



ADULT PNMI REFERRAL REQUESTS

Atrezzo Submission Guide

Presented by:
Brianna Walton
Operations Manager for Kepro Maine

11/12/2022  A small speaker icon with three curved lines indicating sound.

Hello and Welcome to the Kepro Adult PNMI Referral training. This video has been created to provide general guidance for Providers on how to submit an Adult PNMI Referral in Atrezzo.

Member's must have active MaineCare in order to submit a referral and must meet Section 97 eligibility criteria. To review the Section 97 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 Adult PNMI Referral process in Atrezzo, the process post submission, as well as the process when the Office of Behavioral Health identifies a potential PNMI placement.



PART ONE

Atrezzo Submission



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

Accessing Atrezzo



HOME MEMBERS MEMBER ADVISORY COUNCIL



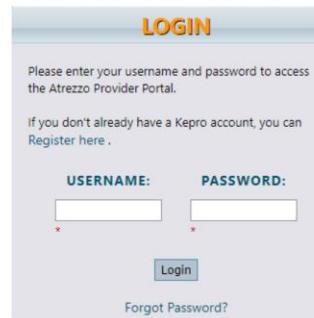
Visit www.qualitycareforme.com to access the Atrezzo portal



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



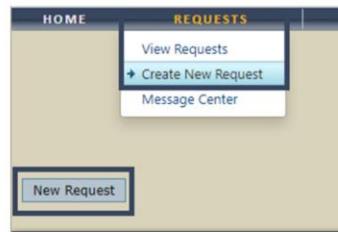
The screenshot shows the Atrezzo Provider Portal login page. At the top center is a yellow "LOGIN" button. Below it is a message: "Please enter your username and password to access the Atrezzo Provider Portal." Underneath that is a link: "If you don't already have a Kepro account, you can Register here." The main form area has "USERNAME:" and "PASSWORD:" labels with input fields. Below the fields is a "Login" button. At the bottom of the form is a "Forgot Password?" link. The background of the page is light blue.



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 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



The image shows a search interface for member identification. It features a light gray background with a white input area. At the top left, there is a label 'Member ID:' followed by a text input field. To the right of this, the word 'or' is centered. Below 'Member ID:', there is a label 'Member Last Name:' followed by a text input field. At the bottom left, there is a label 'Member Birthdate:' followed by a text input field and a small calendar icon. At the bottom center, there is a blue rectangular button labeled 'Search'.



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.

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



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



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Click on New Request at the bottom of the Request screen

Creating the Request

Select Outpatient as the request type

Case Level Member ID	Case ID (Reference ID)	Status	Request Info	Service

Select request type: Create Request
Select sub contract:



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.

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 *	<input type="text" value="555-555-5555"/> <input type="button" value="X"/>
<small>* denotes required field</small>	

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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 for Adult PNMI Referral Requests.

Service Detail Page

Complete the Service Type and Request Type



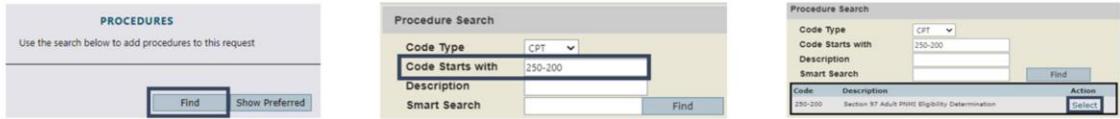
The screenshot shows a 'SERVICE DETAIL' form. On the left, there are three dropdown menus: 'Service Type *' (set to '240 - Section 97 Private Non-Med Instituti'), 'Request Type' (set to 'Referral'), and 'FIPS Code'. Below the dropdowns is a note: '* denotes required field'. At the bottom are 'Previous' and 'Next' buttons.



In the service type box, enter in Section 97 Private Non-Medical Institution. In the request type box, select referral.

Procedures Page

Enter in the 250-200 procedure code



PROCEDURES
Use the search below to add procedures to this request

Find Show Preferred

Procedure Search
Code Type: CPT
Code Starts with: 250-200
Description:
Smart Search: Find

Procedure Search
Code Type: CPT
Code Starts with: 250-200
Description:
Smart Search: Find

Code	Description	Action
250-200	Section 97 Adult PNMI Eligibility Determination	Select

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On the procedures page, enter procedure code 250-200. This is the Adult PNMI eligibility determination code that will be used for all adult PNMI Referral requests. Click on find, then enter in the procedure code or description of the code and click find. 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 as the date you are submitting the Referral, the end date as one year out from the start date and one unit in the Qty box.

