



Hello and welcome to the Acentra Health 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.

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



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

Accessing Login

Acentra
H E A L T H

LOGIN OPTIONS

Acentra Health Employees
Use this login button if you have a Acentra Health domain account.

LOGIN

Remember Me

Customer/Provider
Use this login button if you are a customer or provider user.

LOGIN WITH PHONE

LOGIN WITH EMAIL

Remember Me

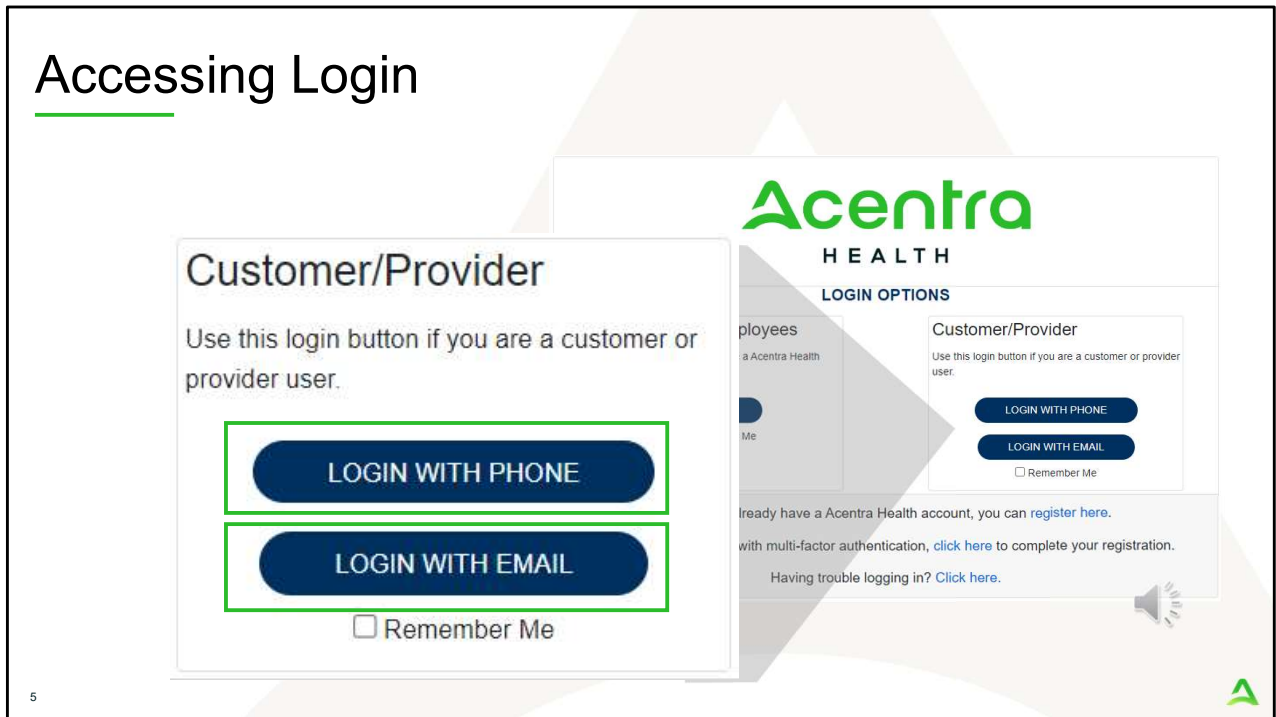
If you don't already have a Acentra Health account, you can [register here](#).

If this is your first login with multi-factor authentication, [click here](#) to complete your registration.

Having trouble logging in? [Click here](#).

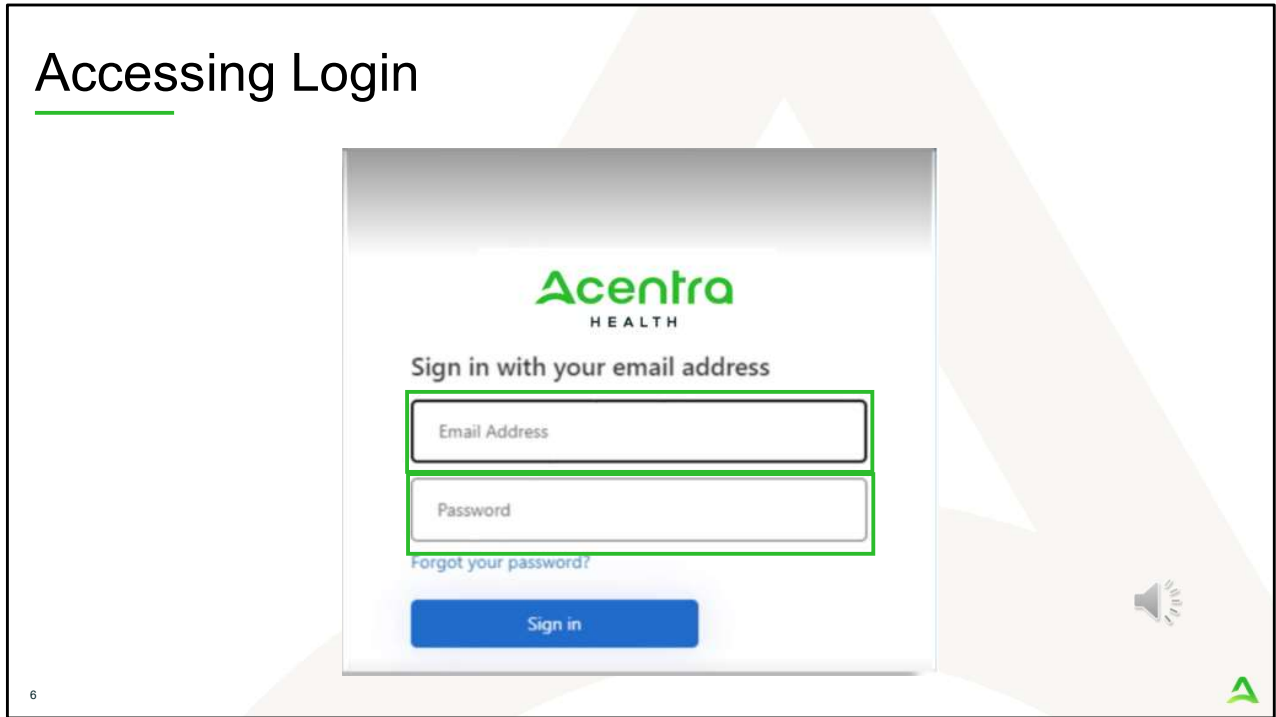
The Atrezzo system uses a Multi-Factor Authentication (MFA) login process. Each user who currently has an Acentra Health login, will click here, if this is your first with multi-factor authentication (MFA) to complete your registration.

