



SMI TERMINATION REQUESTS

Atrezzo Submission Guide

Presented by:
Brianna Walton
Operations Manager for Kepro Maine

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Hello and Welcome to the Kepro Serious Mental Illness Termination Request training for Section 17 Community Support Services , Section 65 Behavioral Health Services for Adults, Section 92 Behavioral Health Homes, and Section 97 PNMI Services for adults.

The criteria that defines a Serious Mental Illness can be found by view the MaineCare Benefits manual located at www.maine.gov

The guidance presented in this presentation is meant to give providers a basic understanding of the SMI termination process in Atrezzo, and the process once a termination request has been submitted .



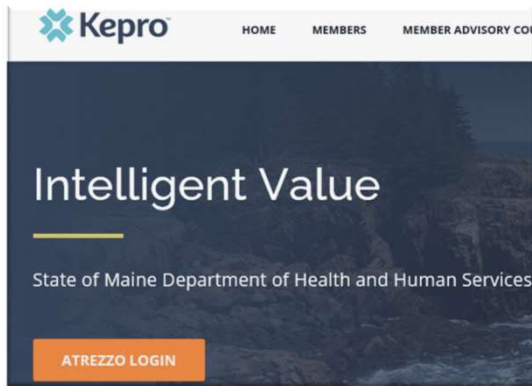
PART ONE

Atrezzo Submission



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

Accessing Atrezzo



Visit www.qualitycareforme.com to access the Atrezzo portal



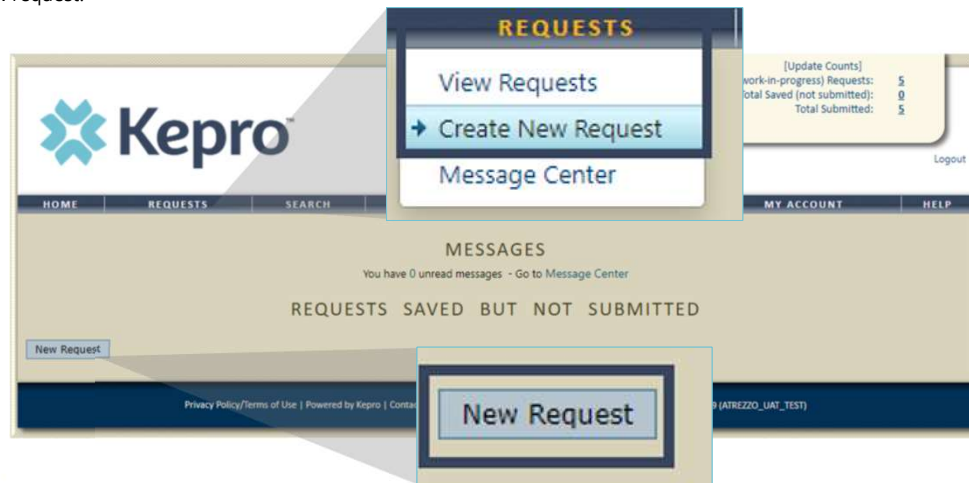
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button



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 instruction "Search for a member using the criteria". A callout box is overlaid on the search form, showing the following fields and options:

- Member ID:
- or
- Member Last Name:
- Member Birthdate: (mm/dd/yyyy)
- Search button

The background interface also shows a "Change Consent" button, a "PRIME HEALTH SERVICES" button, and a "Contract Maine Direct" button. On the right side, there is a table with the following data:

