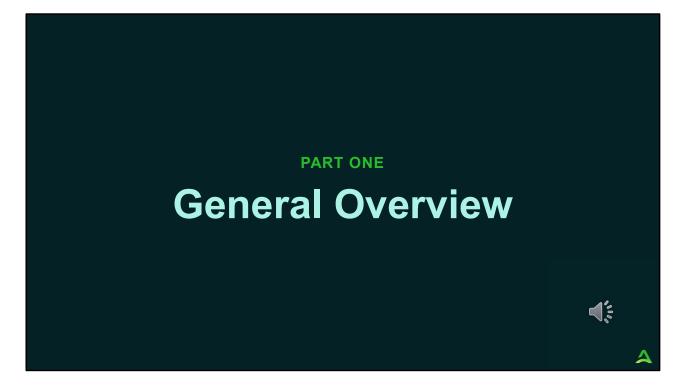


Hello and Welcome to the Acentra Health Critical Incident Training.

This video has been created to provide a general overview on how to submit a critical incident request in Atrezzo. The guidance presented in this training is meant to give a basic understanding and overview of the critical incident submission process.



We will start with a general overview of the critical incident process.

# Overview

- Acentra Health in collaboration with the Office of Behavioral Health (OBH) are streamlining the critical incident process for OBH contracted providers.
- Effective April 12, 2021, all critical incidents must be entered through Acentra Health's Atrezzo platform and will have an "critical incident" questionnaire attached to the request.

Δ

# **Critical Incident Levels**

- Level 1: Are those that result in death or serious injury and/or significantly jeopardize clients, public safety, or program integrity. Such incidents involving clients must be reported to OBH regardless of location of the incident. A client's death is always reported as a level I incident, regardless of whether the death was attended or not and regardless of cause of death.
- Level 2: Are those that include significant errors or undesirable events that compromise quality of care or client safety.

	I 1 Critical Incidents
.evel 1 Incident Examples	
Suicide, Homicide, or other causes of c	leath
Clinical or medication error resulting in	emergency medical care for the client
	e facility against medical advice (AMA) in a residential/CSU placement which d/or who are under guardianship, in the Care and Custody of the nditions of release/court order.
Alleged abuse: physical/sexual abuse,	emotional abuse, neglect, and financial exploitation of client by a staff.
Alleged serious crime (e.g., arson, ass	ault, hostage) by client with extreme rise of harm to client, staff, or public
Other serious events (e.g., fire, flood, n attention for staff and/or client(s)	notor vehicle accident in company vehicle with clients that requires medical
Natural disaster, building becomes unir	habitable, incidents that require client evacuation from the building
Medical Outbreak	

Level 2 incidents include the following:

E	xamples of Level 2 Critical Incidents	
	Level 2 Incident Examples	
	Alleged Abuse: Physical/sexual, emotional abuse, neglect and financial exploitation of client by someone other than a provider staff.	
	Suicide attempts that requires medical intervention	
	Self-harm that requires medical intervention	
	Lost or missing client or client that left the facility against medical advice (AMA) in a facility (PNMI Residential or CSU placement client) for greater than twenty-four (24) hours	
	Medication/Drug diversion	
	Duty to Warn	
	Wellness Check	
	Neglect – is a pattern of conduct, engaged without the patient's informed consent, resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or mental health. (e.g., Malnutrition, Dehydration, Pressure sores, Unsafe, dangerous, or unsanitary living conditions, untreated medical problems	
6		4

Level 2 incidents include the following:

