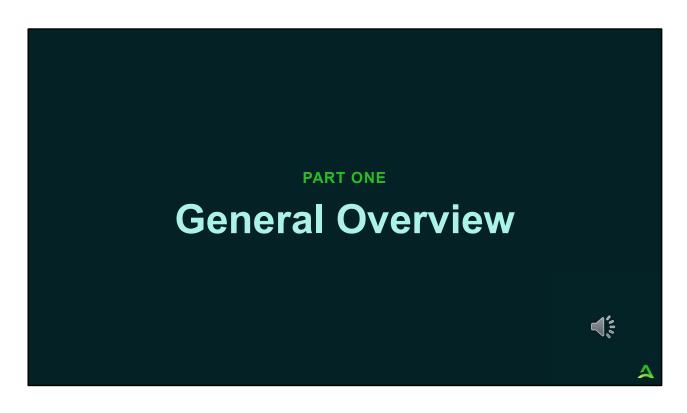**Adult Targeted Case Management**

Atrezzo Training Guide

Hello and Welcome to the Acentra Health Adult Targeted Case Management Atrezzo submission training. This video has been created to provide general guidance for Providers on how to submit an Adult TCM requests in Acentra Health's Atrezzo platform.

PART ONE

General Overview

Part one will be a general overview of the May 13, 2019, changes.

General Overview

Effective May 13, 2019, providers will be required to submit authorization requests into the Acentra Health portal, Atrezzo. The initial request will be authorized for up to 30 days. The Continued Stay Review (CSR) submission cycle will be every 90 days thereafter. Each request will be reviewed for services that are considered to be duplicative or non-concurrent services, per the MaineCare Benefits Manual.

Providers will be required to have a user account in the Atrezzo portal for submissions. Any provider who needs to be set up as a user, should contact Acentra Health Provider Relations at ProviderRelationsME@kepro.com.

3

Procedure Codes

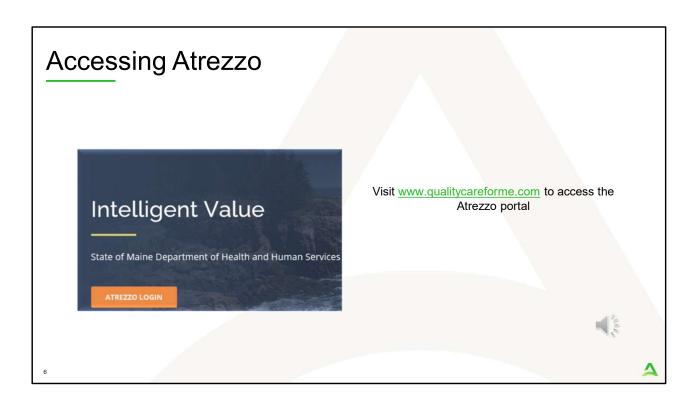The following services will require an authorization request:

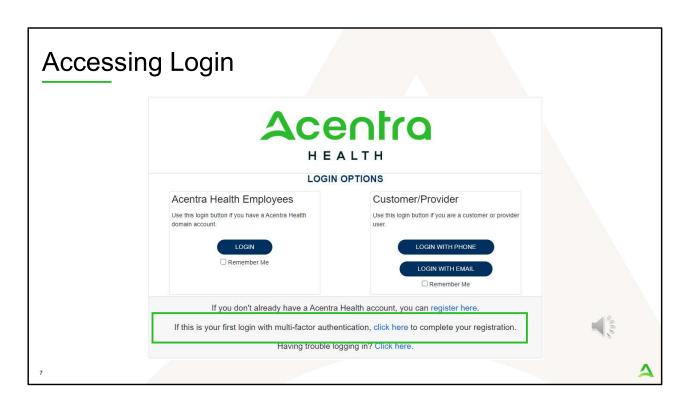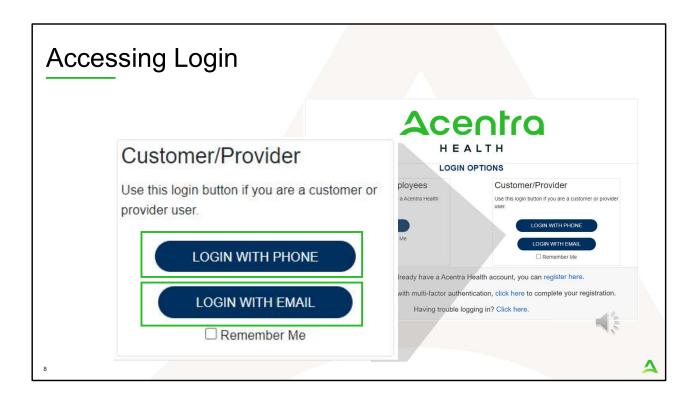| Section 13	
T1017HF	Case Management services for adults with substance use disorders
T1017	Case Management services for adults with HIV
T1017U5	Case Management services for members experiencing homelessness