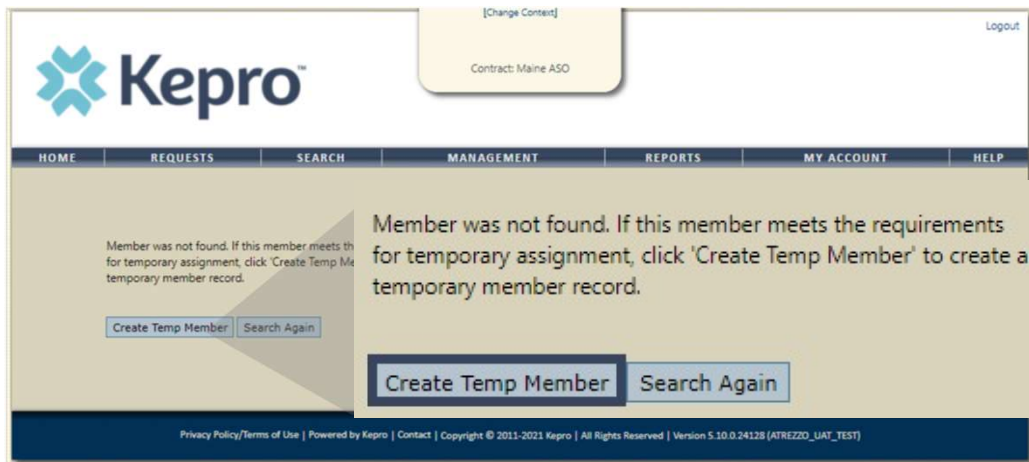
[Update Counts]	
Total (work-in-progress) Requests:	52
Total Saved (not submitted):	39
Total Submitted:	38

At the bottom of the page, there is a footer with the following text: "Privacy Policy/Terms of Use | Powered by Kepro | Contact | Copyright © 2013 Keportal | All Rights Reserved | Version 5.2.0.21849 (AT96220_UM_TEST)"

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



When you search by the member's last name and date of birth and no matching records are found, you will be asked to create a temp member. Click on the Temp member button.

Creating the Request

Complete all member demographic information and click Create Member Record.

New Member Information

First Name: *	<input type="text" value="John"/>	Member ID:	<input type="text"/>
Last Name: *	<input type="text" value="Doe"/>	SSN (numbers only):	<input type="text" value="000000000"/>
Address 1:	<input type="text" value="123 Anywhere St"/>		
Address 2:	<input type="text"/>		
City:	<input type="text" value="Portland"/>		
Country:	<input type="text" value="United States"/>		
State/Province:	<input type="text" value="Maine"/>		
Zip (5 or 9 digits):	<input type="text" value="04103"/>		
County:	<input type="text" value="(Select One)"/>		
Phone:	<input type="text" value="207-555-5555"/>		
Gender: *	<input type="text" value="Male"/>		
Date of Birth: *	<input type="text" value="01/01/1974"/>		
Plan: *	<input type="text" value="Maine DHHS"/>		



On the New Member Information Screen, fill in the member's demographics and click Create Member Record. Please note, you will not be able to enter any text in the Member ID box. This box will generate a number once you have clicked the create member record.

Creating the Request

New Member Information

First Name: *	<input type="text" value="John"/>	Member ID:	<input type="text" value="TEMP001492021051300000"/>
Last Name: *	<input type="text" value="Doe"/>	SSN (numbers only):	<input type="text" value="000000000"/>
Address 1:	<input type="text" value="123 Anywhere St"/>		
Address 2:	<input type="text"/>		
City:	<input type="text" value="Portland"/>		
Country:	<input type="text" value="United States"/>		
State/Province:	<input type="text" value="Maine"/>		
Zip (5 or 9 digits):	<input type="text" value="04103"/>		
County:	<input type="text" value="(Select One)"/>		
Phone:	<input type="text" value="207-555-5555"/>		
Gender: *	<input type="text" value="Male"/>		
Date of Birth: *	<input type="text" value="01/01/1974"/>		
Plan: *	<input type="text" value="Maine DHHS"/>		