Critical Incident Reports Matrix						
Cri	tical Incident Reports Matrix					
Critical Incident Report (CIR) Type (only submit CIRs that fit into the below categories. If an incident does not fit into a category, a CIR should <b>not</b> be submitted	Critical Incident Report (CIR)	Mandated Adult Protective Services (APS) Report or Division of Licensing and Certification (DLC) Report online at https://www.maine.gov/dhhs/dlc/safety- reporting/report-a-medical-facility-incident_or contact Jennifer Gary, Program Manager at 207-287-9252				
	Report to OBH via Kepro	Report to Adult Protective Services (APS) at 1-800-624- 8404 (available 24/7)				
Level I (MUST be reported within four (4) hours of the incident becoming k CIR electronically within twenty-four (24) hours via Kepro.	nown to the agency staff by calling Kepro at 866-5	21-0027, Option 6 and then followed with the submitted				
Death of a client for any reason (suicide, homicide, attended, unattended, etc.)	x	DLC for PNMI Only				
Death of a client due to suspected abuse or neglect	x	x				
Clinical or medication error resulting in emergency care for the client	x	X				
Lost or missing residential/CSU placement client (Silver Alert, client in the Care and Custody of the Commissioner, violation of conditions of release/court order)	PNMI and CSU Only					
Serious Crime (arson, assault, hostage) by client with extreme risk to harm to client, staff, or public.	X	42				
Other Serious Event (fire, flood, motor vehicle accident in company vehicle with client(s), natural disaster, building become uninhabitable, incidents that require client evacuation from the building, medical outbreak)	x	DLC for PNMI and SUD Residen tion Only				
7		4				

The Office of Behavioral Health has provided a Critical Incident Report matrix to help providers identify when they may also need to make a report to Adult Protective Services and/or Division of Licensing and Certification.

A Critical incident report should only be submitted if they fit within one of the categories listed in this table or in the continued table on the following slide. If an incident does not fit into a category, it should not be submitted.

It is important to remember that all Level I Critical incidents MUST be reported within 4 hours of the incident becoming known to the agency staff by calling Acentra Health at 866-521-0027, Option 6 and then followed with the electronic submission within twenty-four hours via the Acentra Health's Atrezzo system.

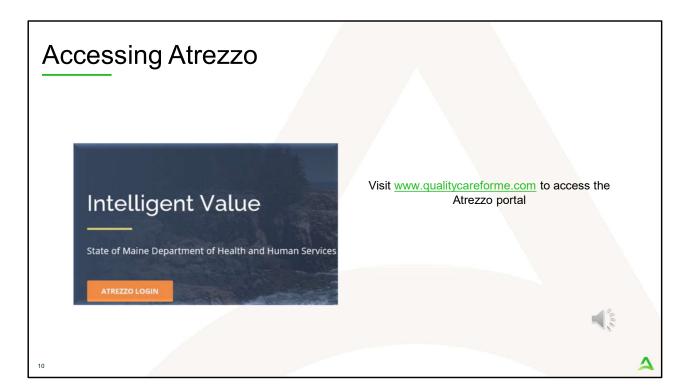
Critical Incident Reports Matrix Continued							
Critical Ir	cident Reports Matrix Continued						
Critical Incident Report (CIR) Type (only submit CIRs that fit into the below categories. If an incident does not fit into a category, a CIR should <b>not</b> be submitted	Critical Incident Report (CIR)	Mandated Adult Protective Services (APS) Report or Division of Licensing and Certification (DLC) Report online at https://www.maine.gov/dhhs/dlc/safety- reporting/report-a-medical-facility-incident or contact Jennifer Gary, Program Manager at 207-287-9252					
	Report to OBH via Kepro	Report to Adult Protective Services (APS) at 1-800-624- 8404 (available 24/7)					
Level II (MUST submit written report into Kepro within twenty-four (24) hou	irs of the incident becoming known to agency s	taff)					
Alleged physical/sexual abuse of client	x	Adult Protective Services & DLC if abuse by staff member					
Suicide attempts that requires medical intervention	x						
Self-harm that required medical intervention	x						
Lost or missing residential/CSU placement client (for greater than twenty-four (24) hours)	PNMI and CSU Only						
Medication Diversion	x						
Duty to Warn	x						

A written report for all Level II CIRs must be submitted to Acentra Health's Atrezzo system within twenty-four hours of the incident becoming known to the agency staff.