Accessing Login



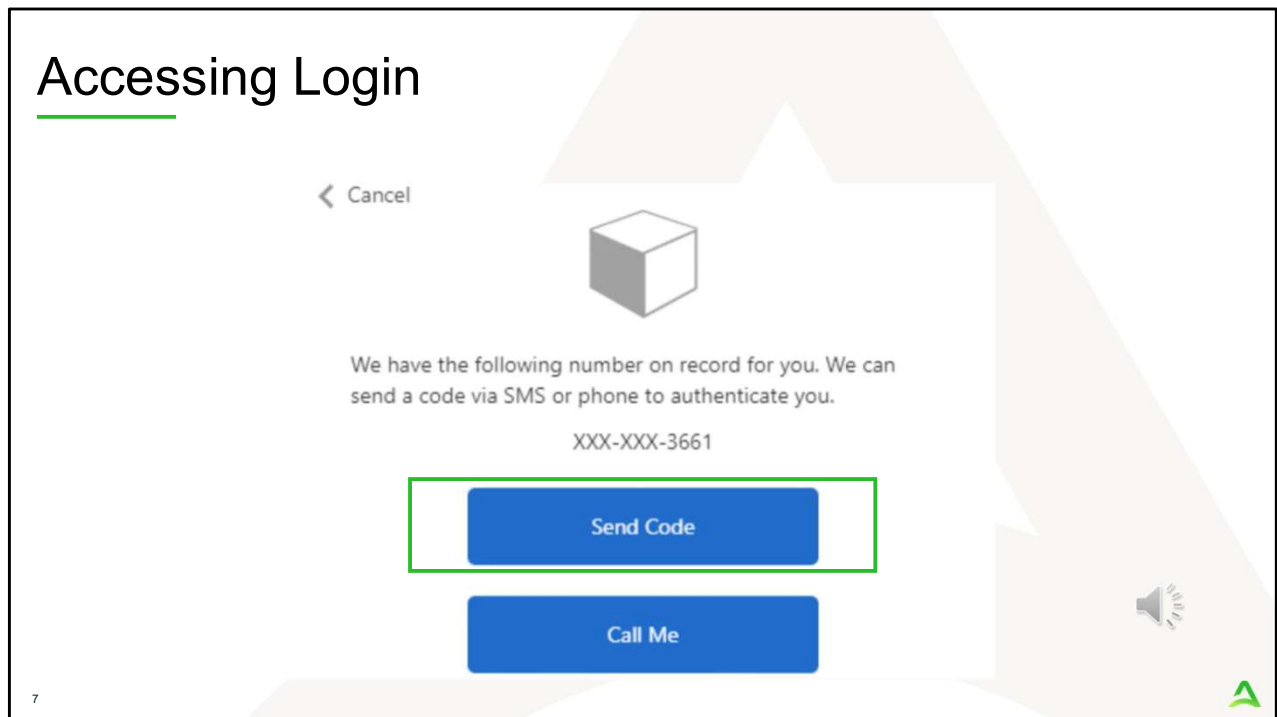
When you arrive to the login screen, you will use the Customer/Provider login. Here you will choose Login with Phone or Login with email depending on how your registered for the multi-factor authentication. Please note, if you chose to register with phone and you do not currently have your phone you 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.

Accessing Login



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

Accessing Login



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.

Accessing 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

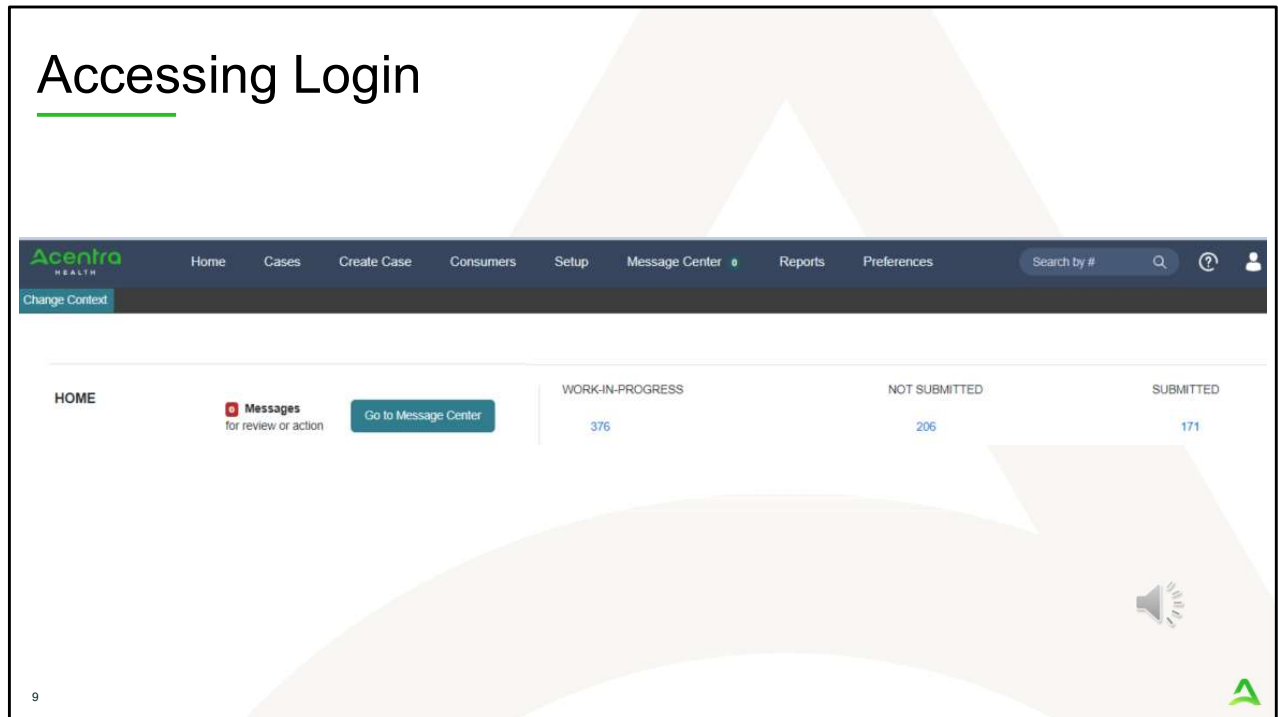
Enter your verification code below, or [send a new code](#)



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Enter in your verification code.

Accessing Login



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

Creating the Request



To create a new request, click on the create case tab.

Step 1 – Case Parameters

The screenshot displays the Acentra Health interface for creating a new UM case. The navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', and 'Message Center'. The main content area is titled 'New UM Case' and shows 'Maine ASO' as the 'Requesting Provider' and 'Outpatient' as the 'Request Type'. The 'Case Parameters' section is active, with 'Case Type' set to 'UM' (1), 'Case Contract' set to 'Maine ASO' (2), and 'Request Type' set to 'Outpatient' (3). A 'Go To Consumer Information' button (4) is located at the bottom right, which is currently disabled. A 'Cancel' button is also present at the bottom left.

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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.