PROCEDURES

Use the search below to add procedures to this request

250-200 - Section 97 Adult PNMI Eligibili [\[remove\]](#)

Date: * 10/22/2020 <input type="button" value="Calendar"/>	to	10/21/2021 <input type="button" value="Calendar"/>
Qty: * 1	-Frequency-	Rate:



Once the code has been added, indicate the start as the date the request is being submitted. Referrals for Adult PNMI are valid 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.



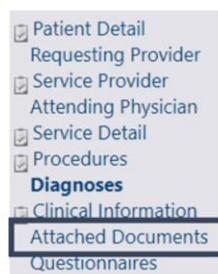
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On the Diagnosis page, enter in the member's primary diagnosis and any other subsequent diagnosis at time of referral request. Click on find, enter in the diagnosis code or description and click search. When the procedure code appears, click select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

Attached Document Page

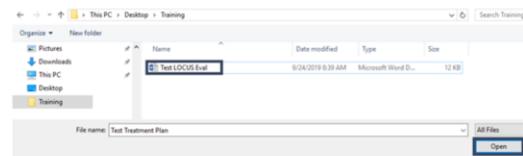
Click on the Attached Documents Page



Using the tabs on the left-hand side of your screen, click on the Attached documents page. The Clinical Information page is not required for Adult PNMI Referrals.

Attached Document Page

Attach PTP, Medical Necessity Physician Order form, LOCUS evaluation and other pertinent documents



On the Attached Documents page, the following documents are required to be uploaded; PTP, Medical Necessity Physician Order Form, Release of Information and LOCUS evaluation. Attach any other pertinent documents include , Court Ordered Documents, Differed Dispositions, Conditions of Probation, Spenddown Letter, MedEx Assessments, Guardianship documents, OT Assessments.

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.

Attached Document Page

Attach PTP, Medical Necessity Physician Order form, LOCUS evaluation and other pertinent documents

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.

Document Type (required): ▼

(Select a file and document type to activate 'Attach Selected Document' button)



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.

Attached Document Page

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):
 No file chosen

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.

Document Type (required):

(Select a file and document type to activate 'Attach Selected Document' button)

Larger files will take longer to upload/download. Please be patient.

Attached:
[test locus eval.docx](#) Assessment

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Allow a few moments for the document to attach. Once successfully uploaded, you will see the documented 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.

Questionnaire Page

Complete the PNMI Referral Questionnaire

QUESTIONNAIRES	
Questionnaire Name PNMI Referral	Status Not Completed

5. Has member applied for Housing Subsidy (BRAP, Shelter + Care, Section 8)?
(Please select one.)

Yes
 No

5.1.1. Date applied
Date:



Click on the PNMI Referral Questionnaire and complete the questionnaire. 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



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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 for Adult PNMI services.

Submitting the Request

Select the pre-certification statement and click submit.

I understand that precertification does not guarantee payment. I understand that precertification only identifies 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.

Submitting the Request



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.



PART TWO

Post Submission



Now that we have reviewed the process for submitting an Adult PNMI referral request, we will review what happens post submission

Post Submission

Once your request has been submitted, Kepro's Clinical team will review the request within 48 business hours and make a decision

Request Is Either:	Definition
Approved	Request has enough information to meet eligibility criteria and is approved as requested.
Held for More Info	Request has some information, but more information is needed to support eligibility criteria. Provider asked to give more information
Sent to MD	Request did not have enough information to support eligibility criteria



Once your request has been submitted, Kepro's Clinical team will review the request within 48 business hours and make a determination based off the Section 97 MaineCare Benefits Manual.

There are several outcomes that can result in the review of the Adult PNMI Referral:

1. The request is approved - this means the request had enough information to support section 97 eligibility criteria
2. The request is put on hold for more provider information. When this happens, it means we have some information but not enough to make a decision. A note will be placed in your request asking you to respond within 7 days. If no response is received within 7 days, your request will be sent to our Medical Director for review.
3. Your request is sent to our Medical Director. When this happens, the reviewing clinician needs the doctor to review the request to see if it supports the Section 97 eligibility criteria. This review is referred to as a Level I review

Adverse Decision

If your request receives an adverse decision providers may request a reconsideration and member can appeal.