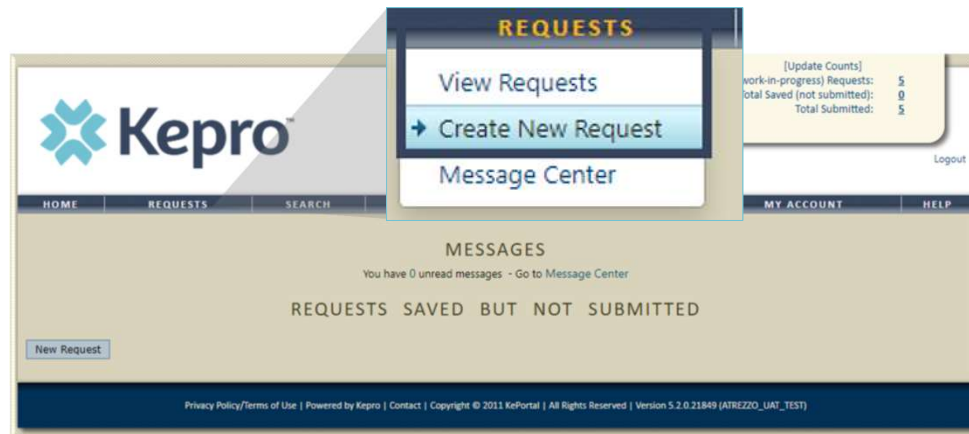
To start a request using a temporary member: Please copy the temporary Member ID and click Requests > Create New Request or Search > Member and paste the new temporary Member ID into the search screen.



Once you have clicked create member record, a Temporary Member ID will display in the Member ID box. This will act as the member's ID. To start a request using a temporary member ID, please copy the ID.

Creating the Request

With the copied Temporary Member ID, click on Requests and then Create New Requests.



With the copied Temporary Member ID, click on Requests and then 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

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 and labels:

- Member ID: [Text Input Box]
- or
- Member Last Name: [Text Input Box]
- Member Birthdate: [Date Picker Box]
- (mm/dd/yyyy)
- Search [Search Button]

The background interface also shows a "Change Consent" button, "PINES HEALTH SERVICES", "ROBERT NOBLE", "Contract Maine [Link]", and a table with "Update Counts" showing "Total (work-in-progress) Requests: 52", "Total Saved (not submitted): 39", and "Total Submitted: 38".

In the next screen enter the copied temporary ID in the Member ID and click search.

Creating the Request

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

The screenshot shows the Keportal interface. At the top, there's a navigation bar with 'HOME', 'REQUESTS', and 'SEARCH'. Below this is a table titled 'MEMBER SEARCH'. The table has columns: Member ID, Last Name, First Name, Address, DOB, Case Count, Contract, and a 'Select' button. The first row of data shows: TEMP00000000, Doe, Jane, (empty), 10/01/1968, 0, Maine DHHS, and a 'Select' button. A callout box points to the 'Select' button. At the bottom of the page, there's a footer with 'Privacy Policy/Terms of Use | Powered by Keportal | Contact | Copyright © 2011 KePortal | All Rights Reserved | Version 5.2.0.21849 (ATREZZO_UAT_TEST)'.

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

[Change Context]

(Update Counts)
Total (work-in-progress) Requests: 52
Total Saved (not submitted): 19
Total Submitted: 38

Logout

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

Address: 123456 Main St
Bangor, ME 04401

County: N/A

Contact: 10/01/1968
Primary Phone: 555-555-5555

CONTRACT DETAILS
District Office: N/A
Member Class Indicator: N/A

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					

Kepro

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 dropdowns are 'Create Request' and 'Cancel' buttons. The background interface shows a user profile for 'Jane Doe' with details like Member ID, Address, Birth Date, and Contact information. Below the profile is a 'CONTRACT DETAILS' section. At the bottom, there is a table titled 'REQUESTS FOR JANE DOE' with columns for Case ID, Status, Request Info, Service Type, Service Date(s), and Providers. The table is currently empty. A 'Results Sorted By' dropdown is set to 'Case ID (descending)'. At the bottom right, there is a 'Log out' link and a 'MY ACCOUNT' button.

