Acentra
HEALTH

Hold for Service Referral Training

Atrezzo Training Guide

Hello and Welcome to the Acentra Health Hold for Service Referral training. This video has been created to provide general guidance for Providers on the process for submitting a hold for service request, called a referral, for any member who cannot immediately be served.

The guidance presented in this presentation is meant to give a providers a basic understanding of the hold for service process, its intended use as it relates to the Consent Decree, and the Atrezzo submission process.

Consent Decree

In part one, we will provide a general overview of the Consent Decree

What is the Consent Decree?

In 2007, the Department of Health and Human Services (DHHS) entered into an agreement settling a class action lawsuit that was brought on behalf of residents of the Augusta Mental Health Institute (AMHI). The purpose was to correct problems at AMHI and ensure access to community-based mental health services.

In January of 2021, DHHS and Disability Rights Maine entered into a new agreement and set standards that must be met in order to achieve substantial compliance. The focus of the current standards is on:

- Timely access to services for adults experiencing Serious Mental Illness
- Contract Management and enforcement of rules
- Making effective use of inpatient capacity at Riverview Psychiatric Center
- Timely Reporting

Source: https://www.maine.gov/dhhs/obh/about/consent-decree

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Hold for Service Consent Decree Standards

- 60% of Community Integration referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.

- 60% of ACT referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.

- 60% of BHH referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.

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There are three consent decree measures pertaining to the Hold for Service Referral Process.
1. 60% of Community Integration referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.
2. 60% of ACT referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.
3. 60% of BHH referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.