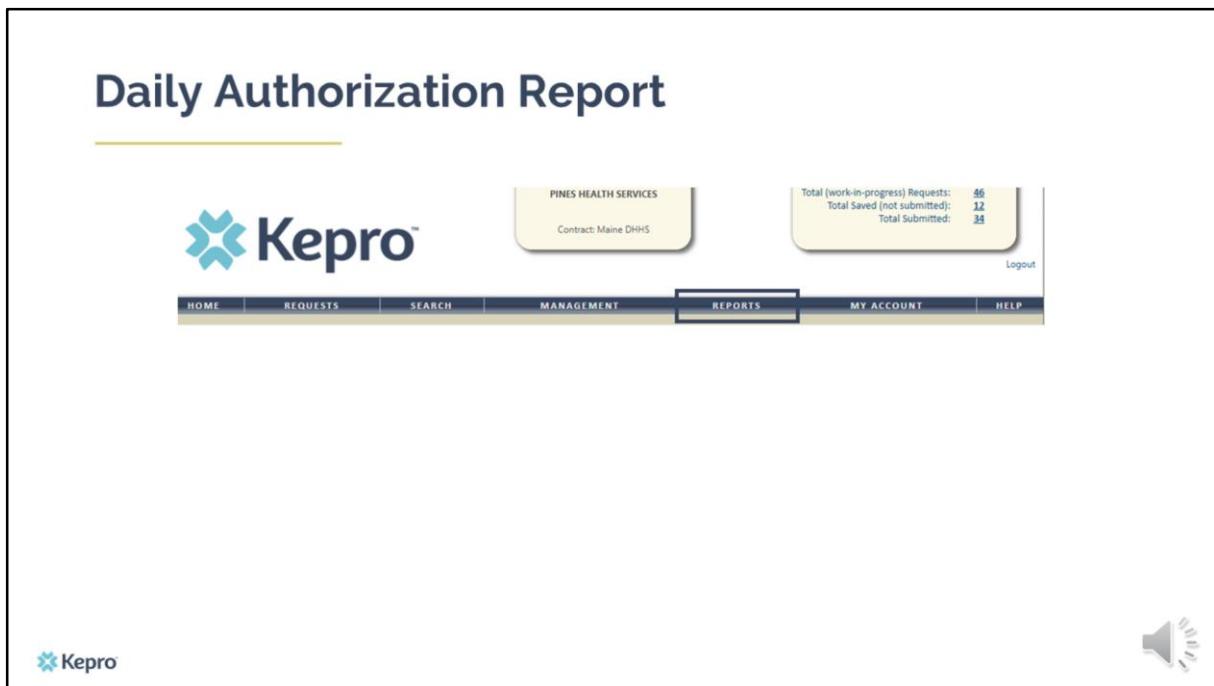
Adverse Decision Process	Meaning
Reconsideration	An opportunity to provider more information and have a discussion with a level 2 doctor. This is requested by the provider
Member Appeal	An opportunity for the member's case to be heard/reviewed by a Hearing Officer during a Fair Hearing. This is requested by a member.



If your request is sent to the Medical Director for a Level I review, the MD will review the case using the information provided in the request. The MD can either approve the request or deny the request.

If the request is denied, providers can request a reconsideration with a different level 2 doctor. The reconsideration process gives the provider an opportunity to provide more information to support the request and have a discussion with the doctor. Member's have the right to appeal a request within 60 days of initial adverse decision. Appeal requests will be sent to the Administrative Fair Hearing office and date and time for a hearing will be scheduled and sent to the member. A decision is made by the Fair Hearing Officer and is sent to the member and Kepro after the hearing takes place. We recommend the provider goes through the reconsideration process first to see if the adverse decision can be changed.

Daily Authorization Report



The screenshot shows the Kepro Atrezzo portal interface. At the top left is the Kepro logo. The top navigation bar includes links for HOME, REQUESTS, SEARCH, MANAGEMENT, REPORTS (which is highlighted with a blue box), MY ACCOUNT, and HELP. On the right side of the top bar are links for PINES HEALTH SERVICES (Contract: Maine DHHS), a summary of work-in-progress requests (Total: 86, Saved: 12, Submitted: 34), and a Logout link. In the bottom right corner of the page area is a speaker icon.

The Daily Authorization Report is the primary way Kepro communicates to providers regarding the status of a case. This includes cases that have been approved/denied, held for more information, or sent to the MD for review. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin +Reports User will have a Reports tab. Within the reports tab, you will find the Daily Authorization Report which will give you updates as cases change status.



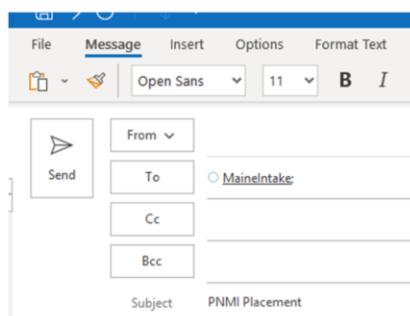
PART THREE

PNMI Placement



Part three of this training will cover the process after the PNMI referral has been approved and the Office of Behavioral Health is referring the application to a provider.

