

SUBSTANCE USE DISORDER TREATMENT DATA COLLECTION

Atrezzo Next Generation (ANG) Submission Guide

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7/24/2023

Hello and welcome to the Kepro training on Substance Use Disorder Treatment Data Collection (formerly known as WITS). This process will be required of <u>all</u> licensed SUD providers of <u>all</u> SUD clients and is <u>not</u> limited to MaineCare or OBH Funded members. The guidance presented in this presentation is meant to give providers a basic understanding of the SUD Treatment Data Collection process in Atrezzo for new admissions, annual follow-ups, and discharges.



Part one will be a general overview of the SUD Treatment Data Collection process

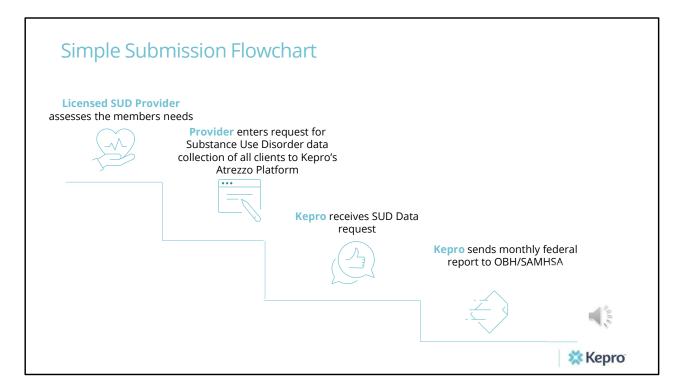
Provider Announcement

Acentra Health, formerly known as Kepro, in collaboration with the Office of Behavioral Health is hosting two provider training sessions to review the Treatment Episode Data Sets (TEDS) submissions requirements in the Atrezzo portal.

The TEDS data submission is a requirement of all licensed SUD providers in Maine in order for the State to receive federal funding support for SUD treatment and programs.

These two training sessions are identical and will review the full Atrezzo submission process including an overview of the Admission, Discharge, and Follow-up questionnaires.





This flowchart depicts the submission process for the SUD Treatment Data Collection. The provider starts out by assessing the members needs and then enters a request in Atrezzo

Kepro Atrezzo

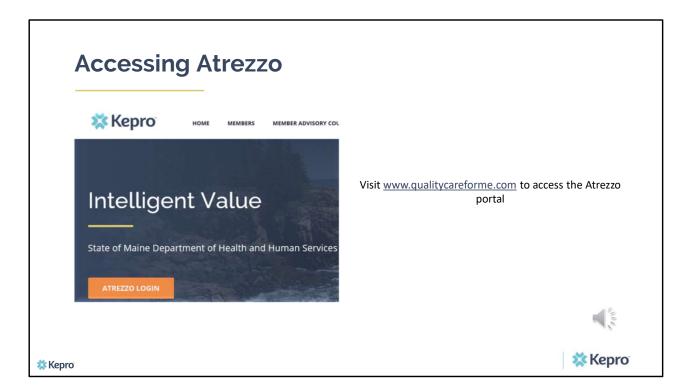
Our proprietary system

Kepro's proprietary system, Atrezzo, is a web-based application built using Microsoft technology. Its modular design is easily configurable to meet each client's unique short and long-term requirements for data, information, and intelligence today and in the future. **Atrezzo is HIPAA and ICD-10CM/PCS compliant.**

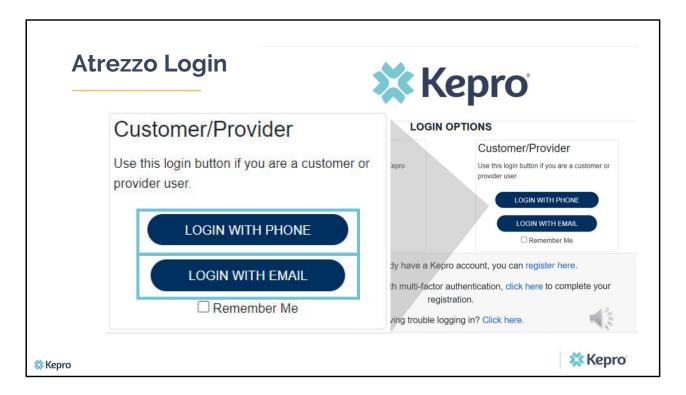
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In part two, we will review that Atrezzo submission process.



