



# ADULT PNMI REFERRAL REQUESTS

Atrezzo Submission Guide

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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](http://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 COL

### Intelligent Value

State of Maine Department of Health and Human Services

ATREZZO LOGIN

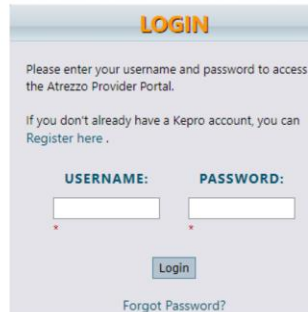
Visit [www.qualitycareforme.com](http://www.qualitycareforme.com) to access the Atrezzo portal



To access the Atrezzo portal, go to our informational website; [www.qualitycareforme.com](http://www.qualitycareforme.com) and click on the Atrezzo login button

# Atrezzo Login

Enter in your username and password

A screenshot of the Atrezzo login page. The page has a light blue header with the word "LOGIN" in orange. Below the header, there is a text prompt: "Please enter your username and password to access the Atrezzo Provider Portal." followed by a link: "If you don't already have a Kepro account, you can Register here." Below this, there are two input fields labeled "USERNAME:" and "PASSWORD:". Each field has a small red 'x' below it. A "Login" button is centered below the fields. At the bottom of the form, there is a link that says "Forgot Password?".

**LOGIN**

Please enter your username and password to access the Atrezzo Provider Portal.

If you don't already have a Kepro account, you can [Register here](#).

**USERNAME:**

**PASSWORD:**

[Login](#)

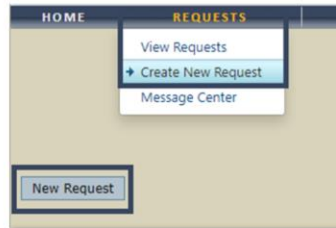
[Forgot Password?](#)



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

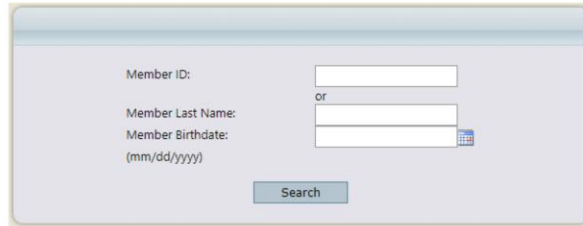
Once you have successfully logged in, you will be brought to the home screen of Atrezzo. There are two ways to create a new request. You can click on New Request at the bottom of the home screen, or by clicking on the requests tab and selecting create new request.



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

A screenshot of a web form for searching members. The form has a light blue header bar. Below it, there are three input fields: 'Member ID:', 'Member Last Name:', and 'Member Birthdate:'. The 'Member ID:' field is on the left, and the 'Member Last Name:' and 'Member Birthdate:' fields are on the right, separated by an 'or' label. The 'Member Birthdate:' field has a date picker icon. Below the input fields is a 'Search' button. The form is set against a light gray background.

Member ID:

or

Member Last Name:

Member Birthdate:  

(mm/dd/yyyy)



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

Submitted Requests		Servicing/Attending/PCP Requests				
Case Level Member ID Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers	
<div>New Request</div>						



Click on New Request at the bottom of the Request screen



# Creating the Request

Select Outpatient as the request type

Submitted Requests		Servicing/Attending/PCP Requests	
<b>Case Level Member ID</b>			
<b>Case ID</b>			
<b>(Reference ID)</b>			
	<b>Status</b>	<b>Request Info</b>	<b>Service</b>
		Select request type: <span>Outpatient</span> <span>▼</span> <span>Create Request</span>	
		Select sub contract: <span>Maine ASO</span> <span>▼</span>	



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	1923449834
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"/>

\* denotes required field



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 Adult PNMI Referral Requests.

## Service Detail Page

Complete the Service Type and Request Type

**Service Type \***  
**Request Type**  
**FIPS Code**

SERVICE DETAIL

240 - Section 97 Private Non-Med Instituti  
Referral

\* denotes required field

PreviousNext



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

**Procedure Search**

Code Type

Code Starts with

Description

Smart Search

**Procedure Search**

Code Type

Code Starts with

Description

Smart Search

Code	Description	Action
250-200	Section 97 Adult PNMI Eligibility Determination	<input type="button" value="Select"/>



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 to 10/21/2021

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.

