



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 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 PNMI placement.

Agenda

1. Atrezzo Referral Submission Process
2. Post Submission Process
3. PNMI Placement Process



This training will cover the following topics; the Atrezzo referral submission process, post submission process, and the PNMI placement process.



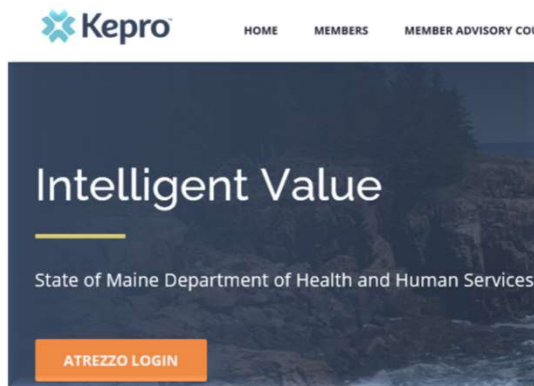
PART ONE

Atrezzo Submission



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

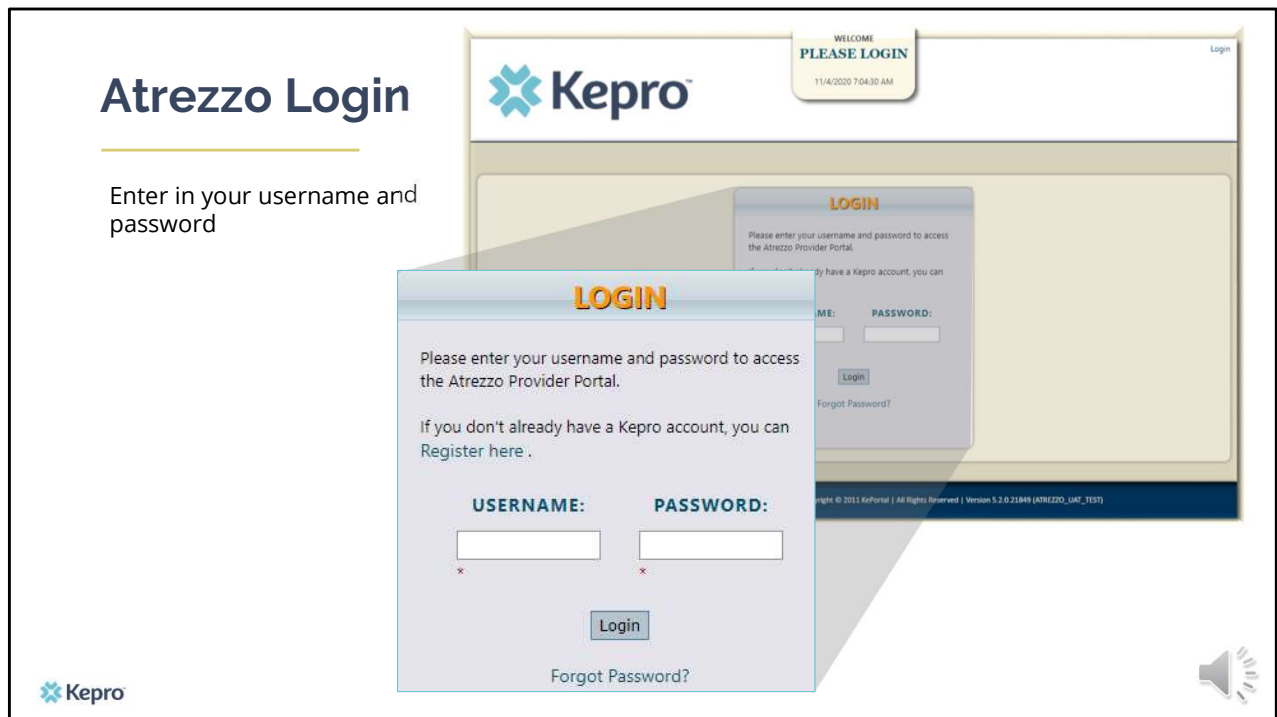
Accessing Atrezzo



Visit www.qualitycareforme.com to access the Atrezzo portal



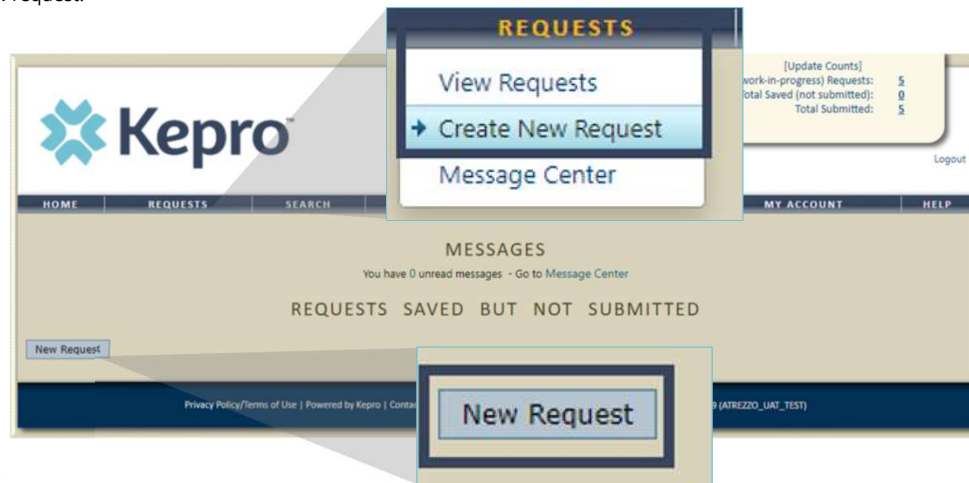
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button



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

The screenshot shows the Kepro web application interface. At the top, there is a navigation bar with the Kepro logo and a menu with links: HOME, REQUESTS, SEARCH, and MANAGEMENT. Below the navigation bar, there is a section titled "MEMBER SEARCH" with the subtitle "Search for a member using the criteria". A callout box is overlaid on the search form, showing the following fields: "Member ID:" with a text input box, "or" with a radio button, "Member Last Name:" with a text input box, "Member Birthdate:" with a date picker (mm/dd/yyyy), and a "Search" button. In the background, there is a sidebar with a "Change Consent" button, a "PINES HEALTH SERVICES" logo, and a "ROBERT NOBLE" contract name. At the bottom of the sidebar, there is a table with "Update Counts" showing "Total (work-in-progress) Requests: 52", "Total Saved (not submitted): 39", and "Total Submitted: 38".

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 OBH 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 Keportal | Contact | Copyright © 2011 Keportal | All Rights Reserved | Version 5.2.0.21849 (ATREZZO_UAT_TEST)

