Department Medication Management Referral Process
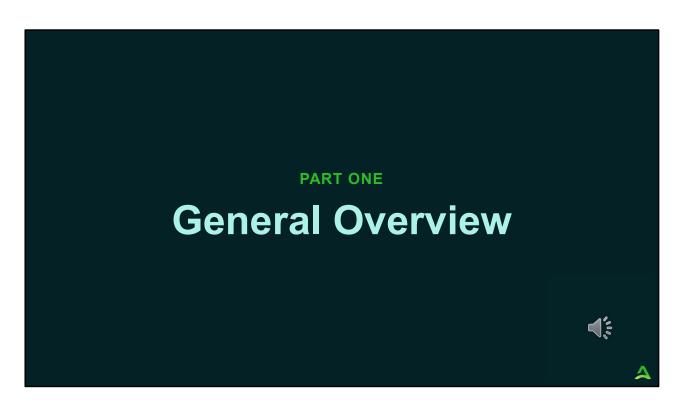
Atrezzo Training Guide

Hello and welcome to the Acentra Health Department Medication Management Referral process training. This video has been created to provide general guidance and a basic understanding of the Medication Management Department Referral process.
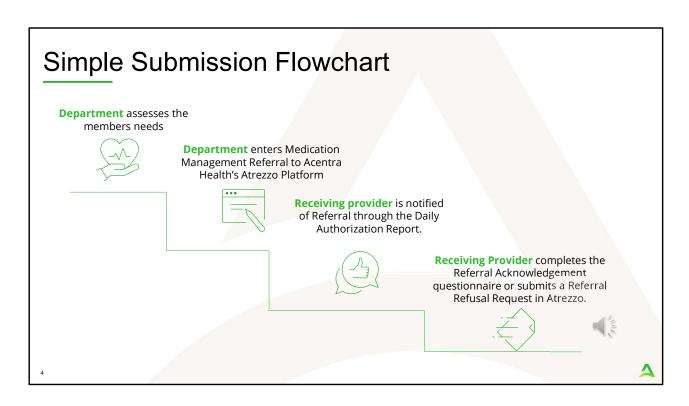
PART ONE

General Overview

Part one will be a general overview of the Department Med Management Referral

Overview

Acentra Health in collaboration with the Office of Behavioral Health (OBH), has streamlined the process for Department Medication Management Referrals.

Beginning October 18, 2021, the Department will submit Medication Management Referrals to providers via Acentra Health's Atrezzo portal. Receiving providers will need to confirm acceptance of the referral or submit a request to refuse the referral via the Atrezzo portal. Receiving providers who accept a referral or receive a denial from OBH to refuse a referral, will need to submit an authorization request upon the client's admission to the service.

Simple Submission Flowchart

Department assesses the members needs

Department enters Medication Management Referral to Acentra Health's Atrezzo Platform

Receiving provider is notified of Referral through the Daily Authorization Report.