PART TWO

Atrezzo Submission

In part two, we will walk through the Atrezzo submission process.

Accessing Atrezzo

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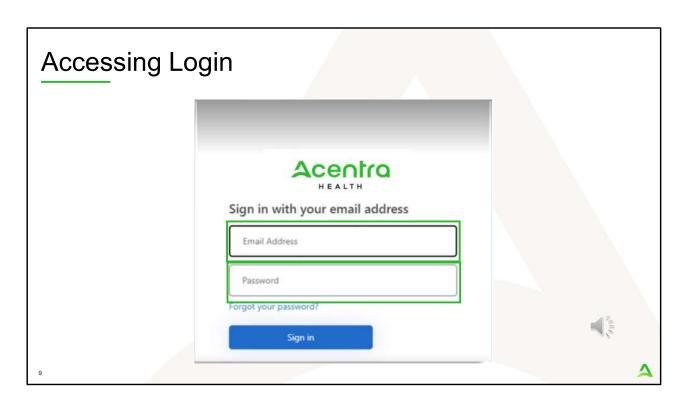
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button
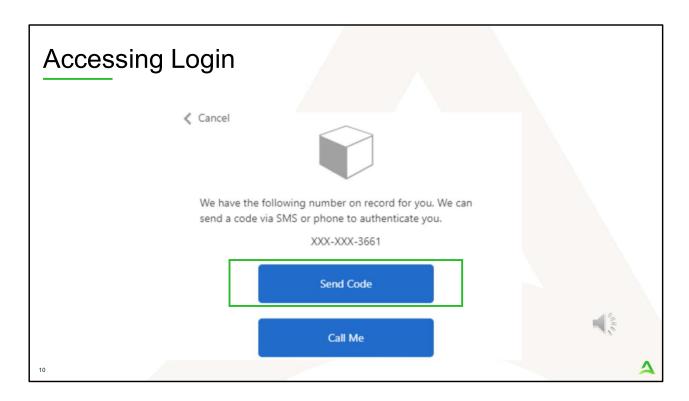
Accessing Login

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.
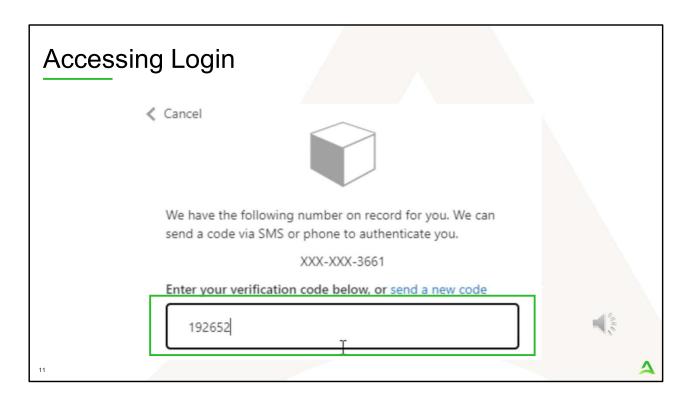
Accessing Login

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

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

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

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.**

Step 2 – Consumer Information

Step 2 – Consumer Information

1. If there have been previous submissions for this member under your agency, those will display here. Scroll down and 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

Step 3 – Additional Providers

1. The Requesting and Servicing providers will automatically be indicated based on the NPI number your login is associated with. Click on Go to Service Details

Step 4 – Service Details

Step 4 – Service Details:

1. Select Section 13 from the **Service Type** drop down. The place of service field is not required; however, you can complete this field if you choose to.
2. Click **Go to Diagnoses**

Step 5 – Diagnosis

Step 5 – Diagnosis:

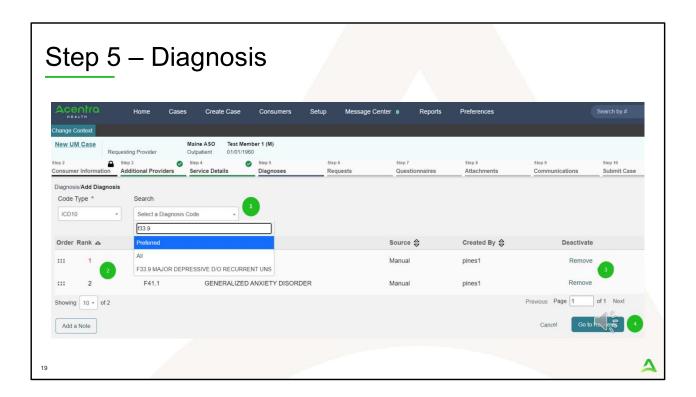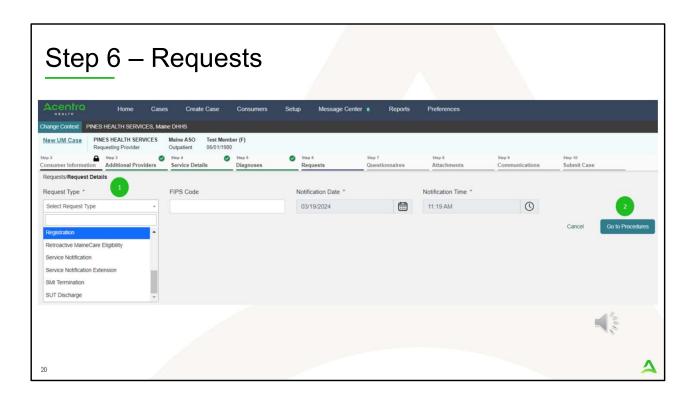1. In the Diagnosis **Search** box, start typing in either the diagnosis code or the description of the code. You will need to enter in at least three characters for the search feature to start finding results. Once you have found the diagnosis code, click on it to automatically add it to your request. 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. In the **Request Type** box, select Registration.
2. Click **Go to Procedures**

Step 6 – Requests Continued

Step 6 – Requests Continued:

1. In the **Search** box, start typing in either the procedure 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 procedure code, click on it to automatically add it to your request. In this example, we have selected the T1017 Targeted Case Management

Step 6 – Requests Continued

Step 6 – Requests Continued:

1. In the **Requested Start Date** box, enter the start date of this request. Please note, request must be submitted no sooner than 10 calendar days before the requested start date and no later than 5 calendar days past the requested start date.
2. In the **Requested Duration** box, enter in 30. This will automatically populate your end date out 30 days.
3. In the **Requested Quantity** box, enter in the total amount of units needed for this request. Please use the Maine ASO Service Grid located at https://me.kepro.com/resources/manuals-forms/ to calculate the number of units based on procedure code. .
4. If you have added a procedure code in error, you can click on **Remove**.
5. Click on jump to submit.

Step 10 – Submit Case

Step 10 – Submit Case

1. Once you have completed the request, the information you have inputted 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. When you are finished, 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.

Cancel   Agree

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.

Submitted Case

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, three pieces of identifying information will be required to confirm the member's identity. For example, member's name, member's address, and date of birth.

Post Submission

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.

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

1. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin +Reports User role will have a Reports tab. Click on it to access the reports section.
2. Next, click on 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.

Acentra
HEALTH

| Start Date | 1/29/2024 | 📅 |
| End Date | 1/29/2024 | 📅 | Request Type | | ⌄ | | View Report |

☐ (Select All)
☐ Continued Stay Review
☐ Critical Incident
☐ OBH Funded Continued Stay I
☐ OBH Funded Review

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.

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.

4. 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 Acentra Health Case ID, start date, status and notes section which will show any notes that have been added to the case. You can view the report right from the Atrezzo screen, or you can click on the save icon and export it into several file types.

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

- To chat with an Acentra Health Representative visit www.qualitycareforme.com and click on the icon.

Thank you for joining the Acentra Health Adult Targeted Case Management provider 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 or through our online chat at www.qualitycareforme.com. Our hours of operation are Monday thru Friday 8am to 6pm.