Step 2 – Consumer Information

The screenshot shows the 'New UM Case' form in the Acentra Health system. The 'Consumer Information' step is active. The form includes the following fields and elements:

- Consumer ID:** 00000001A (marked with a green circle 1)
- Last Name:** (empty)
- First Name (MIN 1ST LETTER):** (empty)
- Date of Birth:** MM/DD/YYYY (with a calendar icon)
- Search Button:** (marked with a green circle 2)
- Search Results Table:**

Name	DOB	Address	Consumer ID	Contract	Case Count	Action
Test Member 1	01/01/1960	123 St Anywhere, ME	00000001A	Maine DHHS	45	Choose (marked with a green circle 3)

Additional elements include a 'Cancel' button, a 'Search' button, and a 'Choose' button. The table also shows pagination: 'Showing 10 of 1' and 'Previous Page'.

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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**.

Step 2 – Consumer Information

The screenshot displays the Acentra Health 'Create Case' interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A search bar is located on the right. Below the navigation bar, the 'Change Context' section shows 'New UM Case' with details: Requesting Provider (Maine ASO, Outpatient) and Test Member 1 (M) (01/01/1960). The interface is divided into two steps: Step 1 (Case Parameters) and Step 2 (Consumer Information). Step 2 is currently active. Below the step indicators, there is a table of previous cases. The table has columns for Request ID, Status, Location, N/A, Service, Dates, and Actions. The table shows four rows of cases, with the last one being 'Submitted' on 2/16/2021. At the bottom of the table, there is a 'Showing 10 of 108' indicator and a pagination control showing 'Page 1 of 11'. Below the table, there is a message: 'Once you click **Create Case**, your changes will be saved and the case will be created **but not submitted**.' There are 'Cancel' and 'Create Case' buttons. A green circle with the number '1' is overlaid on the 'Create Case' button.

Request ID	Status	Location	N/A	Service	Dates	Actions
Request 01	Un-Submitted	Outpatient	N/A			View Procedures No letters available No actions available
Request 01	Un-Submitted	Outpatient	N/A	Section 65 Behavioral Health Services	2/1/2021 - 1/31/2022	View Procedures No letters available No actions available
Request 01	Un-Submitted	Outpatient	N/A	Section 97 Private Non-Med Institution (PNMI)	2/16/2021 - 2/15/2022	View Procedures No letters available No actions available
Request 01	Submitted	2/16/2021	Outpatient	N/A	Section 97 Private Non-Med Institution (PNMI)	2/16/2021 - 3/15/2021 View Procedures No letters available Actions

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Step 2 – Consumer Information

1. If there have been previous submissions for this member under your agency, those will display here. Click on Create Case. Otherwise if this is the first case that is being created for this member under your agency, you will not have this page and you will be immediately brought to step 3.

Step 3 – Additional Providers

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A search bar is located on the right. Below the navigation bar, the current case information is shown: 'New UM Case', 'PINES HEALTH SERVICES, Maine DHHS', 'Maine ASO', 'Outpatient', and 'Test Member 1 (M)' with ID '01/01/1960'. A progress bar indicates the current step is 'Step 3: Additional Providers', with other steps from 2 to 10 visible. The main content area is titled 'Additional Providers/ Provider/Facility' and includes a button 'Add Attending Physician'. Below this is a table of 'Selected Providers' with columns for Provider Type, Name, Medicaid ID, Specialty, NPI, Address, County, Phone, Fax, and Action. Two providers are listed: one as 'Requesting' and one as 'Servicing', both for 'PINES HEALTH SERVICES' with Medicaid ID 'PMP0000023088520' and NPI '1922449834'. The 'Servicing' provider row has a green circle with the number '1' next to an 'Update' button and a 'Remove' button. Below the table, there is a note: 'Providers in receipt of faxed determination letters: Official communication of service authorization will be sent to the fax number entered above.' At the bottom of the table area, there is an 'Add a Note' button and a green circle with the number '2' next to a 'Go to Service Details' button. A speaker icon is also visible in the bottom right corner of the table area.

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	PINES HEALTH SERVICES	PMP0000023088520	No Specialty Required	1922449834	1260 MAIN ST , WADE, ME US 04786	Aroostook	(207) 498-1164	(123) 456-7890	
Servicing	PINES HEALTH SERVICES	PMP0000023088520	No Specialty Required	1922449834	1260 MAIN ST , WADE, ME US 04786	Aroostook	(207) 498-1164		1 Update Remove

Step 3 – Additional Providers

1. The Requesting and Servicing providers will automatically be indicated based on the NPI number your login is associated with. For Residential Services, you will want to update the Servicing NPI to your NPI +3 to identify the location of the program. To do this, click on update.
2. Once you have updated the Servicing provider to the NPI +3, click on Go to Service Details

Step 4 – Service Details

The screenshot shows the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below the navigation bar, the current context is 'PINES HEALTH SERVICES, Maine DHHS'. The main content area displays a progress indicator with steps: Step 2 (Consumer Information), Step 3 (Additional Providers), Step 4 (Service Details), Step 5 (Diagnoses), Step 6 (Requests), Step 7 (Questionnaires), and Step 8 (Attachment). The 'Service Details' step is currently active. The form fields include 'Place Of Service' (a dropdown menu with 'Select One' selected) and 'Service Type' (a dropdown menu with '240 - Section 97 Private Non-Med Instituti...' selected). A green circle with the number '1' is placed over the 'Service Type' dropdown. Below the form fields, there is an 'Add a Note' button, a 'Cancel' button, and a 'Go to Diagnoses' button. A green circle with the number '2' is placed over the 'Go to Diagnoses' button.

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Step 4 – Service Details:

1. In the service type box, enter in Section 97 PNMI. The place of service field is not required; however, you can complete this field if you choose to.
2. Click Go to Diagnosis.