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" and contains fields for Name, Provider ID, Provider Type, Address, Phone, and Fax *. The Fax field is highlighted with a callout box showing a detailed view of the "REQUESTING PROVIDER" information.

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 *

* 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 SMI Termination Requests.

Service Detail Page

Complete the Service Type and Request Type

Service Type *
Request Type

220 - Section 65 Behavioral Health Service: ▼
SMI Termination ▼

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

220 - Section 65 Behavioral Health Service: ▼
SMI Termination ▼

* denotes required field

Previous Next

In the service type box, enter in the appropriate section of MaineCare policy. In this example we used Section 65. Then enter in your request type as SMI Termination and click next.

Procedures Page

Enter in the service code that you are requesting to terminate or interrupt

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 blue arrow points from the 'Find' button to a 'Procedure Search' modal. The modal has fields for 'Code Type' (set to 'CPT'), 'Code Starts with' (set to 'H2010'), 'Description', and 'Smart Search'. A 'Find' button is at the bottom right of the modal. A second blue arrow points from the 'Find' button in the modal to a second 'Procedure Search' modal. This second modal shows a search result table with columns 'Code', 'Description', and 'Action'. The table contains one row: 'H2010' with description 'Comprehensive med svc 15 min*' and an 'Action' column with a 'Select' button.

PROCEDURES
Use the search below to add procedures to this request

Find Show Preferred

OUTPATIENT SERVICES REQUEST

PROCEDURES
Use the search below to add procedures to this request

Find Show Preferred

* denotes required field

Previous Next

Procedure Search

Code Type CPT
Code Starts with H2010
Description
Smart Search Find

Procedure Search

Code Type CPT
Code Starts with H2010
Description
Smart Search Find

Code	Description	Action
H2010	Comprehensive med svc 15 min*	Select

On the procedures page, enter in the service code that you are requesting to terminate or interrupt. 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. You will notice in this example an asterisk after the service code description. When ever you see this, it means there are more than one procedure code within the description. You will be able to select the appropriate description once the code is added to your request.

Procedures Page

Enter in the start and end date as the date you are submitting the SMI Termination. Enter one (1) unit in the Qty box.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, a list of procedures is shown, with 'H2010 - Adult Medication Management' selected. A dropdown menu is open, showing several options including 'Adult Medication Management', 'Baxter Fund/MaineCare Services - Medication Management', 'Adult Medication Management-Suboxone Provider', and 'Adult Medication Management-Substance Abuse'. Below this, a search bar is visible with the text 'Procedures', 'Diagnoses', 'Clinical Information', 'Attached Documents', and 'Questionnaires'. To the right, the 'PROCEDURES' section of the form is shown, with a search bar and a list of procedures. The 'H0004 - Adult Outpatient Therapy- Mer' procedure is selected. The form includes fields for 'Date: *', 'Qty: *', and 'Rate:'. The 'Date' field is set to '03/26/2021' and the 'Qty' field is set to '1'. The 'Rate' field is empty. The form also includes a 'Find' button and a 'Show Preferred' button. A note at the bottom states '* denotes required field'.

Once the code has been added, indicate the start and end date as the date the request is being submitted. If the code you add has more than one description, click the drop-down box of the procedure code to get a list of all descriptions of the code. In the quantity box, indicate one (1) unit. Click Next

Diagnosis Page

Enter in the primary diagnosis code and any subsequent diagnoses.

The diagram illustrates the workflow for adding diagnoses to an outpatient services request. It starts with the 'OUTPATIENT SERVICES REQUEST' page, which has a sidebar with links: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses (highlighted), Clinical Information, Attached Documents, and Questionnaires. The 'DIAGNOSES' section on the main page has a 'Find' button and a 'Show Preferred' button. A callout box labeled 'DIAGNOSES' shows these buttons. A blue arrow points from the 'Find' button to a 'Diagnosis Search' modal. This modal has fields for 'Code Type' (set to ICD10), 'Code Starts with' (set to F20.0), 'Description', and 'Smart Search', with a 'Search' button. Another blue arrow points from the 'Search' button to a second 'Diagnosis Search' modal. This second modal shows the search results in a 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 of the main page.

