



SECTION 13, SECTION 17, AND SECTION 92 REFERRAL REQUESTS

Atrezzo Submission Guide

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2/3/2021



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.



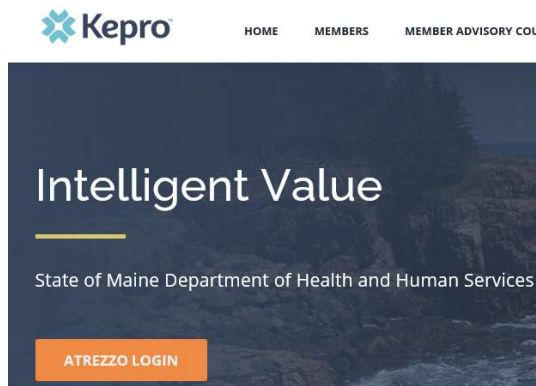
PART ONE

Atrezzo Submission



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

Accessing Atrezzo



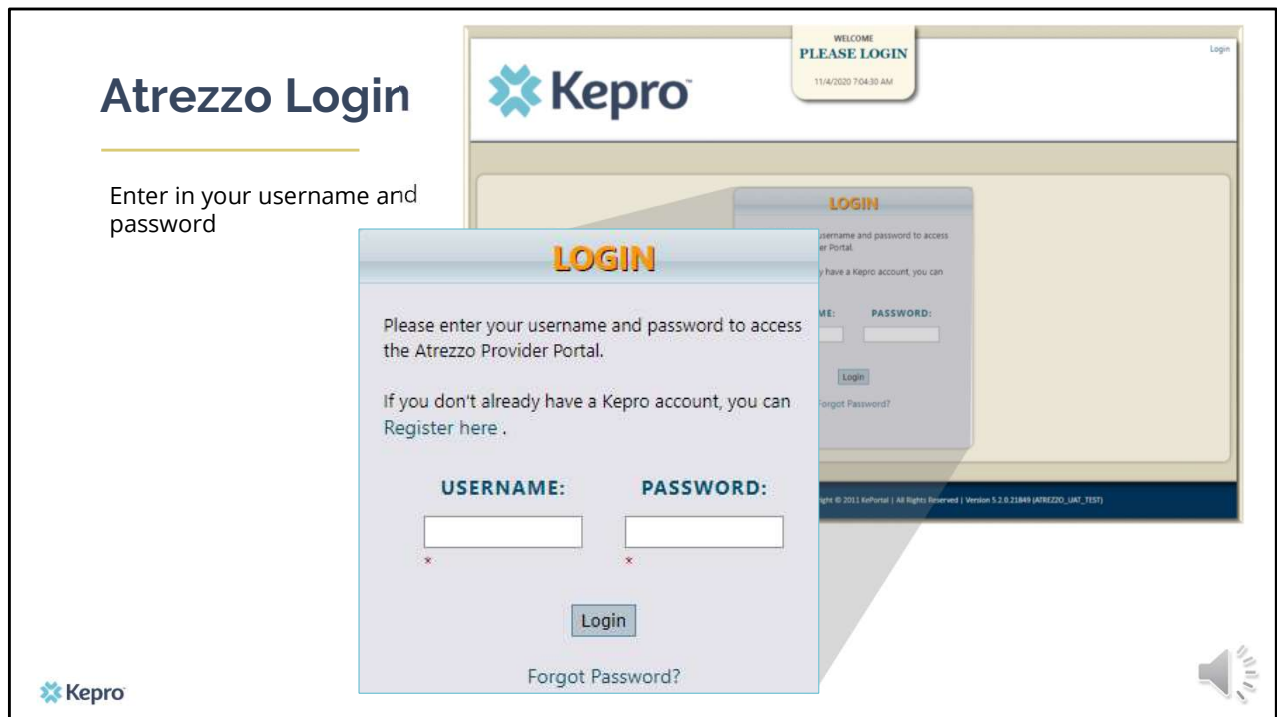
Visit www.qualitycareforme.com to access the Atrezzo portal



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 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 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

Keipro

HOME REQUESTS SEARCH MANAGEMENT

MEMBER SEARCH

Search for a member using the criteria below

Member ID:

or

Member Last Name:

Member Birthdate:

(mm/dd/yyyy)

Search

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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

Creating the Request

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

The screenshot shows the Kepro Member Search interface. A callout box highlights the 'Select' button in the table row for Jane Doe.