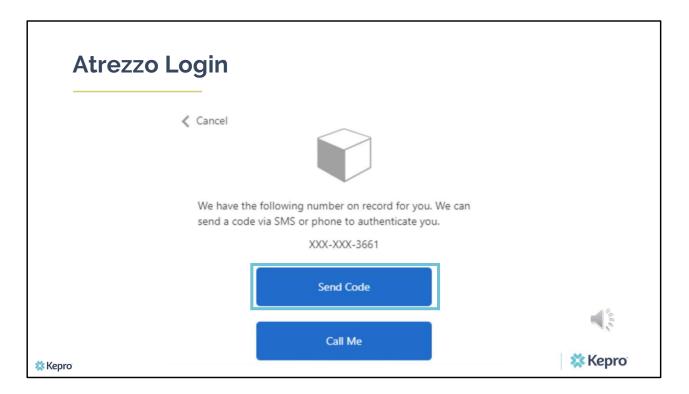
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button



When you arrive to the login screen, you will use the Customer/Provider login. Here you will choose Login with Phone or Login with email depending on how your registered for the mutli-factor authentication. Please note, if you chose to register with phone and you do not currently have your phone you can still login with email. If you click remember me, the system will remember your login for four hours. Please do not use the remember me feature on a shared device. In this demonstration, we will click Login with phone because that is how we registered our multi-factor authentication.

Atrezzo Login	
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Sign in with your email address	
Email Address	
Password	
Forgot your password?	

To sign in, you will enter your email and password then click Sign in.



Next, you will choose how you want to receive your verification code. You can click send code or call me. Send code will send a SMS text to your cell phone with your verification code. Call me will prompt a phone call to your phone where you will press a specific digit. In this example, we will chose send code.

Atrezzo Login	
Cancel	
We have the following number on record for you. We can send a code via SMS or phone to authenticate you.	
XXX-XXX-3661	
Enter your verification code below, or send a new code	
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Enter in your verification code.

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CONTRACT	But Not Submitted	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED	0

The system will automatically verify your account and you will be logged into the home screen.



To submit a new admission, click on the Create Case button located in the navigation bar at the top of the Atrezzo screen.

Step	1 – C a	se Parar	ne	eters				
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	Case Type *	UM U						
	Case Contract Maine ASO	2	*	Request Type *	3			
	Cancel]		Go To Consu	mer Information	4	And Contraction
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In Step 1 – Case Parameters:

- 1. Select UM for **Case Type**
- 2. Select Maine ASO for **Case Contract**
- 3. Select Outpatient for the **Request Type**
- 4. Click **Go to Consumer Information.** Note: Go to Consumer will remain grayed out until all required fields are completed.

S	tep 2 –	Consu	ımer Ir	nforma	ation			
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Step 1 Case Parameters	Step 2 Consumer Information							
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CONSUMER ID	LAST	NAME	FIRST NAME	(MIN 1ST LETTER)	DATE OF BIRTH			
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*Combination of DC	DB and Last Name or Member ID							
Cancel						2 Search		
Name 🛆	DOB 🖨	Address 🖨		Consumer ID 🖨		Contract	Case Count 🔶	Action
Test Member 1	01/01/1960	123 St Anyw	here,ME	00000001A		Maine DHHS	47	3 Choose
Showing 10 + o	of 1							Previous Page 1
Not finding what you	u're looking for? Add tempor	ary consumer						
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In Step 2 – Consumer Information

- 1. In the **Consumer ID** box enter the Member's MaineCare number. You may also search for the Member by using their last name and Date of Birth.
- 2. Click **Search.**
- 3. Review the search results. If the correct member match is found, click **Choose.**
- 4. If there isn't a member matching your search results, you can create a temporary member, by clicking on the Add Temporary Consumer button

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- Case: Pend	ing Case ID									
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Request 01	Submitted	1/18/2021	Outpatient	N/A Section 65	Behavioral Health Services	1/18/202	21 - 1/18/2021	proved: 1 w Procedures	No letters available	Actions -
Showing 10 *	of 87			Once	e you click Create Case , your c	changes will be si	aved and the case will t	be created but no	Previous Pag	

In Step 2 – Consumer Information Continued

- 1. Once you have chosen the member, if they have had any other cases submitted previously by your organization, those cases will display. Each column can be filtered by clicking on the header. The columns can be sorted by chronological order or by alphabetical order. A second click will reverse the order.
- 2. To create a new case, scroll to the bottom and select **Create Case.**

