SECTION 13, SECTION 17, AND SECTION 92 REFERRAL REQUESTS

Atrezzo Submission Guide

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Hello and Welcome to the Kepro Referral training for Section 13 Targeted Case Management for Children, Section 17 Community Support Services for Adults, and Section 92 Behavioral Health Homes for both children and adults. This video has been created to provide general guidance for Providers on how to submit a referral in Atrezzo.

The guidance presented in this presentation is meant to give providers a basic understanding of the TCM, Section 17, and BHH Referral process in Atrezzo and the process post submission.
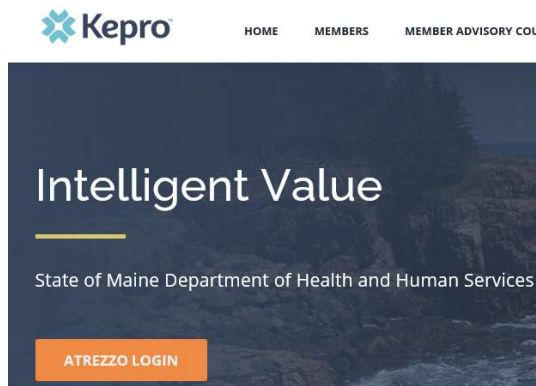
PART ONE

Atrezzo Submission

We will start with a basic overview of submitting a Referral request in Atrezzo.
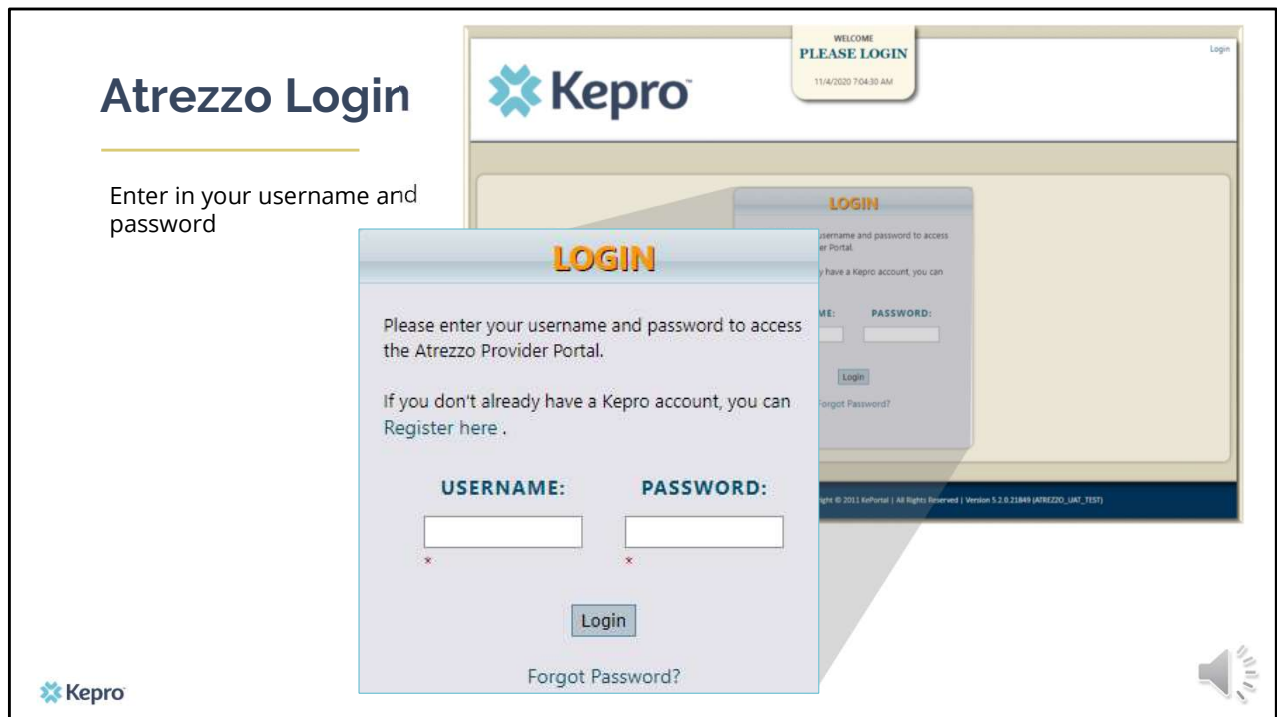
Accessing Atrezzo

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

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.

