTPATIENT SERVICES REQUEST

<input type="checkbox"/> Patient Detail	REQUESTING PROVIDER
<input type="checkbox"/> Requesting Provider	Name: PINES HEALTH SERVICES
<input type="checkbox"/> Service Provider	Provider ID: 1922449834
<input type="checkbox"/> Attending Physician	Provider Type: 78 - Facility-Agency-Organization NR Provider

REQUESTING PROVIDER

Name: PINES HEALTH SERVICES
Provider ID: 1922449834
Provider Type: 78 - Facility-Agency-Organization NR Provider

Save **Save for later** **Cancel Request** **Submit**

Previous **Next**

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

Save **Save for later** **Cancel Request** **Submit**

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When the questionnaire has been completed, click on the save changes button and then click on Return to Request. At this point you can click the precertification acknowledgement and submit your request.

Request Submitted

Once the case has been submitted it will bring you to the request overview page. This will be a receipt of all information provided in the request. It is important to document the Case ID to reference this critical incident request

Case ID:
203090001

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc.



The screenshot shows the Kepro software interface. At the top, there is a header with the Kepro logo, the consumer's name (ROBERT NOBLE), and some status counts. Below the header is a navigation bar with links for HOME, REQUESTS, SEARCH, MANAGEMENT, REPORTS, MY ACCOUNT, and HELP. The main content area is titled 'REQUEST OVERVIEW'. It displays 'CASE INFORMATION' with fields for Case ID (203090001), Case Submit Date (11/4/2020 9:17 AM), SRV Auth (N/A), Reference ID (N/A), Member ID (TEMP001482020110400000), Member Name (John Dow), Gender (M), and DOB (1/1/1959). Below this is a 'PROCEDURES' section for H2015 (Community Integration (C)). It shows Requested (20), Certified (20), Free (N/A), Status (Approved), and Reason (Approved - Meets Criteria). There are also fields for Start Date (11/4/2020), End Date (11/1/2020), Mod (N/A), and Rate (N/A). A speaker icon is in the bottom right corner of the screenshot area.

Once the case has been submitted it will bring you to the request overview page. This will be a receipt of all information provided in the request. It is important to document the Case ID to reference this critical incident request.

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc.

After your critical incident is submitted in Atrezzo, Kepro will report to OBH all Level 1 incidents within 4 hours and level 2 incidents within 24 hours. OBH will review the critical incident and follow-up with the provider within five (5) business day or receipt.

Questions?



Toll-Free Phone: (866) 521-0027

- Option 1 – Member Services
- Option 2 – Katie Beckett
- Option 3 – Provider Relations
- Option 4 – Care Management
- Option 5 – Appeals

Email: ProviderRelationsME@Kepro.com

www.qualitycareforme.com



Thank you for joining the Kepro Critical Incident Training. If you have further questions or need assistance, please call use at 866-521-0027. For technical assistance please press Option 3 to reach a member of our Provider Relations Team. You can also reach them via email at ProviderRelationsME@Kepro.com. Our hours of operation are Monday thru Friday 8am to 6pm