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

The screenshot displays the Kepro web application interface for creating a request. The top navigation bar includes tabs for 'Submitted Requests' and 'Servicing/Attending/PCP Requests'. A 'New Request' button is highlighted in the bottom right corner. The main content area features a table with the following columns: Case Level Member ID, Case ID (Reference ID), Status, Request Info, Service Type, Service Date(s), and Providers. A sidebar on the right shows user information for 'DOE' and a 'Logout' link. A bottom navigation bar also contains a 'New Request' button.

Case Level Member ID	Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers

CONTRACT DETAILS

Address: 123456 Main St
Bangor, ME 04401

County: N/A

District Office: N/A

Member Class Indicator: N/A

Primary Phone: 555-555-5555

Results Sorted By: Case ID (descending) Go

Submitted Requests Servicing/Attending/PCP Requests

Case ID (Reference ID) Status Request Info Service Type Service Date(s) Providers

New Request

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. A callout box is overlaid on the top left, showing two dropdown menus: 'Select request type:' with 'Outpatient' selected, and 'Select sub contract:' with 'Maine ASO' selected. To the right of these are 'Create Request' and 'Cancel' buttons. The background interface includes a user profile for Jane Doe, contract details, and a table of requests. The table has columns for Case ID (Reference ID), Status, Request Info, Service Type, Service Date(s), and Providers. The 'Submitted Requests' tab is active, showing a list of requests. A 'Results Sorted By' dropdown is set to 'Case ID (descending)'. A 'Go' button is next to it. At the bottom right, there is a speaker icon.