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Selected Providers										
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					Providers in receipt of faxed de	termination letters: 0	Official communication	of service authorization	will be sent to the fa	x number entered a
Add a Note					Providers in receipt of faxed de	termination letters: C	Official communication	of service authorization	will be sent to the fa	x number entered a

In Step 3 – Additional Providers:

- 1. The Requesting and Servicing providers will automatically be indicated based on the NPI number your login is associated with.
- 2. The servicing NPI number will need to be updated indicate the specific location of where the client is being served. This is referred to as your NPI+3 and will contain three numbers after the main NPI number. To update to your NPI +3, click on the update link

Step '	3 – Se	ervici	ng Pro	ovic	ler					
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	Facility Provider									
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	COUNTRY		-							
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	STATE/PROVINCE									
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	Search Results									
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		Facility-Agency- Organization NR Provider	No Specialty Required	1922449834	PMP0000023088520	1260 MAIN ST , WADE, ME US 04786	US	Aroostook	Choose	
	WASHBURN-001	Community Provider	Federally Qualified Health Center (FQHC)	1922449834	PMP0000023088531	1260 MAIN ST , WASHBURN, ME US 04786	US	9	Choose	- 14
	Showing 10 + of 2						Previous P	age 1	of 1 Nex	

In Step 3 – Servicing Provider:

- 1. Select the Provider type. This will most often be facility if you are part of an agency and will be Provider if you are an individual private practice provider.
- 2. Enter in the NPI number for your agency. Searching by the facility name will generally not bring up your NPI +3 locations.
- 3. When you have located the specific location of where the services are being provided, click on Choose

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p 2 onsumer Informa	Additional Provider	Step 4 Service Details	Step 5 Diagnoses	Step 6 Requests	Step 7 Questionnaires	Step 8 Attachments	Step 9 Communications	Step 10 Submit Case
Selected Provi	ders							
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Provider			Specialty 20 No Specialty Required	NPI 19224498:	1260 MAIN ST. WADE) 498- (123) 456-7	

In Step 3 – Additional Providers:

- 4. You will now see the Servicing line has been updated to the NPI +3 you selected.
- 5. Click on go to service details

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In Step 4 – Service Details:

- Select SUD Treatment Episode Data from the **Service Type** drop down. The place of service field is not required; however, you can complete this 1. field if you choose to. Click **Go to Diagnoses**
- 2.

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Reques	ting Provider Outpatient 01/01.							
Step 2 Consumer Information	dditional Providers Step 4 Service Details	Step 5 Diagnoses	Step 0 Requests	Step 7 Questionnaires	Step 8 Attachments	Step 9 Communications	Step 10 Submit Gase	
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Code Type *	Search							
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Showing 10 + of 2	F43.11 POST-TRAUMATIC STRESS D/O							
Add a Note								4
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In Step 5 – Diagnosis:

The Atrezzo system will require you to enter in at least one diagnosis code.

- 1. In the Diagnosis **Search** box, start typing in either the diagnosis code or the description of the code. You will need to enter in at least three characters for the search feature to start finding results. Once you have found the diagnosis code, click on it to automatically add it to your request. Repeat the same search process for each additional diagnosis code.
- 2. If you have added more than one diagnosis code, you can rearrange the order of how the diagnosis codes appear by clicking on the diagnosis line and dragging it up or down in the list.
- 3. If you have added a diagnosis code in error, you may remove it by clicking on the **Remove** link. Please note: Once your request has been submitted, you will not be able to remove the diagnosis code.
- 4. When you have finished added the diagnosis code(s), click on **Go to Requests**

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Requests/Request Deta	ills						
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OBH Funded Review	•		07/19/2023		12:40 PM	0	2
Add a Note						Gancel	Go to Procedures
							All a

In Step 6 – Requests:

- 1. For new admissions, select OBH Funded Review in the **Request Type** box.
- 2. Click **Go to Procedures**

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New UM Case	PINES HEALTH SE Requesting Provide		Maine ASO Outpatient	Test Memb 01/01/1960			
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In Step 6 – Requests Continued:

1. Next you will add the procedure code you are providing. In the search box, start typing in your code. You will need to enter in at least three characters for the search feature to start finding results. Once you've found your code, click on it to add it.