Receiving Provider completes the Referral Acknowledgement questionnaire or submits a Referral Refusal Request in Atrezzo.
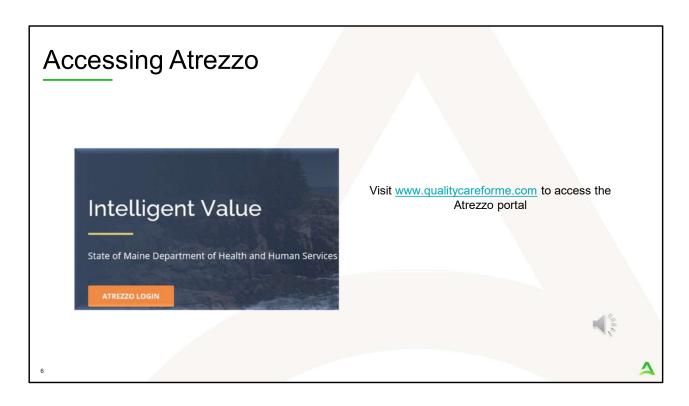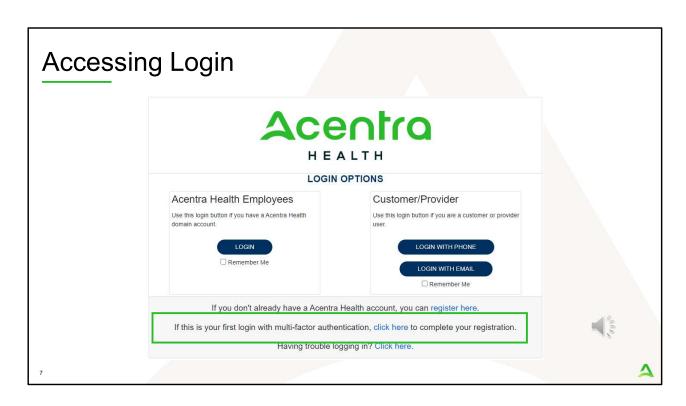
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This flowchart shows the Medication Management Department Referral process. The Department identifies the members needs and enters the Medication Management Referral in Acentra Health's Atrezzo platform. The receiving provider is notified they have received a referral through the Daily Authorization Report. The receiving provider completes the Referral Acknowledgement Questionnaire and either submits an authorization request or a referral refusal request to Acentra Health.
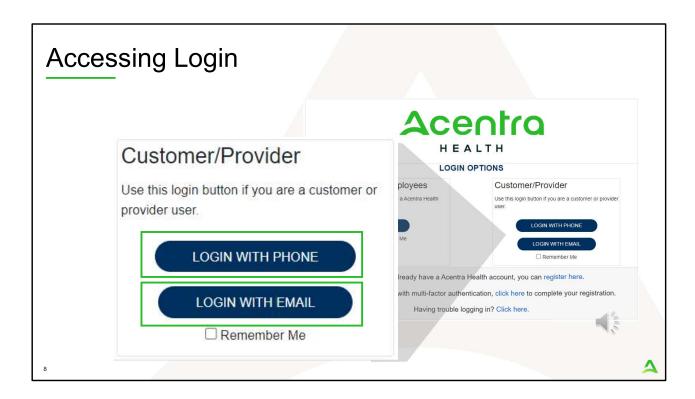
PART TWO

Atrezzo Submission

Part Two will cover the Atrezzo submission process.

Accessing Atrezzo

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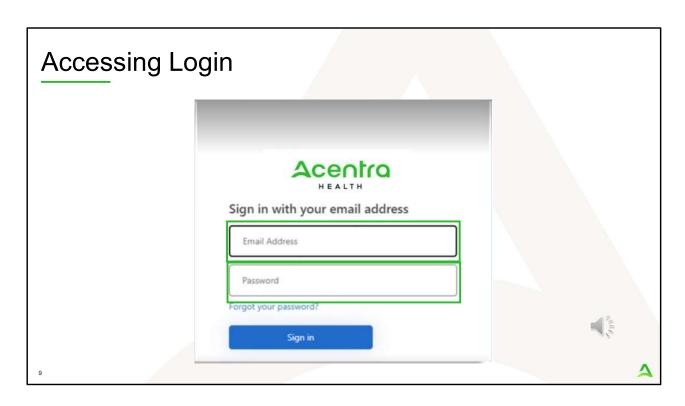
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button
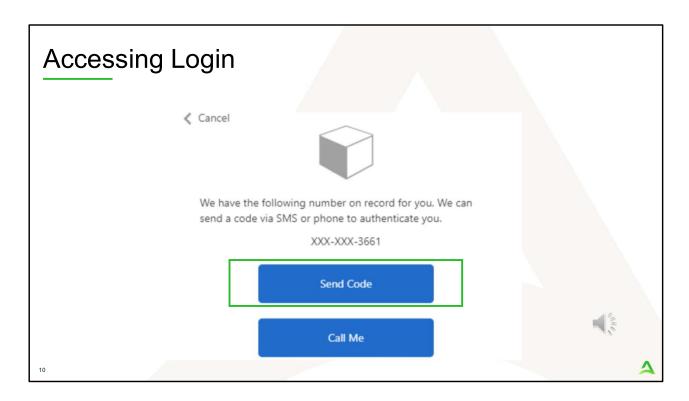
Accessing Login