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 displays a web form titled "OUTPATIENT SERVICES REQUEST". On the left, a sidebar lists several sections: Patient Detail, Service Provider, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The "Clinical Information" section is currently selected. The main content area shows a large red "NOT REQUIRED" message with a red prohibition symbol (a circle with a diagonal line). Above this message, a small instruction reads: "Please click Save button before proceeding to the next section of the case submission process." Below the message, there are "Previous" and "Next" navigation buttons. The Kepro logo is visible 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 Questionnaire page. The Clinical Information page is not required for Termination Requests

Questionnaire Page

Complete the Termination Request Questionnaire

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

☒ Requesting Provider

☒ Service Provider
Attending Physician

☒ Service Detail

☒ Procedures

☒ Diagnoses

☒ Clinical Information

☒ Attached Documents

Questionnaires

Questionnaire Name	Status
SMI Termination Request	Not Completed

Previous



Click on the Termination Request Questionnaire and complete the questionnaire.

Questionnaire Page

Services to Be Terminated / Interrupted

1. Please indicate if this is a request to terminate or interrupt services.
(Please select one.)

☐ Terminate

☒ Interrupt

1.3.1. Please explain

2. Check all that apply
(Please select between 1 and 13 items.)

☐ ACT

☐ Community Integration

☐ Crisis Residential

☐ Daily Living Support Services

☒ Interrupt

1.3.1. Please explain



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

Status: Incomplete

Save Changes

Mark as Completed

Return To Request

Save Changes

Mark as Completed

Status: Incomplete

Return To Request

AGENCY REQUEST TO TERMINATE OR INTERRUPT SERVICES FORM

Services to Be Terminated / Interrupted

1. Please indicate if this is a request to terminate or interrupt services.

(Please select one.)

- ☐ Terminate
- ☐ Interrupt



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 about why there is a request to terminate or interrupt 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.

Kepro

[Change Center] PINES HEALTH SERVICES Contract: Maine DHHS

[Update Counts] Total (work-in-progress) Requests: 59 Total Saved (not submitted): 21 Total Submitted: 38 Logout

HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP

REQUEST OVERVIEW

CASE INFORMATION [PRINT CASE](#)

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

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.



PART TWO

Post Submission



Now that we have reviewed the process for submitting a SMI Termination request, we will review what happens post submission

Daily Authorization Report

The screenshot shows the Kepro Health Intelligence Center - Reports interface. At the top, there is a navigation bar with the Kepro logo, a [Change Context] button (showing Contract: Maine DHHS), an [Update Counts] button (showing Total (work-in-progress) Requests, Total Saved (not submitted), and Total Submitted), and a Logout link. Below the navigation bar is a menu with links: HOME, REQUESTS, SEARCH, MANAGEMENT, REPORTS (highlighted), MY ACCOUNT, and HELP. The main content area is titled "HEALTH INTELLIGENCE CENTER - REPORTS" and contains a table with the following data:

Name	Category	Description
ME Daily Authorizations	ME Authorizations	ME Daily Authorizations

Once your request has been submitted, Kepro's Clinical team will review the request within 48 business hours. In some instances, Kepro will contact the member or guardian to discuss the request and in other instances, the request may be sent to OBH for review. Once the request is reviewed and if determined to be an appropriate termination, Kepro will document the outcome in your termination case and will submit a formal discharge on behalf of the provider. Please note that for Adult PNMI services, OBH will be reviewing all termination requests submitted through Atrezzo.

The Daily Authorization Report is the primary way Kepro communicates to providers regarding the status of a case. 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.

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 Termination Request 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 Our hours of operation are Monday thru Friday 8am to 6pm.