Step 6 – Rec	nuests Con	tinued				
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105-100 (<u>Un Submitted</u>) 07/192023-07/182024 1/0	Modifier Unit Qualifi Select One • Select One Requested Requested Start Date • 1 07/19/2023			Requested Frequency Select One		
	Rates Requested Rate S Add a Note	3				A MAR
						4

In Step 6 – Requests Continued:

- 4. In the **Requested Start Date** box, enter date of admission.
- 5. In the **Requested Duration** box, enter in 365. This will automatically populate the end date.
- 6. In the **Requested Quantity** box, enter in 1.
- 7. If you have added a procedure code in error, you can click on **Remove**.
- 8. When you have finished add the procedure code information, click on **Go to Questionnaires** to navigate to the next step.

Type of Service Treatment	Procedure Code(s)
Non-Intensive Outpatient	105-100 – Non-Intensive Outpatient
Intensive Outpatient	105-200 – Intensive Outpatient
Detoxification (Outpatient)	105-300 – Detoxification Outpatient
24 Hour Detoxification	105-400 – 24-Hour Detoxification (Free Standing Residential) 105-400 – 24-HourDetoxification (Inpatient)
Inpatient	105-500 – Inpatient
Methadone	105-600 – Methadone (Inpatient)
Halfway House	105-700 – Halfway House (Short-term, 30 days or fewer) 105-700 – Halfway House (Long-term, more than 30 days)
Shelter	105-800 – Shelter (Short-term, 30 days or fewer)105-800 – Shelter (Long-term, more than 30 days)
Consumer Run Residence	105-900 – Consumer Run Residence (Short-term, 30 days or fewer) 105-900 – Consumer Run Residence (Long-term, more than 30 days)

This is a list of the available service codes for the SUD Treatment Data Collection

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Kepro									

In Step 7 – Questionnaires:

1. If you are submitting a request for a new admission, click Open to begin completing the Substance Use Treatment Admission Questionnaire. You will only complete the Substance Use Treatment Discharge questionnaire, when the client is discharging from your service.

Step 7 – Qı	uestionnaires Continued
Kepro Home Cases Create	e Case Consumers Setup Message Center e Reports Preferences Search by #
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Client Information	1. MDS7_Referral Source
Referral Source	Select One
Treatment Data	2. SuDS15_Days Waiting to Enter Treatment +
Intake Case Information	
Tobacco/Nicotine	Click to enter Number of Days Waiting For Treatment
	○ Unknown
	O Not Collected The SuDS15_Days Waiting to Enter Treatment is required.
Please answer Required Questions in all sections	

In Step 7 – Questionnaires:

- 1. The questionnaire will open in a separate window. Begin by answering the first question. As you respond to a question, additional questions may cascade for you to complete. When you have finished filling out each questionnaire section, you will see a green check mark. Gray check marks indicate the section has not yet been completed.
- 2. To navigate to the next section of the questionnaire, click on Next.
- 3. All sections and all questions of the questionnaire need to be filled out. Throughout the questionnaire, you will see instructions have been added to some of the questions. It is important to read these instructions as they will guide you on how to respond to subsequent questions depending on your response to the current question. When you have finished, click **Mark As Complete**. If you have filled out all of the questions and no errors have been detected, the system will return you back to the case.

4. If you have missed a question or an error is detected, it will show up in red. You will not be able to mark the questionnaire complete until you have addressed the error.

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Add a Note										Jump to Submit	Cancel	Got	o Allachments

In Step 7 – Questionnaires:

1. Once you have marked your questionnaire as complete, you are ready to submit. Click on the **Jump to Submit** link

Search by # Q 🕐
9 Step 10 Imunications Submit Case
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In Step 10 – Submit Case:

1. Once you have completed the request, the information you input will be displayed as tiles. If you need to update information prior to submitting, you can click on the tile to navigate back to that section of the request or click on the step. Click on **Submit**.

