



CRITICAL INCIDENT TRAINING

Atrezzo Submission Guide

Presented by:
Brianna Walton
Operations Manager for Kepro Maine



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.



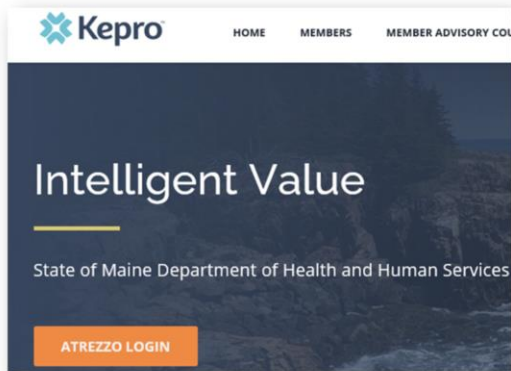
PART TWO

Atrezzo Submission



Part Two – The Atrezzo clinical submission

Accessing Atrezzo



Visit www.qualitycareforme.com to access the Atrezzo portal



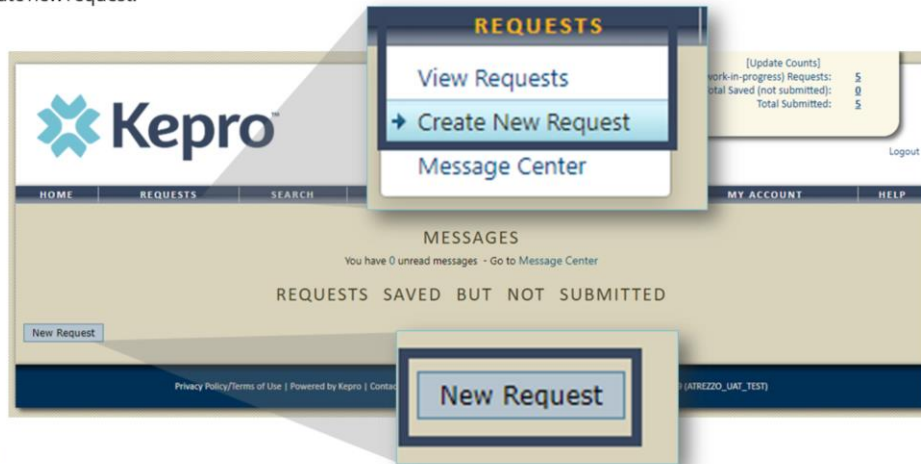
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button



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.



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, or by clicking on the requests tab and selecting create new request.

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

Kepro

HOME REQUESTS SEARCH MANAGEMENT

MEMBER SEARCH

Search for a member using the criteria

Member ID:

OR

Member Last Name:

Member Birthdate:

(mm/dd/yyyy)

Search

Update Counts

Total (work-in-progress) Requests:	52
Total Saved (not submitted):	28
Total Submitted:	38

Privacy Policy/Terms of Use | Powered by Kepro | Contact | Copyright © 2011 Keportal | All Rights Reserved | Version 5.2.0.21849 (ATRC2010_041_1031)

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 SEARCH

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**

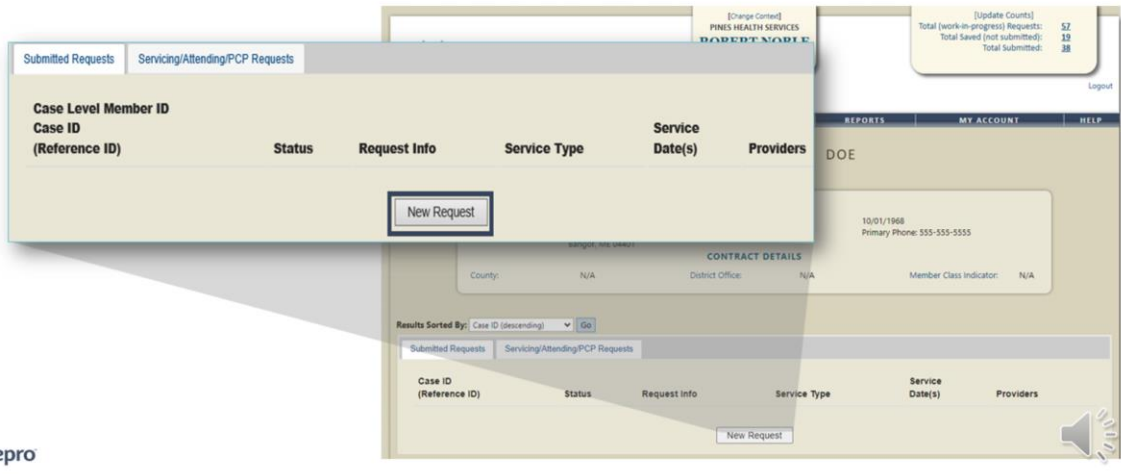
TEMP00000000	Doe	Jane		10/01/1968	7	Maine DHHS	Select
--------------	-----	------	--	------------	---	------------	--------

Privacy Policy/Terms of Use | Powered by Kepro | Contact | Copyright © 2011 Keportal | All Rights Reserved | Version 5.2.0.21849 (ATREZZO_UAT_1137)

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



Click on New Request at the bottom of the Request screen

Creating the Request

Select Outpatient as the request type

The screenshot displays the Kenpro web application interface. A modal window is overlaid on the main content, prompting the user to 'Select request type' and 'Select sub contract'. The 'request type' dropdown is set to 'Outpatient' and the 'sub contract' dropdown is set to 'Maine ASO'. Below these dropdowns are 'Create Request' and 'Cancel' buttons. The background interface shows the user's profile for Jane Doe, including member ID, address, birth date, and contact information. It also displays a table of submitted requests with columns for Case ID, Status, Request Info, Service Type, Service Date(s), and Providers. The table is currently empty. The Kenpro logo is visible in the bottom left corner.