Kepron

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.

The screenshot shows a web form titled "OUTPATIENT SERVICES REQUEST". On the left is a sidebar menu with options: Patient Detail, Requesting Provider (selected), Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The main form area is titled "REQUESTING PROVIDER" and contains the following fields:

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
Fax *	555-555-5555

Below the fields, there is a note: "Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below." and a small asterisk note: "* denotes required field". At the bottom are "Previous" and "Next" buttons.

A callout box highlights the "Fax *" field, showing the value "555-555-5555" and a clear button (X).

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

240 - Section 97 Private Non-Med Instituti ▼
Referral ▼

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

Service Detail

Service Type *
Request Type
FIPS Code

240 - Section 97 Private Non-Med Instituti ▼
Referral ▼
FIPS Code

* denotes required field

Previous Next

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

The screenshot shows the 'OUTPATIENT SERVICES REQUEST' page with a sidebar menu containing: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures (highlighted), Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The main content area is titled 'PROCEDURES' and includes the instruction 'Use the search below to add procedures to this request' and buttons for 'Find' and 'Show Preferred'. A callout box at the top right shows a zoomed-in view of the 'Find' button. A second callout box on the right shows the 'Procedure Search' form with 'Code Type' set to 'CPT' and 'Code Starts with' set to '250-200'. Below this, a table displays the search results:

Code	Description	Action
250-200	Section 97 Adult PNMI Eligibility Determination	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 date, end date, and one (1) unit.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, there are tabs for 'Patient Detail' and 'Requesting Provider'. The 'PROCEDURES' section on the right contains the instruction 'Use the search below to add procedures to this request'. A search box is highlighted with a blue border, showing the following details: '250-200 - Section 97 Adult PNMI Eligibili' with a dropdown arrow and a '[remove]' link. Below this, the 'Date' field is set to '12/30/2020' with a calendar icon, followed by 'to' and '12/29/2021' with a calendar icon. The 'Qty' field is set to '1', and the 'Rate' field is empty. A '-Frequency-' dropdown menu is also visible. At the bottom of the search box, there are 'Find' and 'Show Preferred' buttons. Below the search box, there is a note '* denotes required field' and 'Previous' and 'Next' buttons. The Kepro logo is in the bottom left corner, and a speaker icon is in the bottom right corner.

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.

The screenshot illustrates the 'Diagnosis Page' in the Kepro system. The main interface is titled 'OUTPATIENT SERVICES REQUEST' and features a sidebar with navigation options: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses (highlighted), Clinical Information, Attached Documents, and Questionnaires. The 'DIAGNOSES' section contains a search prompt: 'Use the search below in order to add diagnoses to this request'. Above this section, a callout box labeled 'DIAGNOSES' shows 'Find' and 'Show Preferred' buttons, with an arrow pointing to the 'Find' button in the main interface. Below the search prompt, another callout box shows a 'Diagnosis Search' dialog. This dialog has fields for 'Code Type' (set to ICD10), 'Code Starts with' (F20.0), 'Description', and 'Smart Search'. A 'Search' button is present. A second callout box below the first shows the same dialog with the 'Code Starts with' field filled with 'F20.0'. A third callout box at the bottom shows the search results table:

Code	Description	Action
F20.0	PARANOID SCHIZOPHRENIA	Select

The 'Select' button in the 'Action' column is highlighted. The Kepro logo is visible in the bottom left corner.

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 diagnosis code appears, click select under action to add the code to the request. Repeat the same steps to add each diagnosis code. Click next.