Disalation	
Disclaimer	
understand the	hat precertification does not guarantee paymer at precertification only identifies medical neces dentify benefits.
	Agree, a case number will be Cancel Ag

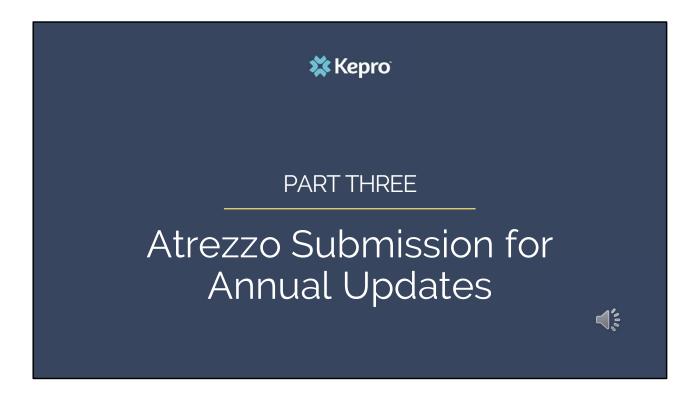
In Step 10 – Submit Case:

- 1. Once you click submit a Disclaimer popup will appear indicating that precertification does not guarantee payment and precertification only identifies medical necessity and does not identify benefits. Click on **Agree.**
- 2. If there are no errors, you case will submit and you will receive a case ID number. If there are errors, you will receive a message indicating what the errors are that need to be addressed before the case can be submitted.

Submitting the Request	
Kepro Home Cases Create Case Consumers Message Center Reports	Search by # Q 🕐
Change Context	
CONSUMER NAME GENDER DATE OF BIRTH MEMBER ID CONTRACT TEST MEMBER 1 M 01/01/1960 (62 Yrs) 000000001A Maine DHHS CASE ID CATEGORY CASE CONTRACT CASE SUBMIT DATE SRV AUTH SUBMITE 222870015 Outpatient Maine ASO 10/14/2022 UM-OUTPAT ENT CASE SUMMARY ACTIONS CONST	DPY EXTEND EXPAND ALL +
CASE ID	
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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 this request, two pieces of identifying information will be required to confirm the member's identity. For example, a Case ID and member's name.



In part three, we will cover the process for submitting an annual update if your member is still receiving SUD services a year after the initial admission.



Using the case ID that was generated when you submitted your admission case, type it into the search box and click enter. Please note, if you do not have the case ID number, you can still search for your member using their MaineCare ID or last name and date of birth under the Consumers tab.

Sub	mitti	ng an	Ann	ual Up	odate				
🗱 Kepro	Home Cases	Create Case Consu	umers Message Cer	vter e Reports				Se	ech by #Q
Change Context PINES H	EALTH SERVICES, Maine D	9IS							
Request 🛆	Status +	Submit Date +	Category +	Discharge Date +	Service Type +	Service Dates +	Procedures	Letters	Actions
- Case: 22283002							Approved: 1		
Request 01	Submitted	10/10/2022	Outpatient	N/A	130 - Section 13 Target.	10/10/2022 - 11/8/2022	View Procedures	No letters available	Actions •
								A	ctions -
						Co	DV		,
							F.7		
							tend		1%
						Ad	d Additiona	al Clinical Info	rmation

When the case appears, click on the Actions button. A drop-down menu with action items will appear. Select Extend to create the annual updates.

Kepro Home	Cases Create Case Consumers Messag	ye Center ø Reports		Search by # Q (
ge Context PINES HEALTH SERVIC	ES, Maine DHHS			
CONSUMER NAME GENDER I	DATE OF BIRTH MEMBER ID CONTRACT			
	01/01/1960 (62 Yrs) 000000001A Maine DHHS			
	EGORY CASE CONTRACT CASE SUBMIT DATE SRV AUTH patient Maine ASO 10/05/2022			
UM-OUTPATIENT	(CASE SUMMARY	ACT	TIONS * EXPAND ALL *
Consumer Details			Location: 123 St Anywhere Maine;	~
Provider/Facility	£ 4 4	Requesting : PINES HEALTH SERVICES/1922449834 Servicing : PINES HEALTH SERVICES/1922449834		~
		Service Type : 140 - Section 17 Community Support Services - Adults Request Type : Prior Auth	Notification Date : 10/19/2022 Notification Time : 01:46 PM	~
Questionnaires				~
Attachments	Document-3		Letters- 0	~
				A.U.