It is important that providers are reporting members who cannot be immediately served as a hold for service referral in the Atrezzo system in order to calculate the above consent decree standards.
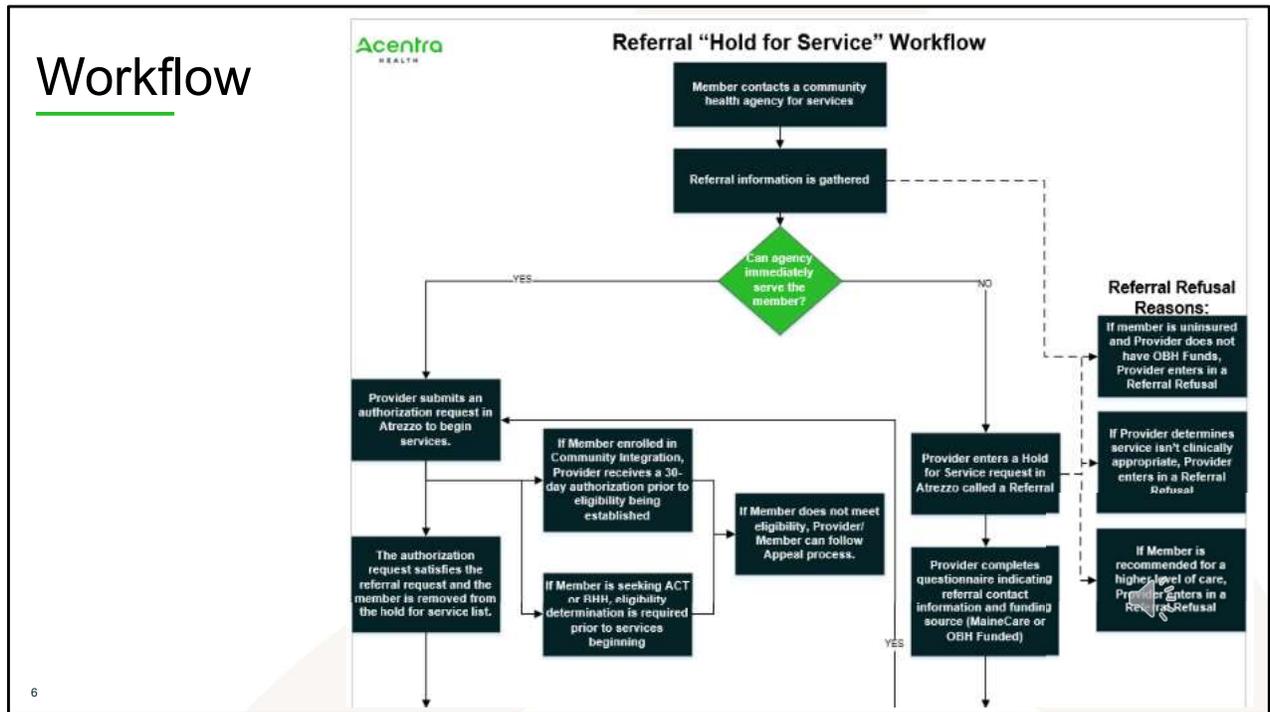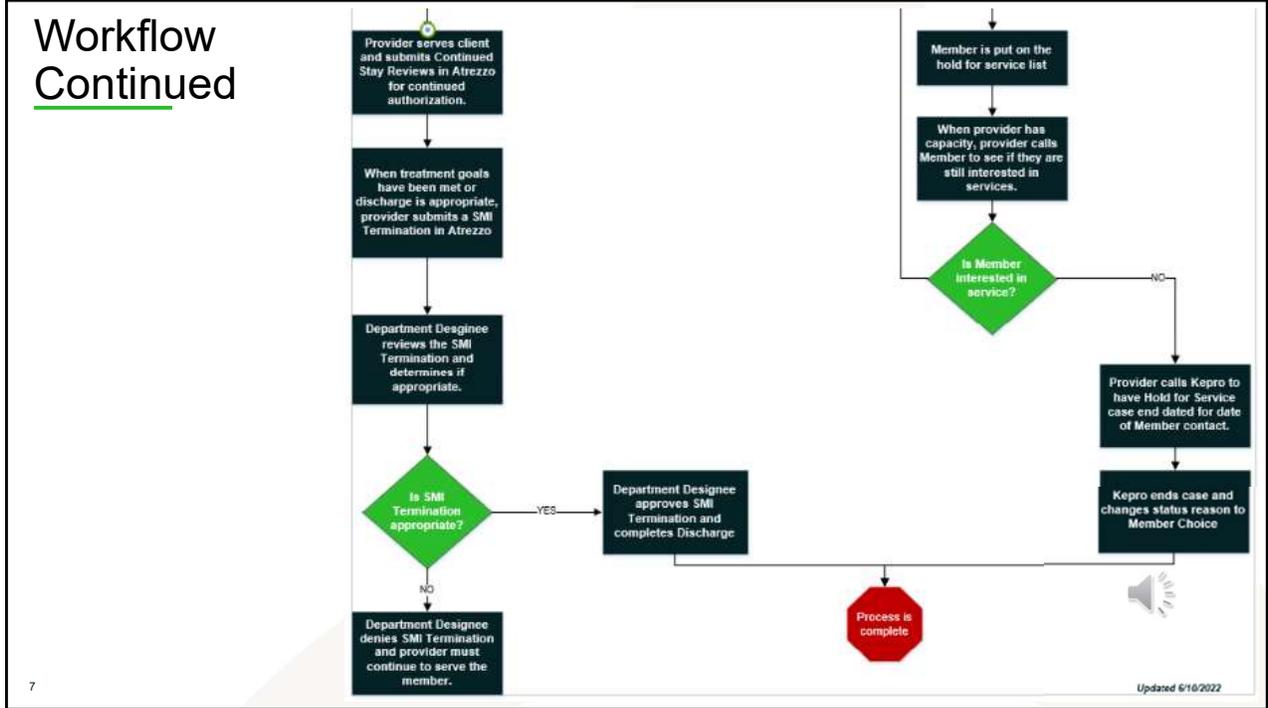
In part two, we will go over the hold for service workflow.

Workflow

There are three different categories in which a member can fall into once they have contacted a community health agency for service; a request for authorization, hold for service request, or referral refusal. The screen shot is depicting the first part of the workflow.