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

Below the callout, a smaller version of the same table is visible in the background.

Member ID Last Name First Name Address DOB Case Count Contract

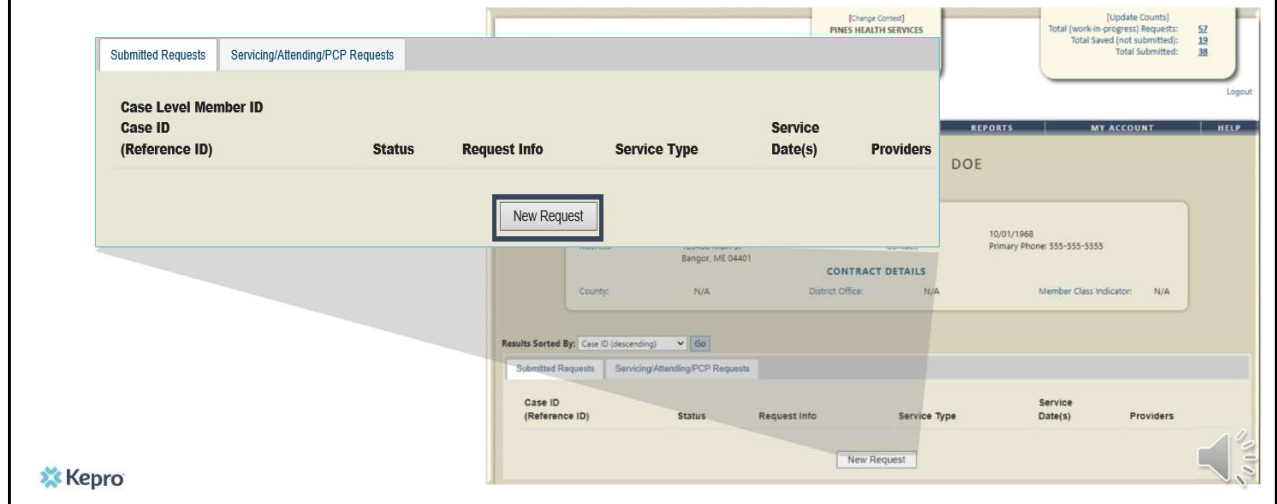
TEMP00000000 Doe Jane 10/01/1968 7 Maine DHHS Select

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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



Click on New Request at the bottom of the Request screen

Creating the Request

Select Outpatient as the request type

The screenshot displays the Kepro web application interface. At the top, the Kepro logo is visible. A callout box is overlaid on the form, showing the 'Select request type' dropdown menu with 'Outpatient' selected, and the 'Select sub contract' dropdown menu with 'Maine ASO' selected. Below these dropdowns are 'Create Request' and 'Cancel' buttons. The background of the screenshot shows a user profile for 'Jane Doe' with member ID 'TEMP00000000', address '12345 Main St, Bangor, ME 04401', birth date '10/01/1968', and primary phone '335-555-5555'. Below the profile is a 'CONTRACT DETAILS' section with fields for 'County' (N/A), 'District Office' (N/A), and 'Member Class Indicator' (N/A). At the bottom, there is a table of 'Submitted Requests' with columns for 'Case ID (Reference ID)', 'Status', 'Request Info', 'Service Type', 'Service Date(s)', and 'Providers'. The table is currently empty. A 'Results Sorted By: Case ID (ascending)' dropdown is also visible.

In the select request type box, choose outpatient. The select subcontract 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 * \$55-555-5555