### PART TWO

# **Atrezzo Submission**

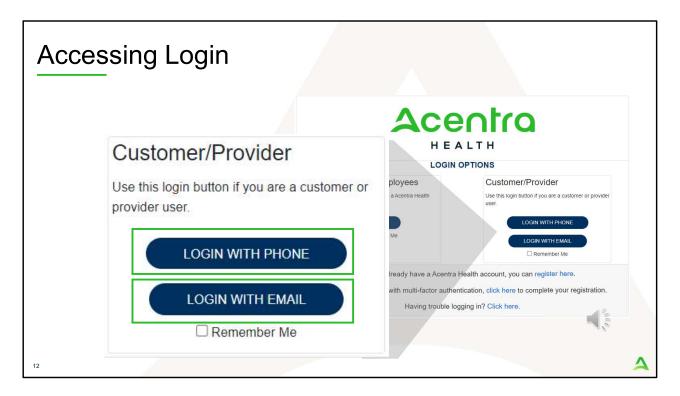
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To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button

Accessing	g Login		
	LOGIN	OPTIONS	
	Acentra Health Employees Use this login button if you have a Acentra Health domain account.	Customer/Provider Use this login button if you are a customer or provider user. LOGIN WITH PHONE LOGIN WITH EMAIL  Remember Me	
[		Health account, you can register here. ntication, click here to complete your registration.	A REAL
L	Having trouble lo	gging in? Click here.	
11			4

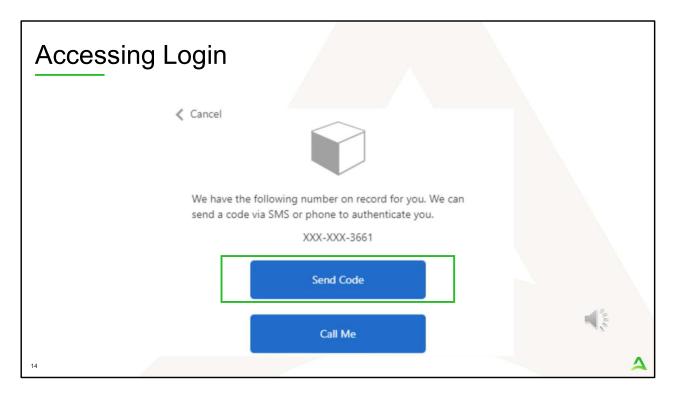
The Atrezzo system uses a Multi-Factor Authentication (MFA) login process. Each user who currently has an Acentra Health login, will click here, if this is your first with multi-factor authentication (MFA) to complete your registration.



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 multifactor authentication.

Accessing Lo	ogin	
	Contraction	
13		4

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.

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	
192652 T	
15	4

Enter in your verification code.

Acce	ssing Login	1			
Acentro "FASTH Change Context	Home Cases Create Case	Consumers Set	up Message Center ø	Reports Preferences	Search by # Q 🕐 👗
HOME	Messages     for review or action     Go to Me	W ssage Center	ORK-IN-PROGRESS 376	NOT SUBMITTED	SUBMITTED 171
16					4

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



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

tep 1 –	Case Par	ameters	i			
Acentra	Home Ca	ises Create Case	e Consumers	Setup	Message Center 0	N-W
Change Context						
New UM Case	Requesting Provider	Maine ASO - Outpatient -				
Step 1 Case Parameters	Step 2 Consumer Informatio	n				
Case Parameters / Case Type * () Assessment	Choose Request Type					
Case Contract		Request Type *	tient 3			
Cancel				1	Go To Consumer Information	

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.

Acentra	Home Cases C	reate Case Consur	ners Setup I	Message Center	e Reports Pre	erences Search b
HEALTH Change Context						
New UM Case Requestin	Maine A g Provider Outpatier					
Step 1 🥥 Step :	and a second					
Consumer Information/ Search	Consumer/ Results					
CONSUMER ID	LAST NAME		FIRST NAME (MIN 15	ST LETTER)	DATE OF BIRTH	
00000001A					MM/DD/YYYY	
*Combination of DOB and Last	Name or Member ID					
Cancel					6	Search
Name 🛆	DOB 🕀	Address 🖨	Consumer ID 🖨	Contract 🖨	Case Count 🖨	Action
Test Member 1	01/01/1960	123 St Anywhere,ME	00000001A	Maine DHHS	45	3 Choose

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.**

Acentra	Home Cases	Create Case	e Con	sumers Setup Message Center o	Reports Preferer	ices		ৎ @ ১
Change Context								
New UM Case			Member 1 (M 1/1960					
Step 1 Case Parameters	Step 2 Consumer Information	ouputent ono						
- Case: Pend	ding Case ID							
Request 01	Un-Submitted	Outpatient	N/A			View Procedures	No letters available	No actions available
- Case: Pend	ding Case ID							
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
- Case: Pend	ding Case ID							
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
- Case: 2104	70003							
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 *
Showing 10 -	of 108						Previous Page	1 of 11 Next

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.