Workflow Continued

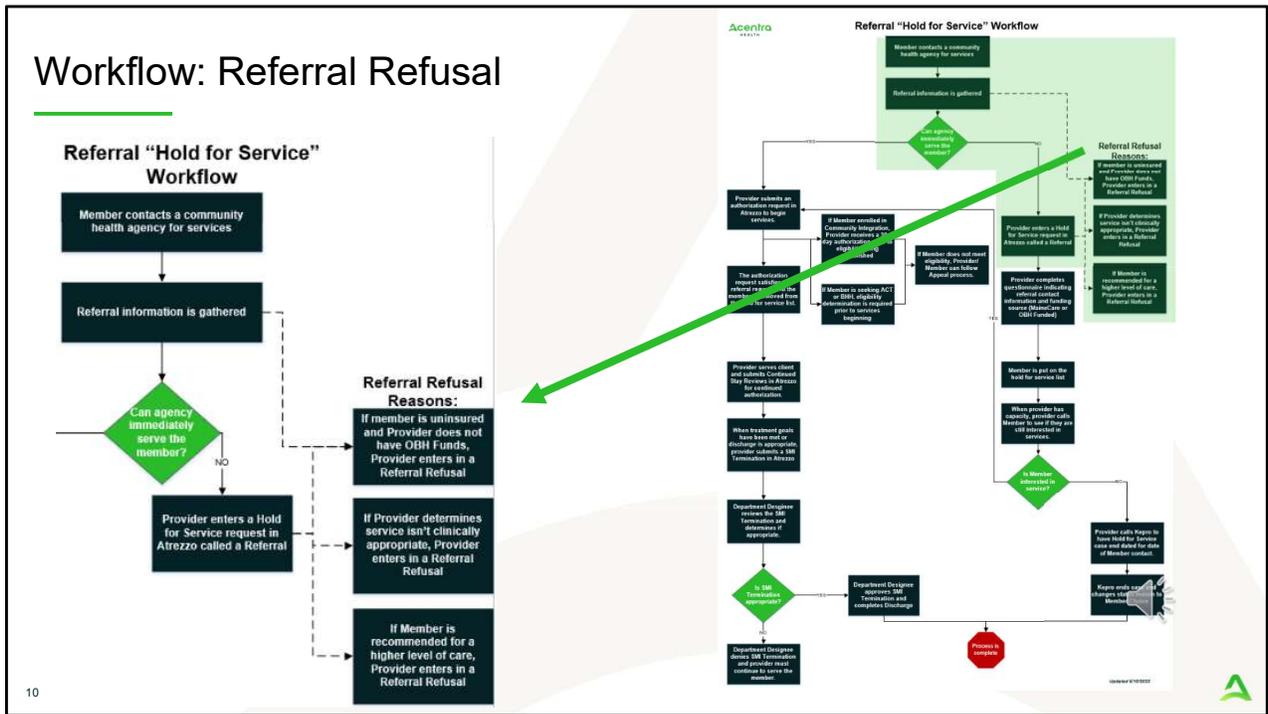This screen shot is a continuation of the workflow shown on the previous slide.