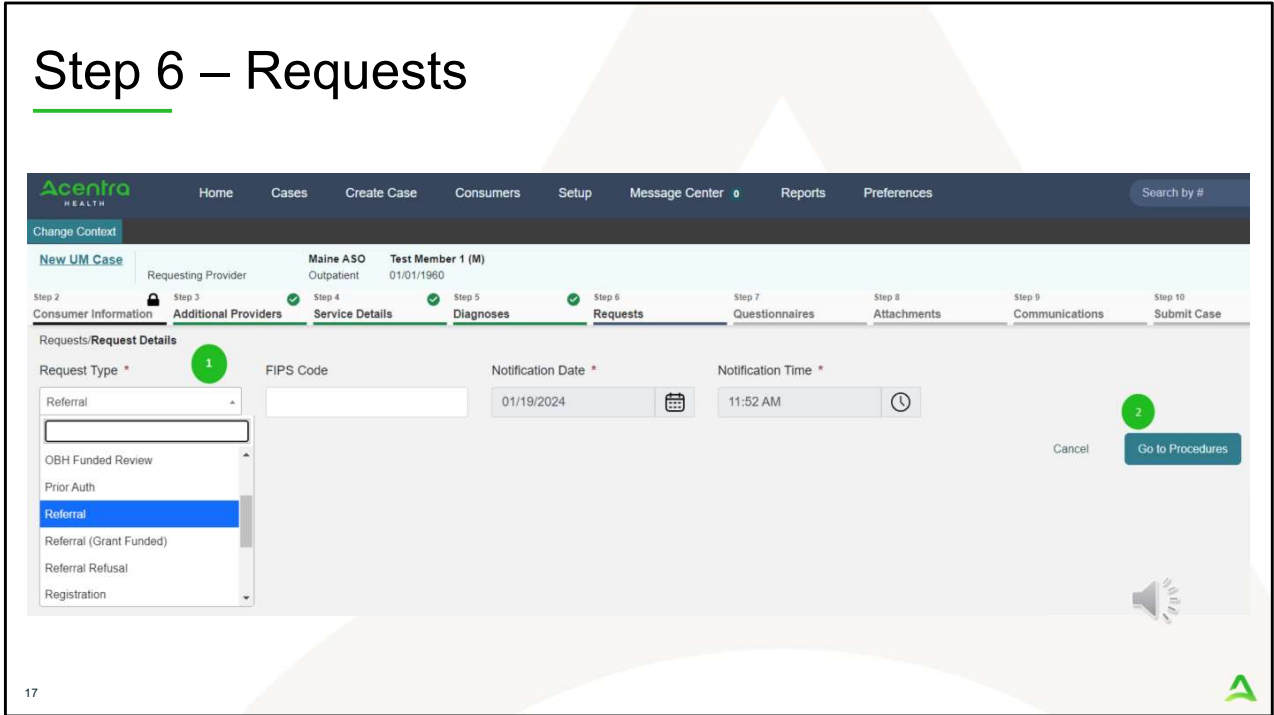
Step 5 – Diagnosis

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a 'Change Context' dropdown is visible. The main content area shows a case management workflow with steps 2 through 10. Step 5, 'Diagnoses', is currently active. The 'Diagnosis/Add Diagnosis' section features a 'Code Type' dropdown set to 'ICD10' and a 'Search' box containing 'f33 9'. A dropdown menu below the search box lists 'Preferred' and 'All' options. Below the search results, there is a table with columns for 'Order Rank', 'Code', 'Source', 'Created By', and 'Deactivate'. The table contains two rows: one for 'F33.9 MAJOR DEPRESSIVE D/O RECURRENT UNS' and another for 'F41.1 GENERALIZED ANXIETY DISORDER'. A 'Go to Requests' button is located at the bottom right of the interface.

Step 5 – Diagnosis:

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**

Step 6 – Requests



Step 6 – Requests:

1. Select Referral from the Request Type drop down
2. Click Go to Procedures

Step 6 – Requests Continued

The screenshot shows the Acentra Health web application interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, and Message Center. Below this is a 'Change Context' bar for 'PINES HEALTH SERVICES, Maine DHHS'. The main content area is titled 'New UM Case' and displays case information: 'PINES HEALTH SERVICES' as the Requesting Provider, 'Maine ASO' as the Outpatient, and 'Test Member 1 (M)' with a date of birth of 01/01/1960. A progress bar indicates the current step is Step 6, 'Requests', with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses) marked as complete. The 'Requests/Request 01/Procedures' section features a 'Code Type' dropdown set to 'CPT' and a search box. The search box contains '250-200' and a dropdown menu is open, showing options: 'Search by code or description', '250-200', 'Preferred', 'All', and '250-200 Section 97 Adult PNMI Eligibility Determination'. A green circle with the number '1' is positioned above the search box, indicating the first step in the process. A speaker icon is visible in the bottom right corner of the screenshot area.

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Step 6 – Requests Continued:

1. In the search box enter 250-200 for the Section 97 Adult PNMI Eligibility Determination Code. You will need to enter in at least three characters for the search feature to start finding results.
2. When the code appears, click on it to add it to your request.

Step 6 – Requests Continued

The screenshot displays the Acentra software interface for a new UM case. The navigation bar at the top includes Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The main header shows the case details: PINES HEALTH SERVICES, Maine DHHS, Requesting Provider, Maine ASO, Outpatient, and Test Member 1 (M) 01/01/1960. The progress indicator shows Step 6 (Requests) is the current step, with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses) completed. The form for the request is titled '250-200 Section 97 Adult PMW Eligibility Determination'. The form fields are: Modifier (Select One), Unit Qualifier (Select One), Requested Start Date (02/06/2024), Requested End Date (02/04/2025), Requested Duration (365), Requested Quantity (1), Requested Frequency (Select One), and Requested Rate (\$). A green circle with the number 1 is next to the Requested Start Date field, a green circle with the number 2 is next to the Requested Duration field, a green circle with the number 3 is next to the Requested Quantity field, and a green circle with the number 4 is next to a speaker icon. The bottom right corner has buttons for 'Jump to Submit', 'Cancel', and 'Go to Questionnaires'.

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Step 6 – Requests Continued:

1. In the Requested Start Date box, enter in the date you are submitting the referral.
2. In the Requested Duration box, enter 365. This will automatically populate your end date out a year.
3. In the Requested Quantity box, enter in one 1. Click Go to Questionnaires

Step 7 - Questionnaires

The screenshot displays the Acenra Health software interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows 'Change Context' > 'PINES HEALTH SERVICES, Maine DHHS'. The main content area shows a case titled 'New UM Case' for 'Maine ASO Outpatient' with 'Test Member 1 (M)' (DOB: 01/01/1960). A progress bar indicates the current step is 'Step 7: Questionnaires', with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses, Requests) completed. Below the progress bar, a table lists questionnaires. The table has columns for Request, Questionnaire ID, Questionnaire Type, Questionnaire's Name, Created By, Created Date, Completed By, Completed Date, Score, and Action. One row is visible with Request 'R01', Questionnaire ID '3761909', Type 'Assessment', Name '* PNMI Referral', Created By 'Acenra Health', and Created Date '02/06/2024 11:33:14 AM'. The Score is 0, and there is an 'Open' button next to it. Below the table, there is a pagination control showing 'Showing 10 of 1' and a 'Go to Attachments' button. A speaker icon is visible in the bottom right corner of the screenshot area.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3761909	Assessment	* PNMI Referral	Acenra Health	02/06/2024 11:33:14 AM			0	Open

Step 7 – Questionnaires:

1. The Referral Management questionnaire will be attached to your case. Click on Open

Step 7 – Questionnaires Continued

The screenshot displays the Acentro Health interface for a PNMI Referral questionnaire. The top navigation bar includes links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The case header shows 'Text Member 3 (M)' and 'Maine ASO' with a 'Create Questionnaire / PNMI Referral' link. The sidebar on the left lists sections: 'Office of Behavioral Health PNMI REFERRAL/APPLICATION', 'Current Resources/Supports', 'LEGAL ISSUES', 'DIAGNOSIS', 'CURRENT AND PRIOR TREATMENT (Mental Health and/or Co-Occurring)', 'MEDICAL HX AND UPDATES', 'Additional Information', and 'Rules'. The main content area features a 'Please note' message and three questions: '1. Marital Status' (dropdown), '2. Income Source' (text input), and '3. Amount' (text input). Navigation buttons at the bottom include 'RETURN TO CASE', 'NEXT', and 'MARKAS COM'. A green '1' callout is positioned above the first question, and a green '2' callout is above the 'NEXT' button.