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.
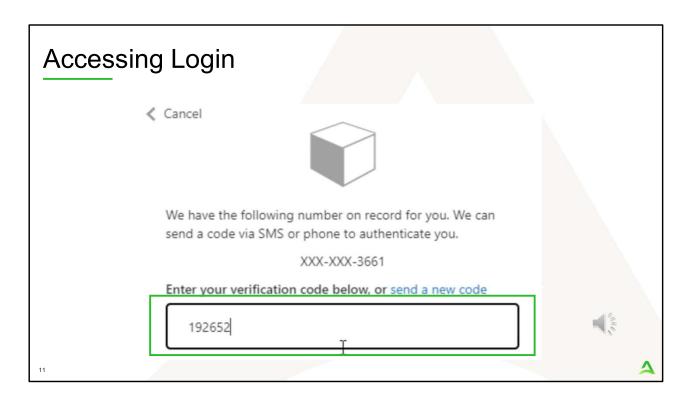
Accessing Login

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.
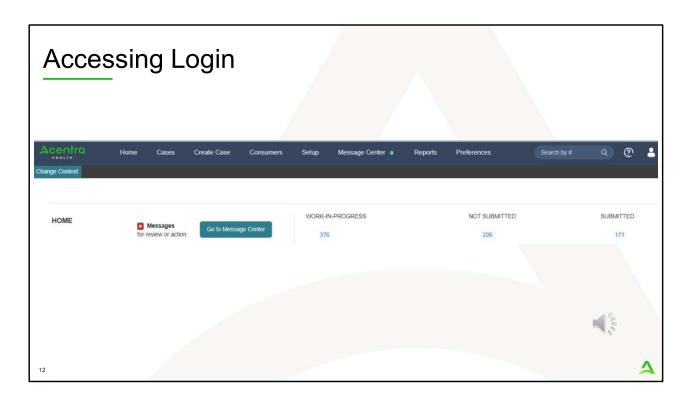
Accessing Login

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.
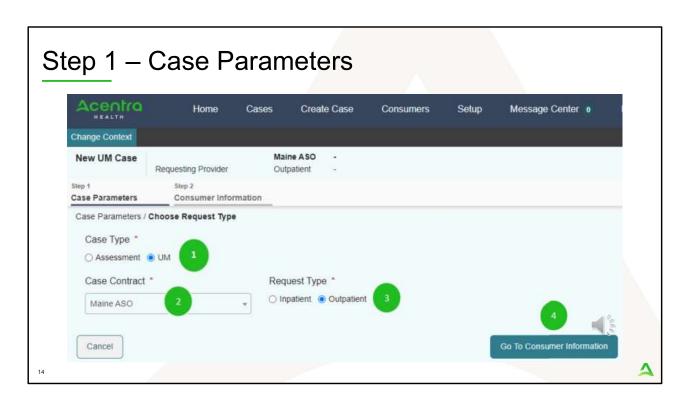
Accessing Login

Enter in your verification code.

Accessing Login

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

To create a new request, click on the create case tab.
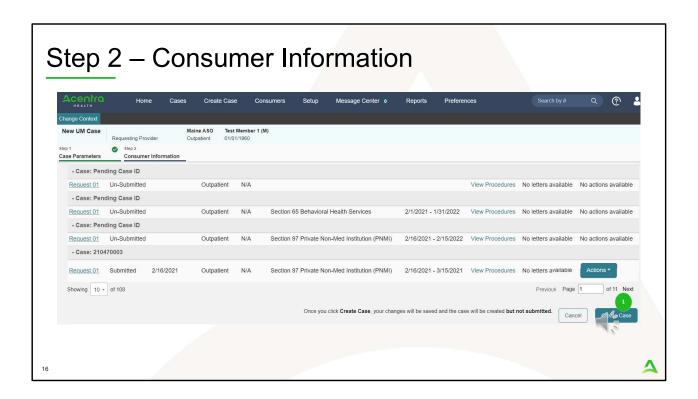
Step 1 – Case Parameters