	Home Cases	Create Case	Consumers Set	up Messa	ige Center   Reports Pro	oforoncos			
and the second data and the se	NES HEALTH SERVICES, Main	and a second							
ew UM Case	Requesting Provider	Maine ASO Test Mem Outpatient 01/01/199	1						
o 7 Insumer Informatio	Additional Providers	Stervice Details	Diagnoses	Imp 6 Requests		Hep 8 Attachments	Step 9 Communication	Submit Case	
dditional Providers/	Provider/Facility								
Add Allending P	Trysician								
Selected Provider									
Provider Type		Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	PINES HEALTH SERVICES	PMP0000023068520	No Specialty Required	1922449634	1260 MAIN ST , WADE, ME US 047	86 Aroostook	(207) 498-1164	(123) 456-7890	
Constant of the local division of the local		Pa #2020222088570				-			
Servicing	PINES REALTH SERVICES	PMP0000023088520	No Specialty Required	1922449534	1260 MAIN ST , WADE, ME US 047		(207) 498-1164		Update Remove
					Providers in receipt of taxed determine	ation letters. Official co	ommunication of serv	toe authorization will be acre of	o the fax number entered above.

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	– Ser	vice	e Deta	ails				
Acentra	Home	Cases	Create Case	Consumers	Setup	Message Center	e Reports	Preferences
New UM Case P	S HEALTH SERVICE INES HEALTH SERVIC equesting Provider Diep 3 Additional Provid	CES Mai Out	ne ASO Test Mem patient 01/01/196		Shep Req	6 uests	Step 7 Questionnaires	Step I Atlachments
Service Details/ Enter Place Of Service	Service Details	Service	Type .					
Select One		220 - 5	Section 65 Behavioral	Health Ser *				2
Add a Note								Cancel Go to Diagnoses
								A BA
								< .

Step 4 – Service Details:

- 1. In the service type box, enter in section of MaineCare policy for which you are submitting the critical incident for. In this example we chose Section 65 Behavioral Health Services. 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	– Dia	agnosis	S					
Acentra	Home Cas	es Create Case	Consumers Setu	p Message Cent	er o Reports	Preferences	(	Search by #
Change Context								
New UM Case		Maine ASO Test Member	r 1 (M)					
Step 2 🖨 St	sting Provider		Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
Consumer Information A	dditional Providers	Service Details	Diagnoses	Requests	Questionnaires	Attachments	Communications	Submit Case
Diagnosis/Add Diagnosis Code Type * ICD10 *	Search Select a Diagnosi	is Code *						
Order Rank	Preferred				Source 会	Created By 合	Deactivate	
1	All F33.9 MAJOR DE	PRESSIVE D/O RECURRENT	UNS		Manual	pines1	Remove	<u>.</u>
::: 2	F41.1	GENERALIZED AN	IXIETY DISORDER		Manual	pines1	Remove	
Showing 10 + of 2							Previous Page 1	of 1 Next
Add a Note							Cancel Go to	
23								4

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 – F	Requests					
Acentro Home Cas	es Create Case Consumers	Setup Message Ce	nter   Reports	Preferences		
Change Context PINES HEALTH SERVICES, Ma	aine DHHS					
New UM Case PINES HEALTH SERVICES Requesting Provider	Maine ASO Test Member 1 (M) Outpatient 01/01/1960					
Consumer Information Additional Providers	Step 4 Step 5 Service Details Diagnoses	Step 6 Requests	Step 7 Questionnaires	Step 8 Attachments	Step 9 Communications	Step 10 Submit Case
Requests/Request Details Request Type *	FIPS Code	Notification Date *		Notification Time *		
Select Request Type •		02/16/2024	<b></b>	01:08 PM	O	2
Continued Stay Review						Cancel Go to Procedures
Critical Incident OBH Funded Continued Stay Review						
OBH Funded Review						
Prior Auth 👻						
4						-