In Step 7 – Questionnaires:

1. The questionnaire will open in a separate window. Begin by answering the first question of the first section. Please note, that as you answer questions, additional questions may cascade.
2. Once you have completed the first section, click Next to navigate to each subsequent section.
3. **All** questions of the questionnaire **must be** filled out. Questionnaires with missing information may be placed on hold for more provider information. When you have finished filling out the questionnaire, click on **Return To Case**. **DO NOT** mark the questionnaire as complete. This is because if information changes such as the referent, you can update the questionnaire. If you mark the questionnaire as complete, it will require you to fill out an entire questionnaire again.

Step 7 – Questionnaires Continued

The screenshot displays the Acentra Health software interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A search bar is located on the right side of the navigation bar. Below the navigation bar, the main content area shows a case titled 'New UM Case' for 'Maine ASO Outpatient' and 'Test Member 1 (M)' with ID '01/01/1960'. A progress bar indicates the current step is 'Step 7 Questionnaires', with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses, Requests) completed. Below the progress bar, there is a table titled 'Questionnaires/ Take Questionnaires' with the following data:

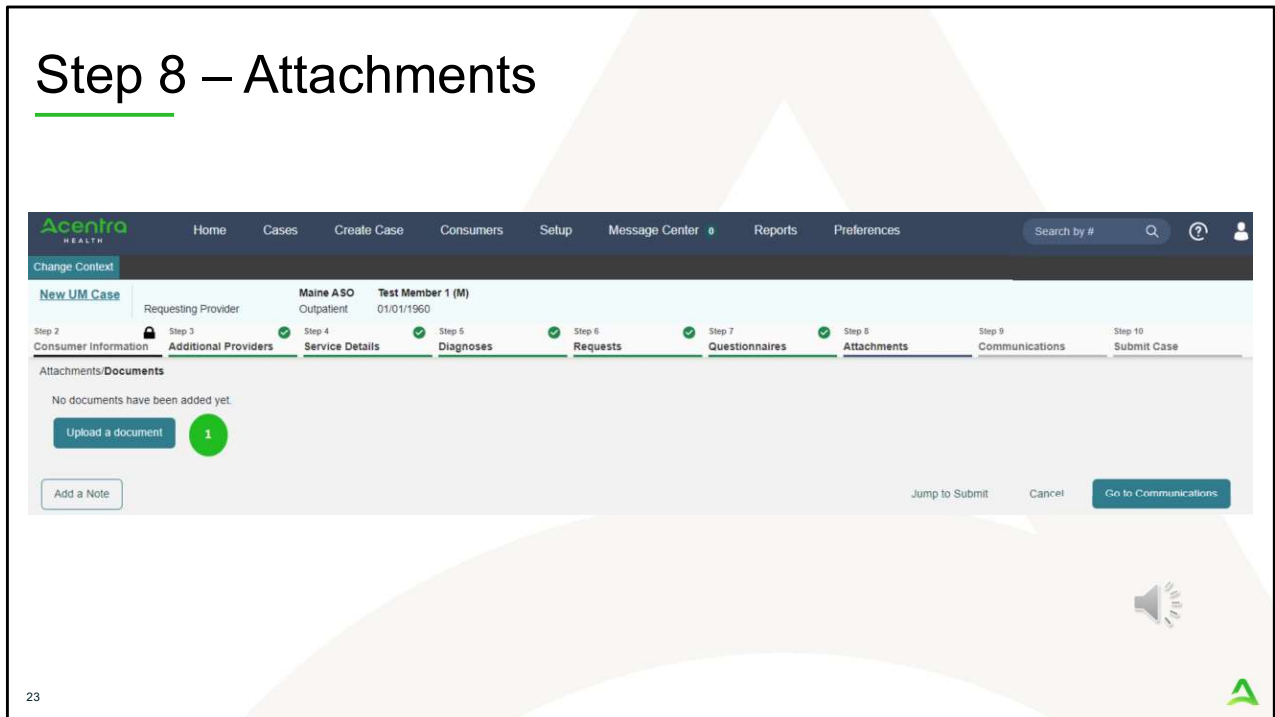
Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3761713	Prior Authorization	* Referral Management	Acentra Health	01/19/2024 01:26:57 PM			0	Open

Below the table, there is a pagination control showing 'Showing 10 of 1' and a 'Go to Attachments' button. At the bottom left, there is an 'Add a Note' button. At the bottom right, there is a speaker icon and a green 'A' logo.

In Step 7 – Questionnaires:

1. Once you click Return to Case, you will be brought back to the main request. Click Go to Attachments.

Step 8 – Attachments



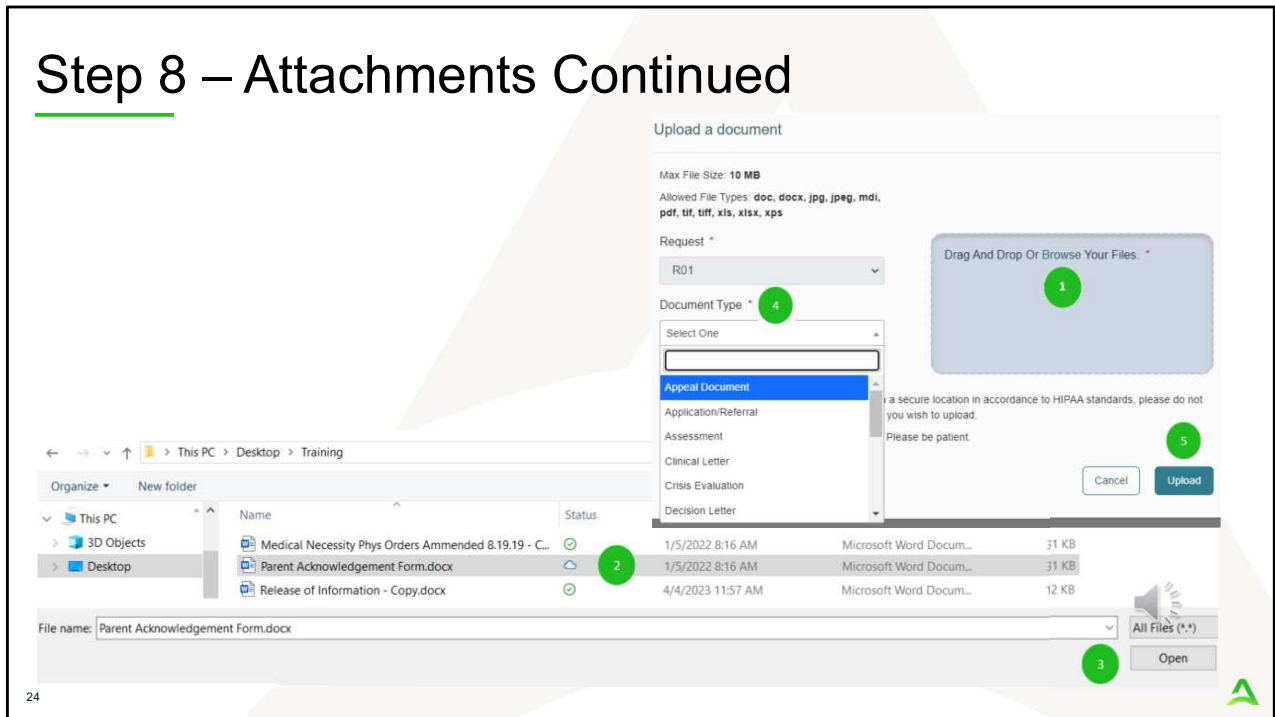
In Step 8 - Attachments:

The following documents are requested to be uploaded to your submission;

- PTP
- Completed Medical Necessity Physician Order Form
- Completed LOCUS Evaluation that includes the rater ID and printed name of the rater
- Completed Release of Information
- Any other pertinent documents including court order documents, differed dispositions, conditions of probation, spenddown letter, MedEx assessment, guardianship documents, or OT assessments.

1. Click on the Upload a document button. A new window will appear.

Step 8 – Attachments Continued



In Step 8 - Attachments:

1. Click on the Browse link.
2. Find the document you need to upload and select it.
3. Click on Open.
4. Select the Document Type from the drop down list.
5. Select Upload. Repeat these steps for each document you are uploading.

Step 8 – Attachments Continued

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows the current context: PINES HEALTH SERVICES, Maine DHHS. The main content area is titled "New LIM Case" and shows a progress bar with steps from 2 to 10. Step 8, "Attachments", is currently active and highlighted. Below the progress bar, there is a section for "Attachments/Documents" with an "Upload a document" button. A table lists the uploaded documents:

Request	File Name	Document Type	Uploaded On	Action
R01	Medical Necessity Ph...docx	MD Medical Necessity Note	02/06/2024 12:53:32 PM	Remove

Below the table, there are controls for "Showing 10 of 1" items, "Add a Note", "Jump to Submit", "Cancel", and "Go to Communications" buttons. A green circle with the number "1" and arrows points to the "Jump to Submit" and "Go to Communications" buttons. A speaker icon is visible in the bottom right corner of the screenshot area.

In Step 8 - Attachments:

1. When all attachments have been uploaded, you can either click on Jump to Submit, or click Go to Communications if you have additional information you need to convey that cannot be documented in the questionnaire or through the attached documents.

Step 9 – Communications

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows 'Change Context' > 'PINES HEALTH SERVICES, Maine DHHS'. A 'New UM Case' section lists 'PINES HEALTH SERVICES' as the Requesting Provider, 'Maine ASO' as the Outpatient, and 'Text Member 1 (M)' with the date '01/01/1966'. A progress bar indicates 11 steps, with Step 9, 'Communications', currently active. The main content area is titled 'Communications/Notes' and shows 'No notes have been added yet.' with an 'Add a Note' button (1). A modal window titled 'Add a Note' is open, showing a 'Note Type' dropdown set to 'External' and a text input field (2). Below the input field, it states 'Notes cannot be modified or deleted after being saved.' and includes 'Cancel' and 'Add Note' buttons (3). A 'Go to Submit' button (4) is also visible in the modal. A speaker icon is located in the bottom right corner of the page.

In Step 9 - Communications:

In the Communications section, document detailed and current information about the member's health presentation (symptoms, and/or behaviors) to support the need for adult PNMI Level of Care. If member has not attempted lower levels of care such as ACT, CRS, CI, or BHH, provide information as to why lower levels of care cannot be attempted prior to applying for adult PNMI.

1. Click on **Add a Note**
2. A note box will pop up. Enter in your note and then click **Add Note**.
3. When you have finished adding your note.
4. Click on **Go to Submit**

Step 10 – 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**.

Step 10 – Submit Case Continued

Disclaimer

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Once you click **Agree**, a case number will be assigned and you will be taken to that case.

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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, your 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.

Submitted Case

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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 Acentra Health 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.

PART TWO

Post Submission



Post Submission

Once your request has been submitted, Acentra Health'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 Information	Request has some information, but more information is needed to support eligibility criteria. Provider is asked to give more information.
Sent to MD	Request did not have enough information to support eligibility criteria and is sent to the Medical Director for review.

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Once your request has been submitted, Acentra Health'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/or the member can request an appeal.

Adverse Decision Process	Meaning
Reconsideration	An opportunity to provide new 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 Office 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.

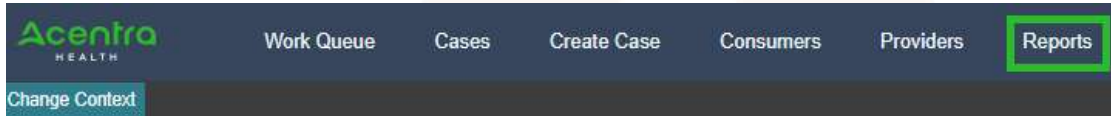
If the request is denied, providers can request a reconsideration with a different level 2 doctor. The reconsideration process gives the provider an opportunity to provide more information to support the request and have a discussion with the doctor. Member's have the right to appeal a request within 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 Acentra Health 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

1

Click on the Reports Tab

Users who have been setup with report capabilities will have the reports tab in Atrezzo.



2

Select the Report

Click on the ME Daily Authorization Report to open the search parameters.



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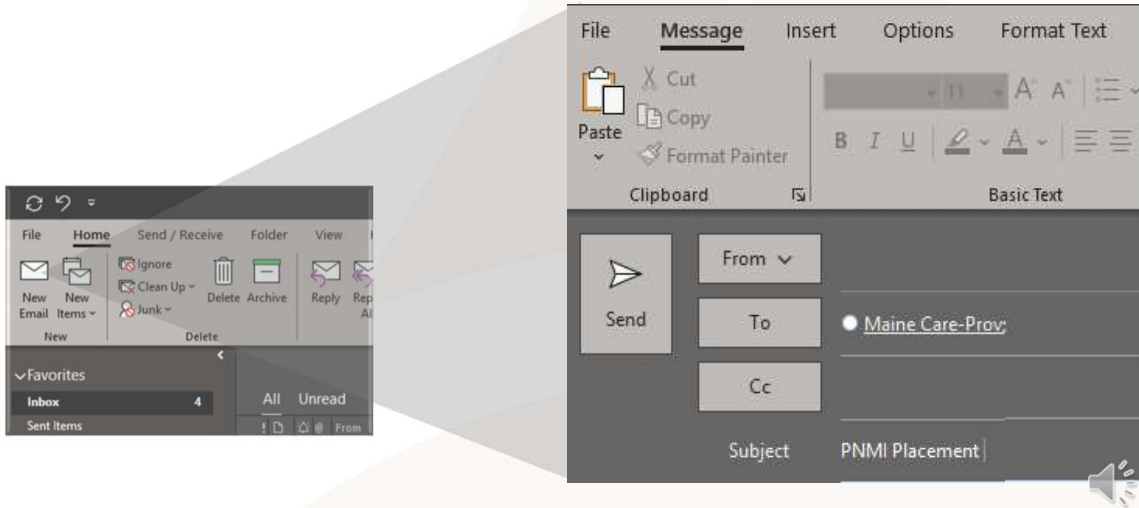
The Daily Authorization Report is the primary way Acentra Health communicates to providers regarding the status of a case. This includes cases that have been approved/denied, held for more information, or sent to the MD for review. In the Atrezzo portal, users who have been setup as a Group Admin + Reports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