You will be an in unsubmitted request. Click on the down arrow on the Clinical Ribbon to expand that section

Ur	odating	g the Request			
• r					
DIAGNOSIS					ADD DIAGNOSIS 🗸 🖯
RANK	O CODE	DESCRIPTION	SOURCE	CREATED BY	DEACTIVATE
1	R69	ILLNESS UNSPECIFIED	Manual	pines1	
Isplaying records 1 to 1	1 of 1 records				Previous 1 Next Show 10 - Ent
Procedures(Reg	ques()				^
Request 01					COPY 🔨
REQUEST TYPE .	1	FIPS CODE	NOTIFICATION DAT	C	
OBH Funded Co	ontinued Stay Review	*	07/19/2023		曲
NOTIFICATION TIME *	0				
2:43 PM		0			- 1 S
					and a second
					🗱 Kepro

Scroll down to the Request section to update the Request Type Box. Change the Request type from OBH Funded Review to OBH Funded Continued Stay Review

Upda	ating th	e Proe	cedure	Сос	le		
KEPTO Home ange Context PINES HEALTH SER		Consumers S	Setup Message Center ø	Reports	Preferences	COPY	Search by # Q
REQUEST TYPE * OBH Funded Continued NOTIFICATION TIME *	Stay Review	•	FIPS CODE		NOTIFICATION DATE * 07/19/2023		
2:43 PM	Non-Intensive Outp	Q				•	• • •
							And a
Kepro						3	Kepro

Where you see the procedure code, click on the down arrow to expand the section.

Updatin	g the Proc	edure Co	ode	
Context PINES HEALTH SERVICES, Main		Setup Message Center o	Reports Preferences	
105-100	Non-Intensive Outpatient			5
MODIFIER UNIT QUALIFIER Select One Select One	v			
REQUESTED START DATE •	REQUESTED END DATE		REQUESTED QUANTITY *	REQUESTED RATE
07/19/2024	07/19/2025	365	1	\$
REQUESTED FREQUENCY Select One	J			
JOICE ON				
epro				🗱 Kepro

- 1. You will notice on the procedure page that the service code is already indicated as well as the start date. The start date automatically populates based off the end date of your initial admission case.
- 2. Enter in 365 in the Requested Duration box to automatically populate your end date.

Fol	llow-	Up Q	uestic	onnaire)			
Kepro	Home Cases	s Create Case	Consumers Setup	an an an an	Reports	Preferences		Search by # 0
REQUESTED FREQUE		, in the second s						
Add Procedures								~
SEARCH PROC CODE TYPE *	₩ EDURES	CODE STARTS WITH	DESCR	PTION		SMART SEARCH	RESET	W PREFERRED
Questionnaires							Complete: 1, Incomplete: 0	1
Attachments	5	Document-0					Most Recent Note date:	
(epro								🗱 Kepro

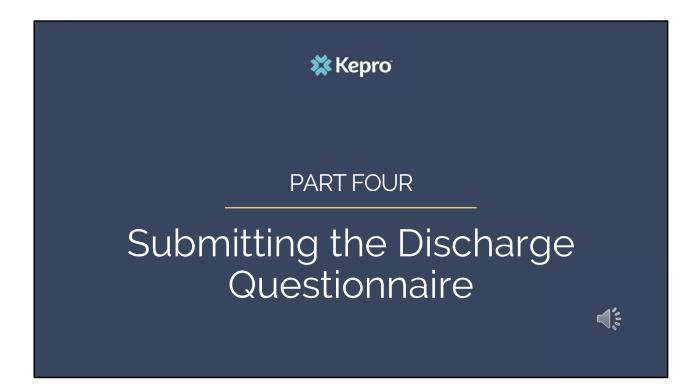
Scroll down to the Questionnaires section and click on the down arrow to expand it.

Kepro	Home Cas	es Create Case	Consumers	Setup	Message Center o	Reports Prefer	ences	Se	
e Context PINES	HEALTH SERVICES, Ma	ine DHHS							
							SEARCH	RESET	
Questionnaire	S								
QUESTIONNA	IRE								
ASSESSMENTINF	ORMATION			CREA	TED INFORMATION		COMPLETED INFORMATION		
REQUEST	ID	NAME	TYPE	BY	ON		⊖ BY	ON	
R01	3757782	Substance Use Treatment Follow-Up	Evaluation	Kepro	07/19/2023 02	:03:16 PM	Pines one	07/19/2023 02:21:50 PM	
								Previo	