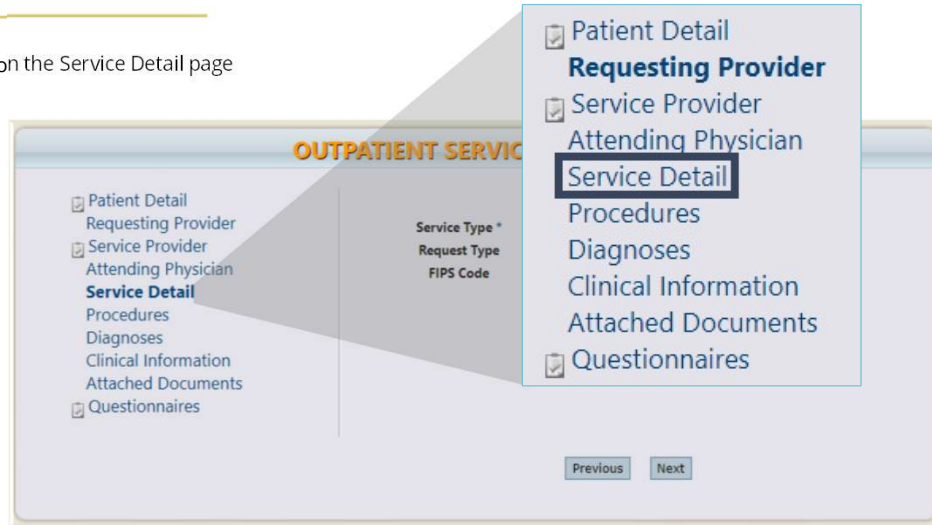
* denotes required field

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 for Referral Requests.

Service Detail Page

Complete the Service Type and Request Type

Service Type * 230 - Section 92 Behavioral Health Homes ▼

Request Type Referral ▼

Requesting Provider

Service Provider

Attending Physician

Service Detail

Procedures

Diagnoses

Clinical Information

Attached Documents

Questionnaires

Service Type * 230 - Section 92 Behavioral Health Homes ▼

Request Type Referral ▼

FIPS Code

JEST ICE DETAIL

* denotes required field

Previous Next

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



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

Procedures Page

The screenshot shows the 'OUTPATIENT SERVICES REQUEST' page. On the left is a sidebar with links: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, **Procedures**, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The main area is titled 'PROCEDURES' and contains the text 'Use the search below to add procedures to this request.' Below this are 'Find' and 'Show Preferred' buttons. A callout box at the top right shows a zoomed-in view of these buttons, with the 'Find' button highlighted. A blue arrow points from this callout to a 'Procedure Search' modal window. This modal window has fields for 'Code Type' (set to 'CPT'), 'Code Starts with' (containing 'T2022HB'), 'Description', and 'Smart Search'. A 'Find' button is at the bottom right of the modal. Another blue arrow points from this modal to a second, identical 'Procedure Search' modal. In this second modal, the 'Find' button is highlighted, and a 'Select' button is visible in the bottom right corner of the results table.

OUTPATIENT SERVICES REQUEST

PROCEDURES
Use the search below to add procedures to this request.

Find Show Preferred

Procedure Search

Code Type CPT
Code Starts with T2022HB
Description
Smart Search Find

Procedure Search

Code Type CPT
Code Starts with T2022HB
Description
Smart Search Find

Code	Description	Action
T2022HB	Behavioral Health Homes - Adult	Select

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

OUTPATIENT SERVICES REQUEST

T2022HB - Behavioral Health Homes - Ad [remove]

Date: * 12/22/2020 to 12/21/2021

Qty: * 1 -Frequency- Rate:

Clinical Information
Attached Documents
Questionnaires

PROCEDURES

Use the search below to add procedures to this request

T2022HB - Behavioral Health Homes - Ad [remove]

Date: * 12/22/2020 to 12/21/2021

Qty: * 1 -Frequency- Rate:

Find Show Preferred

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.

The screenshot shows the 'OUTPATIENT SERVICES REQUEST' form with a sidebar menu on the left containing: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, **Diagnoses**, Clinical Information, Attached Documents, and Questionnaires. The 'DIAGNOSES' section of the form has a 'Find' button and a 'Show Preferred' button. A callout box labeled 'DIAGNOSES' highlights these buttons. Below the form, there are 'Previous' and 'Next' buttons. The 'Kepro' logo is in the bottom left corner.

A 'Diagnosis Search' modal is open, showing the following fields: Code Type (ICD10), Code Starts with (F20.0), Description, and Smart Search. A 'Search' button is on the right. Below the modal, another 'Diagnosis Search' modal is shown, displaying a table of search results:

Code	Description	Action
F20.0	PARANOID SCHIZOPHRENIA	Select

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

The screenshot displays a web form titled "OUTPATIENT SERVICES REQUEST". On the left is a sidebar menu with the following items: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information (highlighted), Attached Documents, and Questionnaires. The main content area has a header "CLINICAL INFORMATION" and a large white box with the text "NOT REQUIRED" in red, accompanied by a red prohibition symbol (a circle with a diagonal line). Above this box, a small instruction reads: "Please click Save button before proceeding to the next section of the case submission process." At the bottom of the main area are "Previous" and "Next" buttons. The Kepro logo is in the bottom left corner, and a speaker icon is in the bottom right corner.