PART THREE

PNMI Placement



Email Notification



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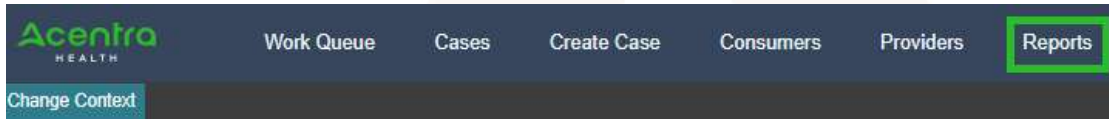
After the PNMI Referral has been approved, the Office of Behavioral Health will attempt to find an appropriate placement for the member. When a potential placement is identified, OBH will notify Acentra Health through our Maine Provider Relations email address.

Daily Authorization Report

1

Click on the Reports Tab

Users who have been setup with report capabilities will have the reports tab in Atrezzo.



2

Select the Report

Click on the ME Daily Authorization Report to open the search parameters.



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Once Acentra Health is notified about a potential PNMI placement, Acentra Health'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. A courtesy email alert will also be sent to the provider that a Service Notification has been entered for you to review regarding an Adult PNMI admission.

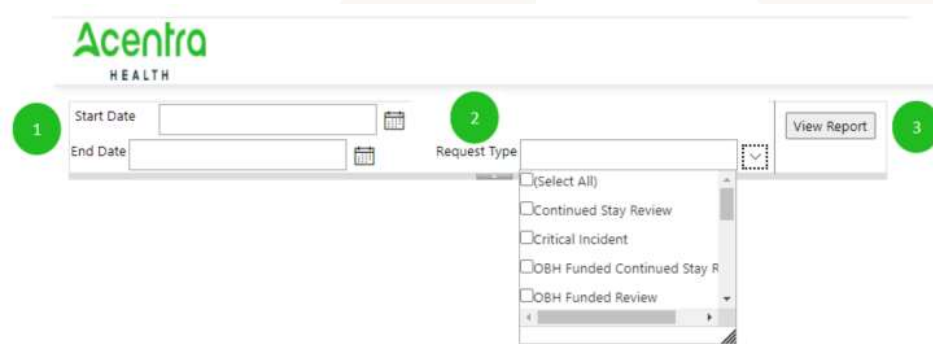
1. To view the report, click on the reports tab,
2. Then select the ME Daily Authorization Report.

Daily Authorization Report Continued

3

Select Search Parameters

Enter in the start date and end date you want to search by. Then select the types of requests you want to search by and click view report. Anything matching your search criteria will display.



The screenshot shows the Acentra Health search interface. At the top left is the Acentra HEALTH logo. Below it are two date input fields: 'Start Date' and 'End Date', each with a calendar icon. To the right of these is a 'Request Type' dropdown menu. The dropdown is open, showing a list of options with checkboxes: '(Select All)', 'Continued Stay Review', 'Critical Incident', 'OBH Funded Continued Stay R', and 'OBH Funded Review'. To the right of the dropdown is a 'View Report' button. Three green circles with numbers 1, 2, and 3 are overlaid on the interface: circle 1 is over the Start Date field, circle 2 is over the Request Type dropdown, and circle 3 is over the View Report button. A speaker icon is visible in the bottom right corner of the screenshot area.

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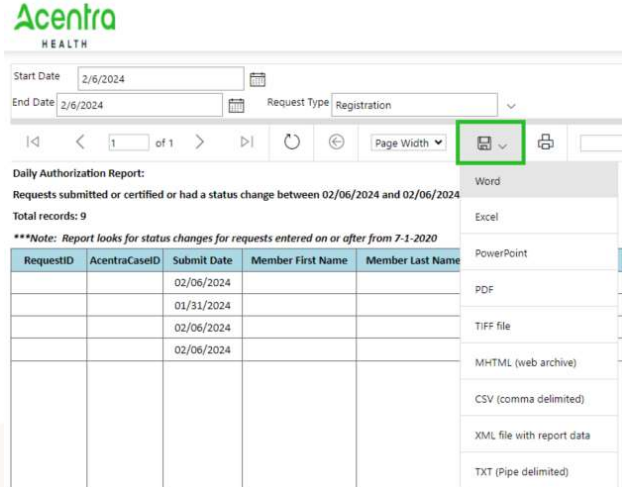
3. Enter in the start date and end date you want to search by. Then select the request types you want to search by and click view report. To see just the Service Notifications that have been submitted by Acentra Health for your agency, change the Request Type to Service Notification and click View Report.

Daily Authorization Report Continued

4

View Report

Once the report runs, you will be able to see all cases that match your search criteria. You can view the report right from the Atrezzo screen, or you can export into different types of files, by click on the Save icon.