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.
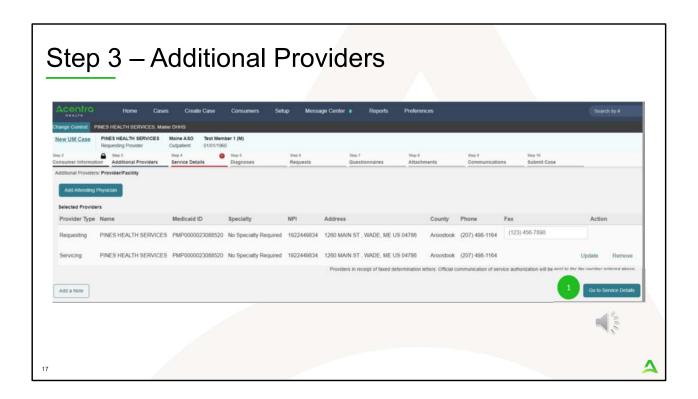
Step 2 – Consumer Information

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. 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:

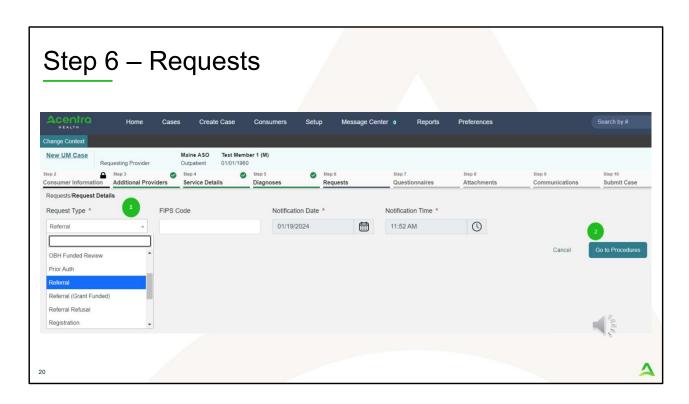1. In the service type box, enter in Section 65 Behavioral Health Services. The place of service field is not required; however, you can complete this field if you choose to.
2. Click Go to Diagnosis.

Step 5 – 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. Select Referral from the Request Type drop down
2. Click Go to Procedures

Step 6 – Requests Continued

Step 6 – Requests Continued:
1. In the search box enter H2010 for the Adult Medication Code. It will appear in the search box as H2010 Comprehensive Med Svc. 15 min. 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 add it to your request.

Step 6 – Requests Continued

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 3. This will automatically populate your end date out 3 days.
3. In the Requested Quantity box, enter in one 1. Click Go to Questionnaires

Step 7 - Questionnaires

Step 7 – Questionnaires:

1. The Referral Management and Referral Acknowledgement questionnaires will be attached to your case. The Department will complete the Referral Management questionnaire. Click on Open. The Referral Acknowledgement questionnaire will be completed by the receiving provider.

Step 7 – Questionnaires Continued

In Step 7 – Questionnaires:

1. The questionnaire will open in a separate window. Begin by answering the first question. Please note, that as you answer questions, additional questions may cascade.

2. **All** questions of the questionnaire **must be** filled out. 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

In Step 7 – Questionnaires:

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

Step 10 – Submit Case

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

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, two pieces of identifying information will be required to confirm the member's identity. For example, a Case ID and member's name.

PART THREE

Acknowledging the Referral

Daily Authorization Report

1

Click on the Reports Tab
Users who have been setup with report capabilities will have the reports tab in Atrezzo.