Email Notification



After the PNMI Referral has been approved, the Office of Behavioral Health will attempt to find an appropriate placement for the member. When a potential placement is identified, OBH will notify Kepro through our Maine Intake email address.

Service Notification

REQUEST OVERVIEW

CASE INFORMATION

PRINT CASE 

Case ID:	Case Submit Date:	SRV Auth:	Reference ID:
203030019	10/29/2020 2:15 PM	N/A	N/A



Once Kepro is notified about a potential PNMI placement, Kepro's Provider Relations Department will enter in a 30-day Service Notification in the Atrezzo system for that provider. The Service Notification will contain the reason for referral, guardian contact information if the member has a guardian, and the referral sources information, and the referral application. Notification of this request will be sent through the provider's Daily Authorization Report – it is important to check this report daily as not to miss any placement notifications

Checking for a Service Notification

Start Date	10/29/2020		End Date	11/27/2020		<input type="button" value="View Report"/>
Request Type	Service Notification					

Daily Authorization Report:

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

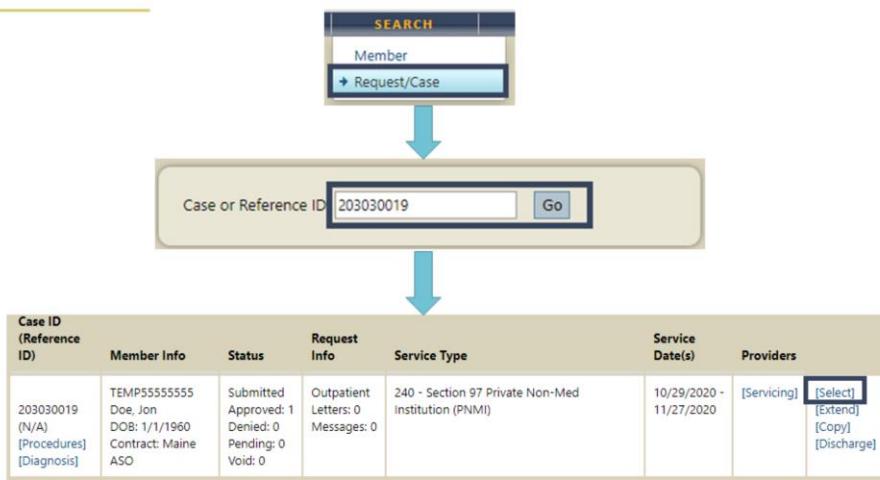
Total records: 1

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, select today's date for the start and end date, select the request type as Service Notification, and click view report. Once the report runs, any cases that have been entered in Atrezzo under your agency's NPI number will display. The report will provide you with a Kepro Case ID, start date, and notes section which will include the reasons for referral and referral source contact information

Acknowledging The Service Notification



Per the Court Master, there is specific information that is needed to be collected once a PNMI Placement has been determined. Go to Atrezzo and click on the Search tab and select request/case. In the Case or Reference ID box, enter in the case ID number from your Daily Authorization Report and click go. Scroll to the bottom of the screen and click on select to get into the case.

Acknowledging The Service Notification

QUESTIONNAIRES

PNMI Referral Acknowledgement



Referral Acknowledgement

1. Date referral was acknowledged by provider
Date:
2. Date member was first contacted
Date:
3. Are you able to accept the consumer to your facility?
(Please select one.)
 Yes
 No



By clicking on select, you will be brought to the Request Overview. Scroll down to the bottom to the Questionnaires Section. There will be a PNMI Referral Acknowledgement Questionnaire listed. Click on the questionnaire to update it. You will update the questionnaire a total of three times, so it is important not to mark your questionnaire as completed. The first update is to indicate when you have acknowledged the referral. The second update is when you have made first contact with the member. The last update is to indicate whether you can accept the member to your facility. If you are accepting the member, you will need to indicate the start date and whether accommodations are needed. If you are not able to accept the member to your facility, you will need to indicate the declined date and the reason for declining the placement. It is important to note that if you are declining placement that you must work Office of Behavioral Health to determine other alternatives. Click save changes once completed.

As a reminder, providers need to acknowledge the placement request within 3 days of receiving the request, provider must contact the member within 5 days of receiving the request and accept them into services within 30 days of the request.

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 Adult PNMI 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.