Creating the Request

Once you have successful 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 click 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

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

Creating the Request

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

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
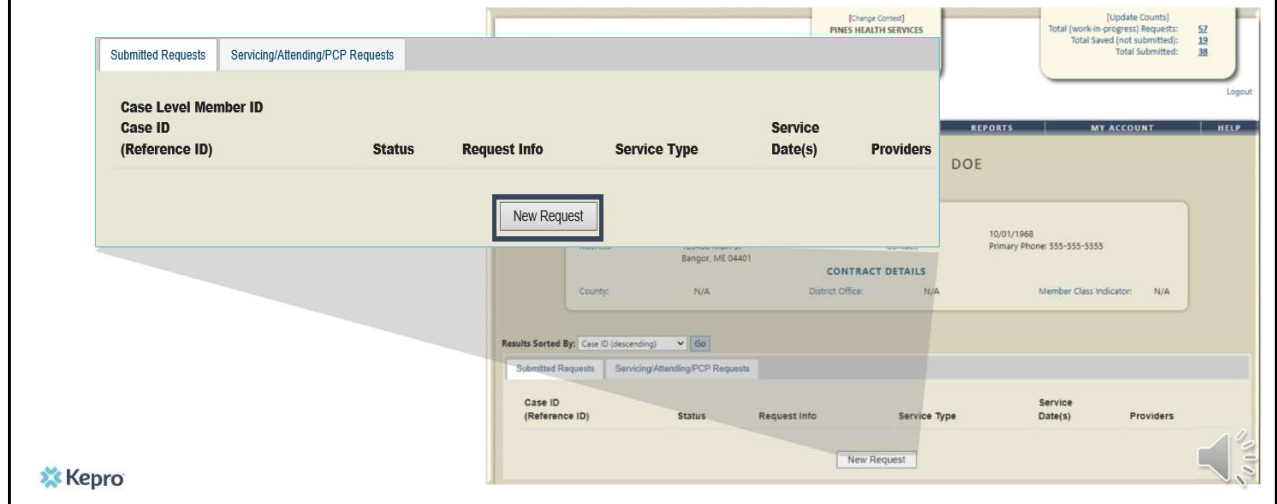
Click on New Request at the bottom of the Request screen

Creating the Request

Select Outpatient as the request type

In the select request type box, choose outpatient. The select subcontract will default to Maine ASO. Click Create request to continue.
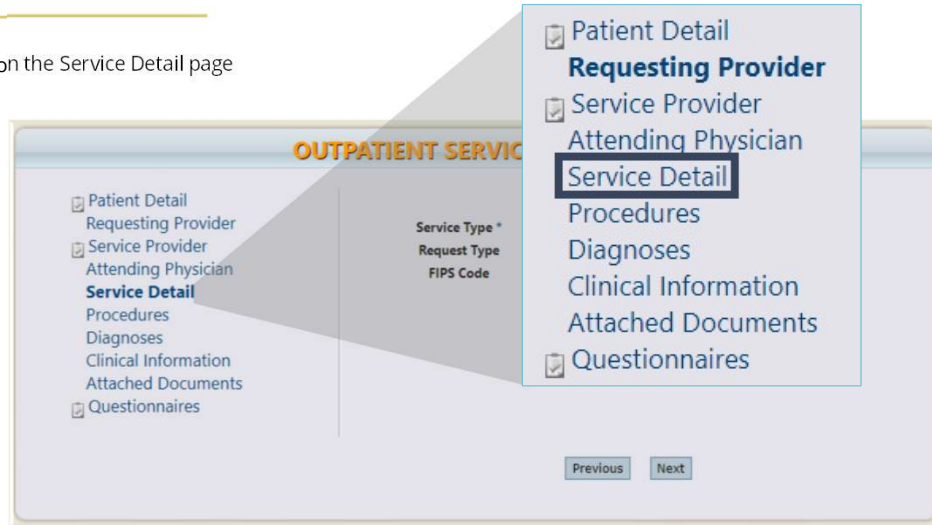
Once you have clicked create request, you will be brought to the Requesting Provider page. If your agency's fax number is not already indicated, please enter in the fax number and click next.