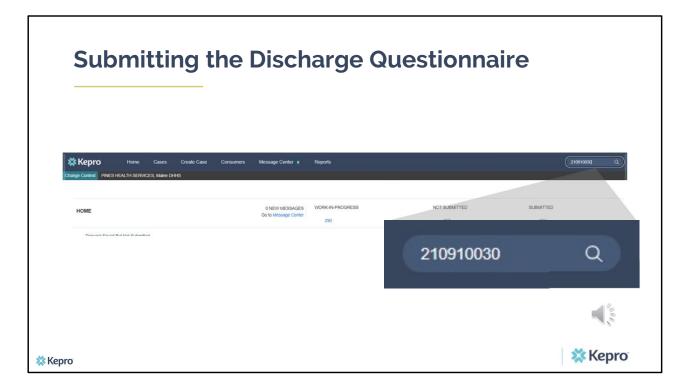
1. Complete the Substance Use Treatment Follow-Up questionnaire

ubmi	tting	g the	e Fo	llov	v-Up			
		_						
🗱 Kepro	Home Cases		Consumers	Setup Mes	sage Center Reports	Preferences		Search by # Q
Change Context PINES H	IEALTH SERVICES, Maine	: UI#IS				SEARCH	RESET	
Questionnaires								^
QUESTIONNAI	RE							
ASSESSMENTINFO	ORMATION			CREATED	INFORMATION	COMPLETED	INFORMATION	ACTION
REQUEST	ID	NAME	TYPE	BY	ON	🛞 ВҮ	ON	DELETE
R01	3757782	Substance Use Treatment Admission	Evaluation	Kepro	07/19/2023 02:03:16 PM	Pines one	07/19/2023 02:21:50 PM	
Displaying records 1 to	1 of 1 records	Saved to X: Drive						Previous 1 Next Show 10
Attachments		Document-0						~
Communication	15	÷.				Mo	st Recent Note date.	~
CANCEL REQU		rantee payment. I underst	and that precertificat	tion only identifies medi	cal necessity and does not identify b	inefits.		2 SUBMIT
								ЖK

- 1. When you have finished the questionnaire, scroll to the bottom of the page and select the precertification statement
- 2. Click submit.



In part Four we will cover the process for submitting the Discharge questionnaire



When the member is discharging from SUD services, you will need to complete the SUD Treatment Discharge questionnaire. To do this, enter in the case ID number for the initial admission in the search box. It is important that you go back to the original case to complete the Discharge questionnaire. Submitting a new case will result in reporting errors and you will be asked to complete the discharge information again on the correct case.

Kepro Home		je Center s Reports		Search by # C
	01/01/1960 (62 Yrs) 000000001A Maine DHHS EGORY CASE CONTRACTCASE SUBMIT DATE SRV AUTH			
UM-OUTPATIENT		CASE SUMMARY	Location: 123 SI Anywhere Maine;	EXPAND A
Consumer Details		Requesting : PINES HEALTH SERVICES/1922449834	Country 123 St Anywhere Maine,	~
Provider/Facility	22 <u>22</u> <u>a</u>	Requesting : PINES HEALTH SERVICES/1922449834 Servicing : PINES HEALTH SERVICES/1922449834		~
Clinical		Service Type : 140 - Section 17 Community Support Services - Adults Request Type : Prior Auth	Notification Date : 10/19/2022 Notification Time : 01:46 PM	~
Cuestionnaires				
Provider/Facility	& # h	Requesting : PINES HEALTH SERVICES/1922449634 Servicing : PINES HEALTH SERVICES/1922449634		~
Clinical		Service Type : 140 - Section 17 Community Support Services - Adults Request Type : Prior Auth	Notification Date : 10/19/2022 Notification Time : 01:46 PM	~
Questionnaires				~
Attachments	Document-3		Letters- 0	× 1
Communications	ren.		Most Recent Note date 10/05/2022	

Scroll down to the Questionnaire section and click on the down arrow to expand it.

				sciia	ige G	ues	tionna	dll	e
Kepro	Home (Cases Create Case	Consumers	Setup N	lessage Center o	Reports	Preferences		
Context PINES	HEALTH SERVICES,	Maine DHHS			Servicing . ST JOH	IN VALLET-001	1629595527		
							SUD Treatment Episode I Funded Continued Stay F		Notification Date : 07/19/2023 Notification Time : 03:33 PM
Questionnaire	25								
					ED INFORMATION				
REQUEST	ID	NAME	TYPE	BY	ON		0		
R01	3757782	Substance Use Treatment Admission	Evaluation	Kepro	07/19/2023 02	:03:16 PM		Pines one	07/19/2023 02:21:50 PM
R01	3757782	Substance Use Treatment Discharge 1	Evaluation	Kepro	07/19/2023 02	:03:16 PM			5.U

Click on the Substance Use Treatment Discharge Questionnaire to complete it.