Clinical Information Page

Clinical information page is not required

The screenshot shows a web form titled "OUTPATIENT SERVICES REQUEST". On the left is a sidebar with a list of sections: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The "Clinical Information" section is highlighted. The main content area has a header "CLINICAL INFORMATION" and a large red "NOT REQUIRED" message with a red prohibition symbol (a circle with a diagonal line). Above this message is a small instruction: "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 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 Attached Documents page. The Clinical Information page is not required for Adult PNMI Referrals. All clinical information will be submitted via questionnaires and uploaded documents.

Attached Document Page

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

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):

OUTPATIENT SERVICES REQUEST

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

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):

Acceptable File Types: pdf, tif, doc, docx, txt, rtf, gif, jpeg

Document Type (required):

(Select a file and document type)

Larger files will take longer to upload

File Explorer Details:

- Path: This PC > Desktop > Training
- File Name: Test LOCUS Eval
- Date modified: 9/24/2019 8:39 AM
- Type: Microsoft Word Document
- Size: 12 KB
- File name field: Test Treatment Plan
- Buttons: All Files, Open

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

OUTPATIENT SERVICES REQUEST

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

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):

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.

Kepro

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	<input type="button" value="remove"/>
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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

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

☒ Requesting Provider

☒ Service Provider

Attending Physician

☒ Service Detail

☒ Procedures

Diagnoses

Clinical Information

☒ Attached Documents

Questionnaires

Questionnaire Name	Status
PNMI Referral	Not Completed

Previous



Click on the PNMI Referral Questionnaire and complete the questionnaire.

Questionnaire Page

3. Amount

4. What is the consumers MaineCare Status?

(Please select one.)

☐ Categorical

☐ Non- Categorical

☐ Applied/Pending

☐ Spend Down

☐ Other Insurance

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

(Please select one.)

☒ Yes

☐ No

5.1.1. Date applied

Date:

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

(Please select one.)

☒ Yes

☐ No

5.1.1. Date applied

Date:



Please note, that as you answer the questionnaire, some questions will cascade to additional questions if more information is required.

Questionnaire Page

Please Note: The questionnaire will be saved but not marked as completed

Edit Questionnaire

Save Changes Mark as Completed

Status: Incomplete

Return To Request

Office of Substance Abuse and Mental Health Services PNMI REFERRAL/APPLICATION

1. Marital Status

(Please select one.)

☐ Single

☒ Married

☐ Domestic Partner

☐ Divorced

☐ Widowed

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 acknowledgement and click submit.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, a sidebar lists navigation options: Patient Detail, Requesting Provider (selected), Service Provider, Attending Physician, and Service Detail. The main content area shows the 'REQUESTING PROVIDER' details: Name (PINES HEALTH SERVICES), Provider ID (1922449834), Provider Type (78 - Facility-Agency-Organization NR Provider), and Address (1260 MAIN ST). Below this, a pre-certification acknowledgement section contains 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. At the bottom of the form, there are buttons for 'Save', 'Save for later', 'Cancel Request', and 'Submit', along with 'Previous' and 'Next' navigation buttons. A speaker icon is located in the bottom right corner of the form area.

OUTPATIENT SERVICES REQUEST

☒ Patient Detail
Requesting Provider
☒ Service Provider
☐ Attending Physician
☒ Service Detail

REQUESTING PROVIDER

Name PINES HEALTH SERVICES
Provider ID 1922449834
Provider Type 78 - Facility-Agency-Organization NR Provider
Address 1260 MAIN ST

☐ 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.

Submitting the Request

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 at a later time.

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: 203090001

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

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 at a later time

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc. If calling Kepro regarding the referral, two pieces of identifying information will be required to confirm the member's identity. For example, a Case ID and member's name.



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 determination based on Section 97 MaineCare policy

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 on 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



HEALTH INTELLIGENCE CENTER - REPORTS		
Name	Category	Description
ME Daily Authorizations	ME Authorizations	ME Daily Authorizations



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.