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

- Patient Detail
- Requesting Provider**
- Service Provider
- Attending Physician
- Service Detail
- Procedures
- Diagnoses
- Clinical Information
- Attached Documents
- Questionnaires

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 *

* 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](#)

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



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

Service Type *
Request Type

140 - Section 17 Community Support Servi
Critical Incident

Requesting Provider
Service Provider
Attending Physician
Service Detail
Procedures
Diagnoses
Clinical Information
Attached Documents
Questionnaires

Service Type *
Request Type
FIPS Code

140 - Section 17 Community Support Servi
Grant Funded Review

* denotes required field

Previous Next

Kepro

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

OUTPATIENT 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

** denotes required field*

PROCEDURES

Use the search below to add procedures to this request

Procedure Search

Code Type:

Code Starts with:

Description:

Smart Search:

Procedure Search

Code Type:

Code Starts with:

Description:

Smart Search:

Code	Description	Action
100-600	Critical Incident Level 1	<input type="button" value="Select"/>

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.

OUTPATIENT SERVICES REQUEST

PROCEDURES
Use the search below to add procedures to this request

100-600 - Critical Incident Level 1 [remove]
Date: * 11/09/2020 to 11/09/2020
Qty: * 1 -Frequency- Rate:

Clinical Information
Attached Documents
Questionnaires

Find Show Preferred

* denotes required field

Previous Next

Kepro

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

Previous Next

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 Search

Code	Description	Action
F20.0	PARANOID SCHIZOPHRENIA	Select

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 displays a web form titled "OUTPATIENT SERVICES REQUEST". On the left, a sidebar lists several sections: "Patient Detail", "Requesting Provider", "Service Provider", "Attending Physician", "Service Detail", "Procedures", "Diagnoses", "Clinical Information", "Attached Documents", and "Questionnaires". The "Clinical Information" section is currently selected. The main content area shows a large red "X" over a white box with the text "NOT REQUIRED" in red. Above this box, a small instruction reads: "Please click Save button before proceeding to the next section of the case submission process." Below the "NOT REQUIRED" box are two buttons labeled "Previous" and "Next". The Kepro logo is visible in the bottom left corner of the slide, and a speaker icon is in the bottom right.

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

☐ Patient Detail

☐ Requesting Provider

☐ Service Provider

☐ Attending Physician

☐ Service Detail

☐ Procedures

☐ Diagnoses

☐ Clinical Information

☐ Attached Documents

Questionnaires

QUESTIONNAIRES

Questionnaire Name	Status
Critical Incident Report	Not Completed

Previous



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

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. At the top, there are two sections: 'Patient Detail' and 'REQUESTING PROVIDER'. The 'Patient Detail' section includes a checkbox for 'Requesting Provider' and a dropdown for 'Service Provider' with 'Attending Physician' selected. The 'REQUESTING PROVIDER' section includes fields for 'Name' (PINES HEALTH SERVICES), 'Provider ID' (1922449834), and 'Provider Type' (78 - Facility-Agency-Organization NR Provider). Below these sections is a large yellow box containing a checkbox and the text: 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.' Below this text are four buttons: 'Save', 'Save for later', 'Cancel Request', and 'Submit'. The 'Submit' button is highlighted with a red border. Below the yellow box, there are 'Previous' and 'Next' buttons. At the bottom of the form, there is another checkbox and the same text as above, followed by the same four buttons. The 'Submit' button is also highlighted with a red border.

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

☐ 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**

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**

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.

Kepto
[Change Contract] PINES HEALTH SERVICES
ROBERT NOBLE
Contract: Maine DHS

[Update Counts]
Total (work-in-progress) Requests: 59
Total Saved (not submitted): 21
Total Submitted: 38

Logout

HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP

REQUEST OVERVIEW

PRINT CASE

CASE INFORMATION

Case ID:	Case Submit Date:	SRV Auth:	Reference ID:
203090001	11/4/2020 9:17 AM	N/A	N/A
Member ID:	Member Name:	Gender:	DOB:
TEMP001482020110400000	John Dow	M	1/1/1959

PROCEDURES

H2015 Community Integration (CI)	Status: Approved	Reason: Approved - Meets Criteria
----------------------------------	-------------------------	-----------------------------------

Requested	Certified	Freq:	Mod:	Rate:
Quantity: 20	20	N/A	N/A	N/A
Start Date: 11/4/2020	11/4/2020			
End Date: 12/31/2020	12/31/2020			

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 request your 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