Submitti	ng the Discharge Questionnaire	
	Cases Create Case Consumers Providers Reports Search	
Case . Maine . UM . UM . Substance Use Treatment Discharge	ISO Create Questionnaire / Substance Use Treatment Discharge Member ID	
Admission Information Client Information Treatment Data Outcome Measures	1. Was the first admission to SA treatment submitted in Kepro Atrezzo or the former system WITS? Atrezzo O WITS 1.1.1 . DIS13_Primary Presenting Problem on Admission .	
	Substance Abuse Only Affected/Co-Dependent 1.1.2. DIS14_Client Transaction Type + Admission for Treatment Evaluation only (No Treatment)	
< RETURN TO CASE	QAUIOSAVED NEXT > MARK AS	COMPLETE >

- 1. As with the admission questionnaire, the discharge questionnaire will open in a separate window. Begin by answering the first question. As you respond to a question, additional questions may cascade for you to complete. Throughout the questionnaire, you will see instructions have been added to some of the questions. It is important to read these instructions as they will guide you on how to respond to subsequent questions depending on your response to the current question. When you have finished filling out each questionnaire section, you will see a green check mark. Gray check marks indicate the section has not yet been completed.
- 2. To navigate to the next section of the questionnaire, click on **Next.**
- 3. All sections and all questions of the questionnaire need to be filled out. When you have finished, click **Mark As Complete**. If you have filled out all of the questions and no errors have been detected, the system will return you back to the case. If you have missed a question or an error is detected, it will show up in red. You will not be able to mark the questionnaire

complete until you have addressed the error.

Please note you should not submit a discharge questionnaire if you have not yet first completed the Admission questionnaire. Doing so, will cause an error with the reports and you will be asked to complete the admission questionnaire.

Once you have completed the discharge questionnaire and marked it as complete, the questionnaire will now be submitted.



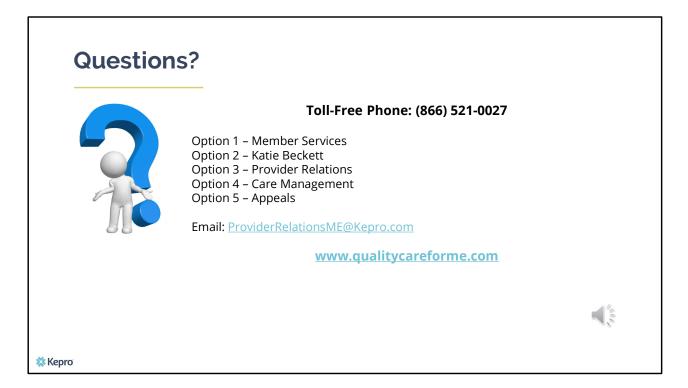
In part five we will review the Daily Authorization Report.

🗱 Kepro	Home Cases	Create Case Consumers	Message Center o	Reports	
Change Context					
REPORTS					
CONTRACT NAME				REPORT CATEGORY	REPORT DESCRIPTION
Maine DHHS	ME Daily Authoriza	tlions		ME Authorizations	ME Daily Authorizations

The Daily Authorization Report is the primary way Kepro communicates to providers regarding the status of a case. It is also a way for providers to view and track who they have submitted SUD Data for. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin +Reports User role will have a Reports tab. Within the reports tab, you will find the Daily Authorization Report.

С	Checking The Daily Auth Report											
_		Kepr										
		art Date equest Type					1 - 2113	Date		Ī	View Report	
	Daily Authorization Report: Requests submitted or certified or had a status change between 10/29/2020 and 11/27/2020											
Request ID	KEPRO Case ID	Submit Date	Member First	Member Last	Service Start Date	Service End	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			
			·		·				2			A BAR
🗱 Kepro												

In your daily authorization report, select the date range you want to search by. Then select the request types you want to search by and click view report. If you are wanting to view your agency's SUD Data, select OBH Funded Review and OBH Funded Continued Stay Review from the Request Type drop down. Once the report runs, any cases that have been entered in Atrezzo under your agency's NPI number that match your search criteria will display. The report will provide you with a Kepro Case ID, start date, status and notes section which will show any notes that have been added to the case.



Thank you for joining the Kepro SUD Treatment Data Collection 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.