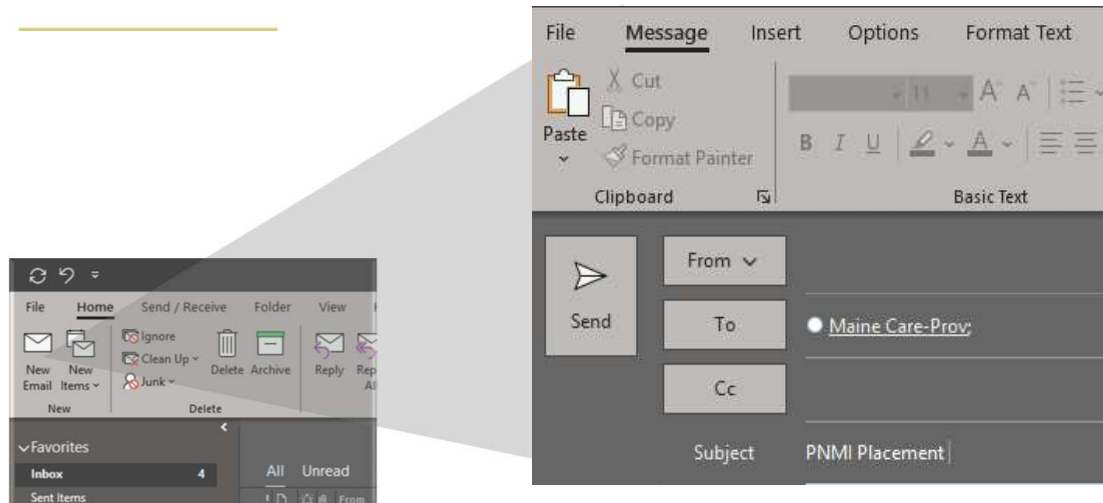
PART THREE

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 Provider Relations email address.

Daily Authorization Report



HEALTH INTELLIGENCE CENTER - REPORTS		
Name	Category	Description
ME Daily Authorizations	ME Authorizations	ME Daily Authorizations



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 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, 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

Case or Reference ID: 203030008 Go

Case Authorization Number: Go

Currently Searching: Related Submitting Providers [Clear Content]

Member Info:
 Member ID: Last Name: DOB: Search Content: All Related Submitting Providers

Request Info:
 Request Status: Submitted Type: All Types
 Service Type: All Service Types
 Service Dates: To Search

Results Sorted By: Case ID (ascending) 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
203030008 (N/A) [Procedures] [Diagnosis]	TEMP00002 Doe John DOB: 1/1/1980 Contract Maine ASD	Submitted: 0 Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	220 - Section 55 Behavioral Health Services	11/23/2020 - 11/22/2021	[Servicing] [Select] [Extend] [Copy] [Discharge]

Kepron

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. A courtesy email alert will also be sent to the provider that a Service Notification has been entered for them to review regarding an Adult PNMI admission.

Acknowledging The Service Notification

The screenshot shows a web interface for 'Referral Acknowledgement'. On the left, there are two sections: 'QUESTIONNAIRES' with a link for 'PNMI Referral Acknowledgement' and 'CLINICAL INFORMATION' with a text area for 'Additional Clinical Information' and an 'Add Clinical Information' button. The main form area on the right is titled 'Referral Acknowledgement' and contains three numbered steps. Step 1 is 'Date referral was acknowledged by provider' with a 'Date:' label and a text input field. Step 2 is 'Date member was first contacted' with a 'Date:' label and a text input field. Step 3 is 'Are you able to accept the consumer to your facility?' with a '(Please select one.)' instruction and two radio button options: 'Yes' and 'No'. An 'Instructions:' section is located between steps 2 and 3, stating: 'Please note: If you are not able to accept the member, you must work with the Office of Behavioral Health to seek authorization to decline the admission.'

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 if 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 request approval from OBH by indicating 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 for the member. 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.