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 not required for Referral Requests.

In the service type box, enter in Section 13, Section 17 or Section 92 Behavioral Health as applicable. In the request type box, select referral. Click next to continue.

Procedures Page

Section of MaineCare	Service Code	Service Code Description
Section 13	T1017UC	Targeted Case Management – Behavioral Health
Section 13	T1017UD	Targeted Case Management – Developmental Disabilities
Section 17	H2015	Community Integration
Section 17	H0040	Assertive Community Treatment (ACT)
Section 17	H2017	Daily Living Support Services
Section 92	T2022HB	Behavioral Health Homes – Adult
Section 92	T2022HA	Behavioral Health Homes – Child

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The following services require a referral to be submitted in Atrezzo if you are not able to immediately serve the member.

On the procedures page, enter the applicable procedure code. Click on find, then enter in the procedure code or description of the code and click find again. 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

Once the code has been added, indicate the start as the date the request is being submitted. Referrals are good for 1 year once approved. Enter in the end date as one year out from your start date then enter one (1) unit in the quantity box. Click Next.

Diagnosis Page

Enter in the primary diagnosis code and any subsequent diagnoses.

On the Diagnosis page, enter in the member's primary diagnosis and any other subsequent diagnosis at time of referral request. Click on find, enter in the diagnosis code or description and click search. When the procedure code appears, click select under action to add the code to the request. Repeat the same steps to add each diagnosis code. If you do not have the member's diagnosis at time of referral you can enter R69 for Illness Unspecified. Click next to continue.

Clinical Information Page

Clinical information page is not required

Using the tabs on the left-hand side of your screen, click on the Questionnaire page. The Clinical Information and Attached documents page is not required at this time.

Questionnaire Page

Complete the Referral Questionnaire

Click on the Referral Questionnaire to complete it. Please note, that as you answer the questionnaire, some questions will cascade to additional questions if more information is required.

Questionnaire Page

Save changes and return to request

When the questionnaire has been completed, click on the save changes button and then click on Return to Request. It is important that the questionnaire is filled out completely as this is where we will be capturing most of the information pertaining to the referral.

Submitting the Request

Select the pre-certification statement and click submit.

OUTPATIENT SERVICES REQUEST

Patient Detail
Requesting Provider
Service Provider
Attending Physician

REQUESTING PROVIDER
Name   PINES HEALTH SERVICES
Provider ID   1922449834
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

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

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.

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

After your referral is submitted in Atrezzo, it will be placed on the BHH, TCM, or Section 17 waitlist report until the member has entered into services or until the referral has been discharged.

PART TWO

Post Submission

In this next section, we will cover the process for accessing your daily authorization report to view all of your agency's referrals.

Daily Authorization Report.

Once your request has been submitted, you can review the referral request and any other referrals submitted under your agency by accessing the Daily Authorization Report. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin +Reports user will have a Provider Reports tab. Within the provider reports tab, you will find the Daily Authorization Report.

In your daily authorization report, enter in the date range you want to search for referrals, select the request type as Referral and click view report. Once the report runs, any referrals that have been entered in Atrezzo under your agency's NPI number for the date range you searched for will display.

PART THREE

Submitting a Discharge

In this next section, we will cover the process for discharging a referral if the member no longer wants to wait for services. As a reminder, providers should be contacting the member or family on a monthly basis to ask if they are still interested in waiting for services.

Searching the Case

To search for a case, click on the search tab and then select member to search using member's MaineCare ID or last name and DOB, or Request/Case to search using the case ID. Once you have entered in the case ID, click go.

Discharging the Case

Once you have searched for the case, scroll down to the bottom of the page and click on the discharge link.

Select the discharge disposition, and member's employment status and living arrangement at time of discharge. In the certified end date box, enter in the date you are discharging the case and then click submit. The case will then be discharged.

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

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Thank you for joining the Kepro Behavioral Health Home and Targeted Case Management Referral Training. If you have further questions or need assistance, please call us at 866-521-0027. For technical assistance, please press Option 3 to reach a member of our Provider Relations Team. You can also reach a member of our Provider Relations Team via email at ProviderRelaitonsME@Kepro.com. To reach a member of our clinical team, press option 4, and to reach our appeals department, press option 5. Our hours of operation are Monday thru Friday 8am to 6pm.