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

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

☒ Requesting Provider

☒ Service Provider
Attending Physician

☒ Service Detail

☒ Procedures

☒ Diagnoses

☒ Clinical Information

☒ Attached Documents

Questionnaires

Questionnaire Name	Status
Referral Management	Not Completed

Previous



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

Edit Questionnaire

Save Changes Mark as Completed Status: Incomplete Return To Request

Referral

1. Select the type of referral:

- Management (TCM) Services
- Support Services
- and Community Support (RCS) Services
- and Community Support (RCS) Services (School-Based)
- Community Based Treatment (HCT) Services
- ☒ Section 92 Behavioral Health Home (BHH) Services
- ☐ Section 97 Intensive Temporary Residential Treatment (ITRT) Services

1.7.1. Indicate the referent's 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. 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.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. At the top, there are tabs for 'Patient Detail', 'Requesting Provider', and 'Service Provider'. The 'Requesting Provider' tab is active, showing the provider's name as 'PINES HEALTH SERVICES', their ID as '1922449834', and their type as '78 - Facility-Agency-Organization NR Provider'. Below this, there is a section for the pre-certification statement with 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.' The 'Submit' button is highlighted with a red box. Below the form, there are navigation buttons: 'Previous' and 'Next'. At the bottom of the form, there is a 'Save' button, a 'Save for later' button, a 'Cancel Request' button, and a 'Submit' button. A speaker icon is located in the bottom right corner of the form area.

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

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.

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



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.

Kepro™

[Change Context] Contract: Maine DHHS [Update Counts] Total (work-in-progress) Requests: Total Saved (not submitted): Total Submitted: Logout

HOME REQUESTS SEARCH MANAGEMENT **REPORTS** MY ACCOUNT HELP

HEALTH INTELLIGENCE CENTER - REPORTS

HEALTH INTELLIGENCE CENTER - REPORTS

Name	Category	Description
ME Daily Authorizations	ME Authorizations	ME Daily Authorizations

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.

Daily Authorization Report.

Start Date End Date [View Report](#)

Request Type

Daily Authorization Report:

Requests submitted or certified or had a status change between 10/29/2020 and 11/27/2020

Total records: 1

Request ID	KEPRO Case ID	Submit Date	Member First	Member Last	Service Start Date	Service End Date	No Of Days	Approved Units	Status	Request Notes
0	203030019	10/29/2020	Jon	Doe	10/29/2020	11/27/2020	30	1	Approved - Authorized	Reason for referral: Member is requiring PNMI because..... Referral Source: Name/phone/email address



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

Kepro

Case or Reference ID: 203090001

HOME REQUESTS **SEARCH** MANAGEMENT

Member
+ Request/Case

Case or Reference ID: 203090001

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

Results Sorted By: Case ID (descending) Go

Message counts with altered color (i.e. Messages: 2) means there are unread messages on that request

Case ID (Reference ID)	Member Info	Status	Request Info	Service Type	Service Date(s)	Providers
203090001 (N/A) [Procedures] [Diagnosis]	TEMP DOB: Contract: Maine ASO	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	140 - Section 17 Community Support Services - Adults	11/4/2020 - 12/1/2020	[Servicing] [Select] [Extend] [Copy] [Discharge]

[Select]
[Extend]
[Copy]
[Discharge]



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

Discharging the Case

DISCHARGE INFORMATION

Discharge Disposition: --Select One--

Employment Status: --Select One--

Living Arrangement: --Select One--

CASE INFORMATION

Case ID: 203090001 Case Submit Date: 11/4/2020 9:17 AM SRV Auth: N/A Referee: N/A

Member ID: TEMP001482020110400000 Member Name: John Dow Gender: M DOB: 1/1/1959

PROCEDURES

Procedure	Description	Certified Start Date	Certified End Date
H2015	Community Integration (CI)	11/4/2020	12/1/2020

Discharge Note:

Submit Cancel

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



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.