**DIAGNOSES**

Diagnosis Search

Code Type

Code Starts with

Description

Smart Search

Diagnosis Search

Code Type

Code Starts with

Description

Smart Search

Code	Description	Action
F20.0	PARANOID SCHIZOPHRENIA	<input type="button" value="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. Click next.

## Attached Document Page

Click on the Attached Documents Page

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

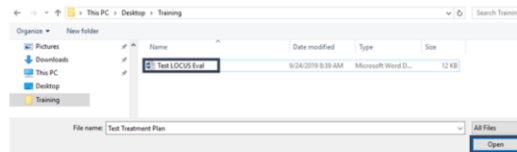
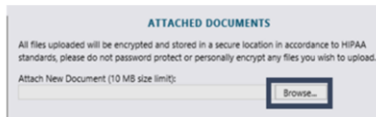


Using the tabs on the left-hand side of your screen, click on the Attached documents page. The Clinical Information page is not required for Adult PNMI Referrals.



## 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): Assessment

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

Attach Selected Document



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



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	Status
PNMI Referral	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

### Edit Questionnaire

Save Changes

Mark as Completed

Status: Incomplete

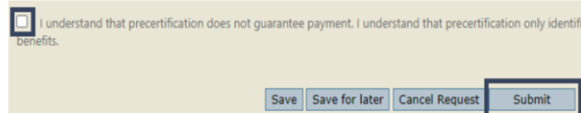
Return To Request



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 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

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REQUEST OVERVIEW

CASE INFORMATION [PRINT CASE](#) 

Case ID: Case Submit Date: SRV Auth: Reference ID:



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

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# 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 provide 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.



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

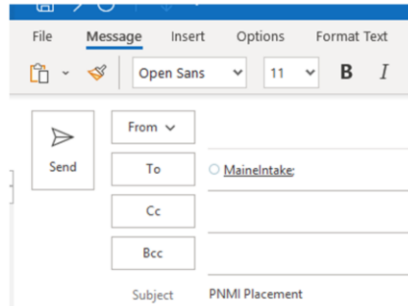
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# PNMI Placement



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



The screenshot shows an email composition interface. At the top is a menu bar with 'File', 'Message', 'Insert', 'Options', and 'Format Text'. Below the menu is a toolbar with icons for attachments, a font dropdown set to 'Open Sans', a size dropdown set to '11', and bold ('B') and italic ('I') buttons. On the left side, there is a 'Send' button with a paper plane icon. To the right of the 'Send' button are fields for 'From', 'To', 'Cc', and 'Bcc'. The 'To' field contains the email address 'MaineIntake@'. Below these fields is a 'Subject' field with the text 'PNMI Placement'.



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 
<b>Case ID:</b>	<b>Case Submit Date:</b>	<b>SRV Auth:</b>	<b>Reference ID:</b>
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	<input type="text" value="10/29/2020"/>	End Date	<input type="text" value="11/27/2020"/>	<a href="#">View Report</a>
Request Type	<input type="text" value="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

The screenshot shows the Kepro system interface. At the top, there is a 'SEARCH' button. Below it, a dropdown menu is open, showing 'Member' and 'Request/Case' (highlighted with a blue arrow). Below the dropdown is a 'Case or Reference ID' field containing '203030019' and a 'Go' button. A blue arrow points from the 'Go' button to a table of search results.

Case ID (Reference ID)	Member Info	Status	Request Info	Service Type	Service Date(s)	Providers
203030019 (N/A) [Procedures] [Diagnosis]	TEMP55555555 Doe, Jon DOB: 1/1/1960 Contract: Maine ASO	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	240 - Section 97 Private Non-Med Institution (PNMI)	10/29/2020 - 11/27/2020	[Servicing] [Select] [Extend] [Copy] [Discharge]



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

The diagram illustrates the process of acknowledging a service notification. On the left, a box labeled 'QUESTIONNAIRES' contains a link for 'PNMI Referral Acknowledgement'. A blue arrow points from this link to a larger box on the right titled 'Referral Acknowledgement'. This box contains three numbered questions with input fields or radio buttons for answers.

**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](mailto:ProviderRelationsME@Kepro.com)

[www.qualitycareforme.com](http://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](mailto: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.