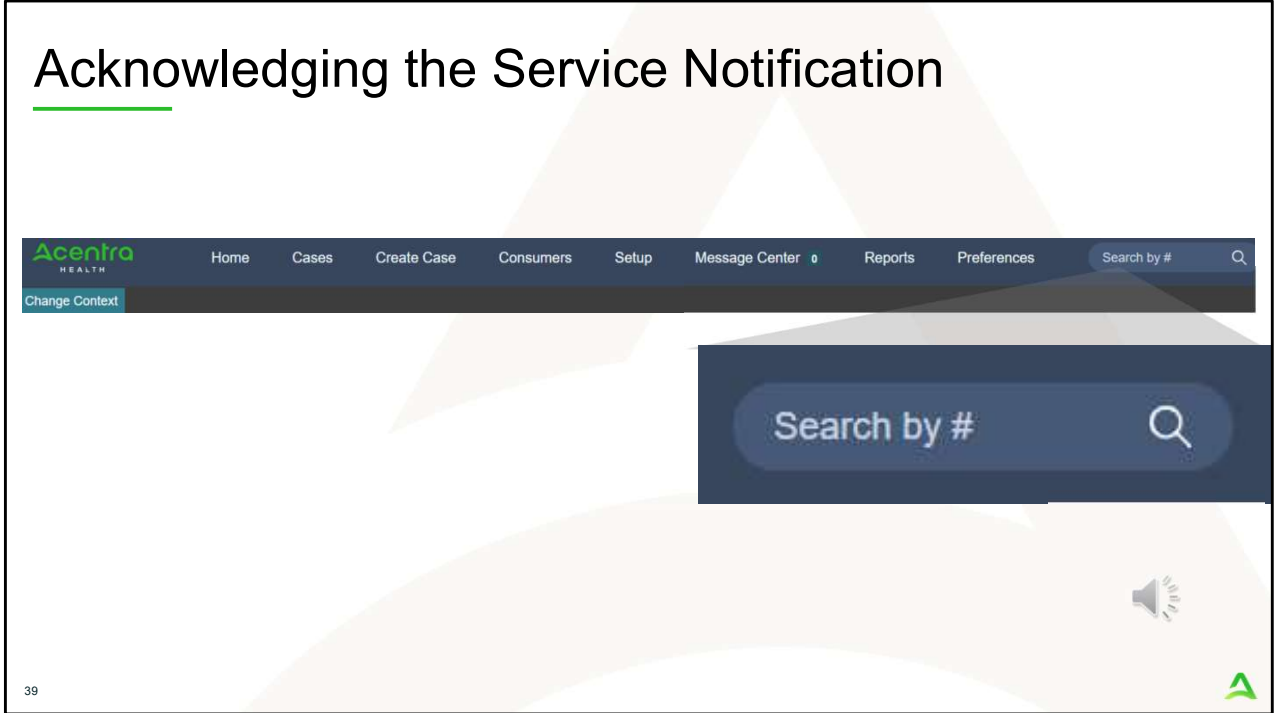


The screenshot displays the Acentra Health interface. At the top, the Acentra Health logo is visible. Below it, there are input fields for 'Start Date' (2/6/2024) and 'End Date' (2/6/2024), along with a 'Request Type' dropdown menu set to 'Registration'. A toolbar contains navigation icons and a 'Page Width' dropdown. A 'Save' icon (floppy disk) is highlighted with a green box, and a dropdown menu is open, listing export options: Word, Excel, PowerPoint, PDF, TIFF file, MHTML (web archive), CSV (comma delimited), XML file with report data, and TXT (Pipe delimited). Below the toolbar, the report title 'Daily Authorization Report:' is shown, followed by the criteria: 'Requests submitted or certified or had a status change between 02/06/2024 and 02/06/2024'. It indicates 'Total records: 9' and includes a note: '***Note: Report looks for status changes for requests entered on or after from 7-1-2020'. A table with the following columns is displayed: RequestID, AcentraCaseID, Submit Date, Member First Name, and Member Last Name. The table contains three rows of data with dates: 02/06/2024, 01/31/2024, and 02/06/2024. The number '38' is in the bottom left corner, and a speaker icon is in the bottom right.

RequestID	AcentraCaseID	Submit Date	Member First Name	Member Last Name
		02/06/2024		
		01/31/2024		
		02/06/2024		

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 Acentra Health Case ID, start date, status and notes section which will show any notes that have been added to the case.

Acknowledging the Service Notification



Per the Court Master, there is specific information that is needed to be collected once a PNMI Placement has been determined. Go to Atrezzo and in the Search by # box, enter in the case ID number from your Daily Authorization Report and hit enter on your keyboard.

Acknowledging the Service Notification

The screenshot displays the Acentra Health interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A search bar is located on the right side of the navigation bar.

Below the navigation bar, there is a table of consumer information:

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
JON DOE	M	01/01/1950 (53 Yrs)	TEMP20555555	Maine CHHS

Below the consumer information, there is a table of case information:

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
203030019	Outpatient	Maine ASO	10/29/2020	

Below the case information, there is a 'CASE SUMMARY' section with several tabs: 'Consumer Details', 'Provider/Facility', 'Clinical', 'Questionnaires', 'Attachments', and 'Communications'. The 'Questionnaires' section is highlighted with a red box, and its down arrow is also highlighted with a red box.

Below the 'CASE SUMMARY' section, there is a table of case details:

Consumer Details	Provider/Facility	Clinical	Questionnaires	Attachments	Communications
Location: 123 St Anywhere Maine.	Requesting: P Servicing: F	Service Type: 240 - Section 97 Private Non-Med Institution (PNMI) Request Type: Service Notification	Notification Date: 10/29/2020 Notification Time: 03:15 PM	Complete: 0, Incomplete: 1	Letters: 0
				Most Recent Note date	

Once the case appears, the case information will display. Click on the down arrow for the questionnaire section to expand it.

Acknowledging the Service Notification

The screenshot displays a web interface for managing questionnaires. At the top, there is a 'Questionnaires' header with a menu icon and a blue arrow. Below this is a 'QUESTIONNAIRE' section containing a table with columns for 'ASSESSMENT INFORMATION', 'CREATED INFORMATION', 'COMPLETED INFORMATION', and 'ACTION'. The table has a single row with the following data:

REQUEST	ID	NAME	TYPE	BY	ON	BY	ON	ACTION
R01	3698813	* PNMI Referral Acknowledgement	Prior Authorization	Kepto	10/29/2020 03:11:40 PM			DELETE

Below the table, it says 'Displaying records 1 to 1 of 1 records'. On the right side, there are navigation buttons for 'Previous', '1', and 'Next', along with a 'Show 10 Entries' dropdown menu and a speaker icon. A callout box points to the 'NAME' column header and the text '* PNMI Referral Acknowledgement' in the first row. A green 'A' logo is visible in the bottom right corner of the screenshot.

Once you have expanded the Questionnaire section, click on the Referral Acknowledgement questionnaire to open it.

Acknowledging the Service Notification

The screenshot shows the Acentra Health web application interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below the navigation bar, there is a header section with a 'Change Context' button and a summary of the current case: Case 203020013, Jon.Doe (M), 01/01/1960 (53 Yrs), Maine ASO UM, TEMP55555555 Member ID, and a link to 'Create Questionnaire / PNMI Referral Acknowledgement'. The main content area is titled 'PNMI Referral Acknowledgement' and contains a form with the following fields:

- 1. Date referral was sent to provider - (MM/DD/YYYY)
- 2. Date referral was acknowledged by provider - (MM/DD/YYYY)
- 3. Date member was first contacted - (MM/DD/YYYY)
- 4. Are you able to accept the consumer to your facility? - (Yes/No)

At the bottom of the form, there are two buttons: 'RETURN TO CASE' and 'MARK AS COMPLETE'. A speaker icon is also visible in the bottom right corner of the form area.

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
- Option 6 – Level I Critical Incident Reporting

- Email: ProviderRelationsME@Kepro.com

- www.qualitycareforme.com



Thank you for joining the Acentra Health Adult PNMI Referral. 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.