Step 6 - Requests:

- Select Critical Incident from the Request Type drop down Then click Go to Procedures 1.
- 2.

ep 6 – Requests	Continued		
Acentro Home Case	s Create Case Consumers	Setup Message Center	Reports
Change Context PINES HEALTH SERVICES, Main	ne DHHS		
New UM Case         PINES HEALTH SERVICES Requesting Provider           Step 2         Step 3         Step 3           Consumer Information         Additional Providers	Maine ASO Outpatient     Test Member 1 (M) 01/01/1960       Step 4     Step 5       Service Details     Diagnoses	Step 8 Requests	Step 7 Questionnaires
Requests/Request 01/Procedures Code Type *	Search 1		
СРТ *	Search by code or description 100-		*
	100-500 Critical Incident Level 1 100-700 Critical Incident Level 2		e ve
			28-

Step 6 – Requests Continued:

1. In the search box enter in the procedure code depending on what critical incident level you are reporting. If you are reporting a Level I incident search for 100-600 or if you are reporting a level II incident, search for 100-700. You will need to enter in at least three characters for the search feature to start finding results. When the code appears, click on it to automatically add it to your request.

St	tep 6 – Reque	sts Con <mark>tinu</mark>	led	
	Access         Home         Cases         Create Case           Charge Context         PINES HEALTH SERVICES, Maine DHHS           New UM Case         PINES HEALTH SERVICES, Maine DHHS           New UM Case         PINES HEALTH SERVICES, Maine ASO Requesting Provider         Test 1 04patient           Step 2         Test 3 04ditional Providers         Step 4 Service Details	Member 1 (M)	er e Reports Preferences Skip 7 Skip 8 Questionnaires Attachments	Step 9 Step 19 Communications Submit Case
	Request 01         Un-Submitted         1/0           100-600 (Un-Submitted)         00216/2024 - 0216/2024         1/0	100-600 Critical Incide Modifier Unit Qualifier Select One • Select One		
		Requested Start Date *	Requested End Date * 02/16/2024	Requested Frequency
	2	1 Rates Requested Rate	1	Select One
26		Add a Note		Jump to Submit Cancel Co to Questionnaires

Step 6 – Requests Continued:

- 1. In the Requested Start Date box, enter in the date that you are submitting the critical incident
- 2. In the Requested Duration box, enter 1. This will automatically populate your end date out 1 day.
- 3. In the Requested Quantity box, enter in 1.
- 4. Then click Go to Questionnaires.

Ste	ep 7 –	Questi	onnaire	es Co	ontinu	ed				
Acentra	Home Case	es Create Case Cons	umers Setup Messag	e Center 💿 🛛 Rep	ports Preferences				34	sarch by # Q
Change Context F	PINES HEALTH SERVICES, Ma	ine DHHS								
New UM Case	PINES HEALTH SERVICES Requesting Provider	Maine ASO Test Member 1 (M) Outpatient 01/01/1960								
Step 2 Consumer Informati	a Step 3 ion Additional Providers	Step 4 Step 5 Service Details Diagn		Step 7 Questionnair	Step 8 es Attachments	Step 8 Communications	Step 10 Submit Ca	150		
Questionnaires/ A	ldd Questionnaires								-	
Request *		Questionnaires *								
R01	•	Select Any				Add				
Request 会	Questionnaire ID	Questionnaire Type	Questionnaire's Name 🛆	Created By	Created Date 🔶	Completed By	Completed D	ate	Score 🔶 Actio	n
R01	12554676	Checklist	* Critical Incident Report	Rules Engine	02/16/2024 01:29:39 PM				0 <b>1</b> Op	en Remove
Showing 10 +	of 1								Previous	Page 1 of 1
							10000			
Add a Note	Add an Interaction					Jun	np to Submit	Cancel	Validate Request	Go to Attachr
										10.00
										2
27										4

Step 7 - Questionnaires1. The Critical Incident Report questionnaire will attach to your case. Click on Open to begin completing it.