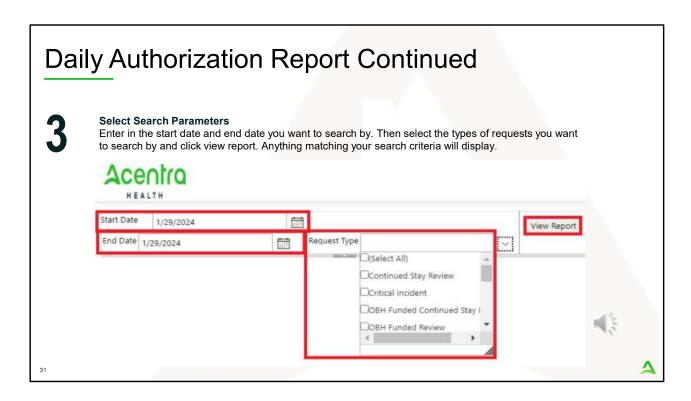| Acentra HEALTH	Work Queue	Cases	Create Case	Consumers	Providers	Reports
Change Context						

2

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

Acentra HEALTH	Work Queue	Cases	Create Case	Consumers	Providers	Reports
Change Context						

REPORTS

CONTRACT NAME	⊙ REPORT NAME	REPORT CATEGORY	REPORT DESCRIPTION
Maine DHHS	ME Daily Authorization Report - Provider	ME Authorizations	ME Daily Authorization Report - Provider

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Once the request has been submitted by the Department to your agency, you will be notified of the referral through the Daily Authorization Report. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin +Reports user will have a Provider Reports tab. Within the provider reports tab, you will find the Daily Authorization Report. It is important to check this report on a Daily basis as Department referrals need to be responded to within 72 business hours of receiving the referral.

1. Click on Reports
2. Then click on 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.
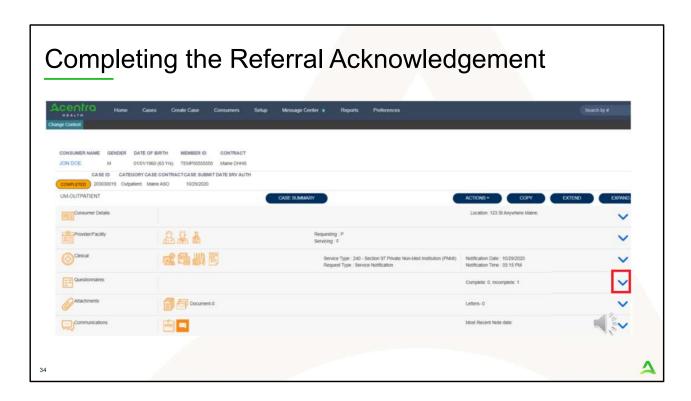
3. Enter in the start date and end date you want to search by. Then select the request types you want to search by and click view report. To see just the Referrals that have been submitted by for your agency, change the Request Type to Referral and click View Report.

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.
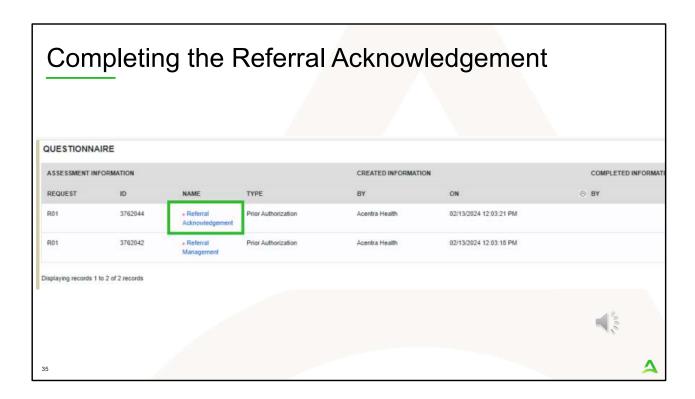

Once the report runs, any cases that have been entered in Atrezzo under your agency's NPI number will display. The report will provide you with a Acentra Health Case ID, start date, status and notes section which will show any notes that have been added to the case.

Completing the Referral Acknowledgement

To complete the Referral Acknowledgement Questionnaire, 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.

Completing the Referral Acknowledgement

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

Completing the Referral Acknowledgement

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

Acknowledging the Service Notification

1. Complete all questions in the Referral Acknowledgement Questionnaire.
2. When finished, click Mark as Complete

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 Department Medication Management Referral process 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.