Step 7 – Qu	estionnaires C	ontinued	
ACENIIC Work Queue Cases	Create Case Consumers Providers Reports		Search by # Q
Case Jane Dee (F) Maine ASO 0000001A 11/29/2012 (11 Yrs) UM Member ID Critical Incident Report	zreate Questionnaire / Critical Incident Report		
AGENCY INFORMATION     PROGRAM AREA AFFILIATION: Select appropriate check box for the service provided to the client     INCIDENT INFORMATION	1. Contact Person *		
	3 . Cell Phone +		
K RETURN TO CASE		Autosaved NEXT >	MARKAN QAPLETE >
28			4

Step 7 - Questionnaires

- 1. The questionnaire will open in a separate window. Begin by answering the question of the first section. Please note, 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. When you have finished filling out the questionnaire, click on Mark as Complete. If all questions have been filled out, you will be returned to the main screen. If there are questions that have been missed, you will see an error message and the missing questions will display in red text. You must fill out the missing questions in order to mark your questionnaire as complete.

Step 7 –	Questi	onnaire	es C	ontinu	ed		
		umers Setup Messag	e Center 🔹 Re	ports Preferences			Search by #
Charge Cortiest PINE'S HEALTH SERVICES, New UM Case PINE'S HEALTH SERVICES Requesting Provider Nes 3 Sins 3 Consumer Information Additional Provider	S Maine ASO Test Member 1 (M Outpatient 01/01/1960	S the d	O Imp 7 Quantionna	Inc. 1	Nep 8 Communications	ting 10 Submit Cane	
Questionnaires/ Add Questionnaires Request *	Questionnaires *				Aat		
Request 👌 Questionnaire ID 🖨	Questionnaire Type 🖨	Questionnaire's Name 🛆		Created Date 👙	Completed By 💠	Completed Date 👙	Score 🖨 Action
R01 12554676 Showing 10 + of 1 Add a Note Add an Interaction	Checklist	* Critical Incident Report	Rules Engine	02/16/2024 01:29:39 PM		mp to Submit Cancel	0 Opon Ritms Previous Page 1 Validate Request Go to
							A Star
9							

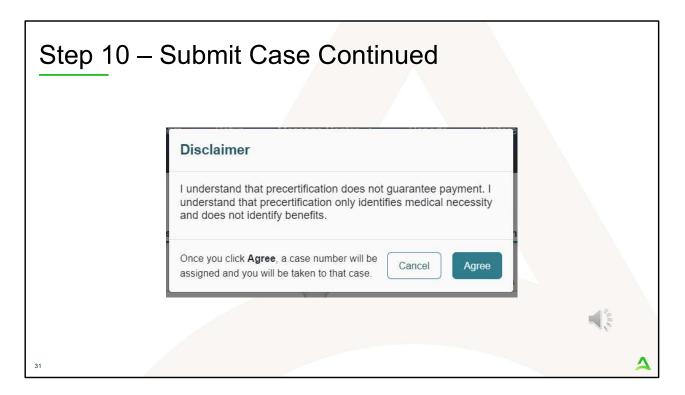
Step 7 – Questionnaires Continued

1. After completing the questionnaire, you will be brought to the main submission page. Click on jump to submit.

Step 10	– Submit	Case			
			<u> </u>		
Acentra Home	Cases Create Case Co	onsumers Setup Message	e Center o Reports F	references	
hange Context PINES HEALTH SER	WICES, Maine DHHS				
New UM Case PINES HEALTH S		(M)			
Requesting Provid tep 2 Step 3 Consumer Information Additional P	🕥 Step 4 🕥 Ste	agnoses Requests		Step 8 Step 9 Attachments Communications	Step 10 Submit Case
Submit Case/ Review					
Providers	Service Details	Diagnoses	Re	quests	
Requesting PINES HEALTH SERVICES	Service Type 220 - Section 65 Behavioral Health Services	1	Notification Date	1	
Servicing PINES HEALTH SERVICES		Diagnosis R69	Request Type Critical Incident	Procedure 100-600	
Update Providers	Update Service Details	Update Diagnoses	Update Requests	Update Procedures	
Questionnaires	Attachments	Communications			
0	0	0			
Questionnaires	Documents	Notes			
View Questionnaires	Update Documents	Update Notes			
					Cancel Submit

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**.



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.



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.



Thank you for joining the Acentra Health Critical Incident 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.