Workflow: Request for Authorization
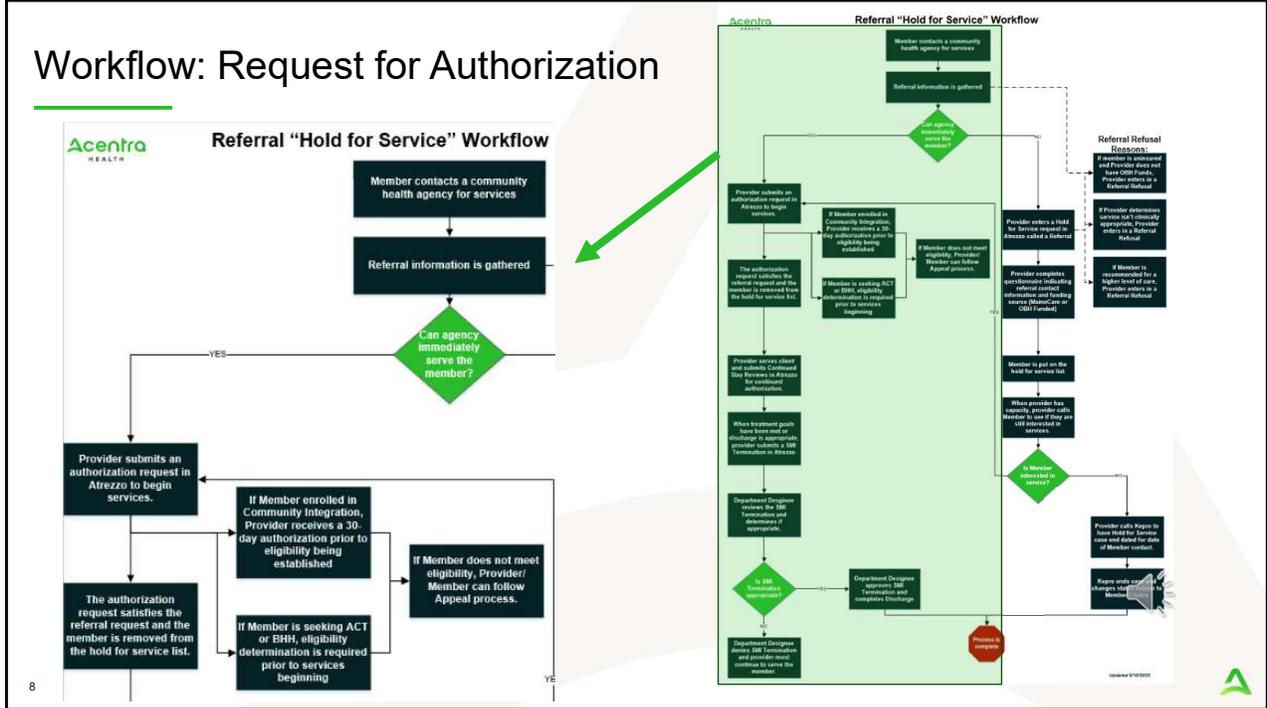
REQEUST FOR AUTHORIZATION: If the provider can immediately serve the member (defined as same day), the provider would submit an authorization request in Atrezzo . If the member is entering into community integration, the provider will receive a 30-day authorization prior to eligibility being established. Providers would need to provide eligibility information on day 31. If the member is entering into ACT or BHH services, eligibility is required to be established prior to beginning services. After the initial authorization period, the provider would submit a continued stay review for continued authorization. When treatment goals have been met or discharge is appropriate, the provider would submit an SMI termination in Atrezzo. The SMI Termination will be reviewed and if appropriate, the SMI termination is approved, and discharge is completed. If the SMI termination is not determined to be appropriate, the request to terminate would be denied and the provider must continue to serve the member.

Workflow: Hold for Service

HOLD FOR SERVICE: If a member contacts a community health agency for service and the provider cannot immediately serve the member (defined as same day), the provider would submit a Hold for Service request in Atrezzo called a referral. The provider would complete the questionnaire indicating the referral contact information and funding source (MaineCare or OBH Funded). Once the referral has been submitted, the member is put on the hold for service list. When the provider has capacity to serve the member, the provider calls to see if they are still interested in service. If they are, the provider enters in an authorization request and follow the normal authorization process. If they are no longer interested in services, the provider calls Acentra Health to have the case end dated for the date of member contact.

Workflow: Referral Refusal

REFERRAL REFUSAL: There may be times within the process where a hold for service referral or authorization request is not appropriate. If when gathering the necessary referral information, the member is uninsured and the provider does not have OBH funds available, the provider would enter in a Referral Refusal request in Atrezzo. Additionally, if the provider determines the service isn't clinically appropriate or if the member is recommended for a higher level of care, the provider would enter in a Referral Refusal request in Atrezzo. Referral Refusal requests will be reviewed and if approved, the provider does not have to accept the member on the hold for service list. If the Referral Refusal is denied, the provider must either put the member on the hold for service list or begin services with the member.

PART THREE
Atrezzo Submission

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

Accessing Atrezzo

Intelligent Value

State of Maine Department of Health and Human Services

ATREZZO LOGIN

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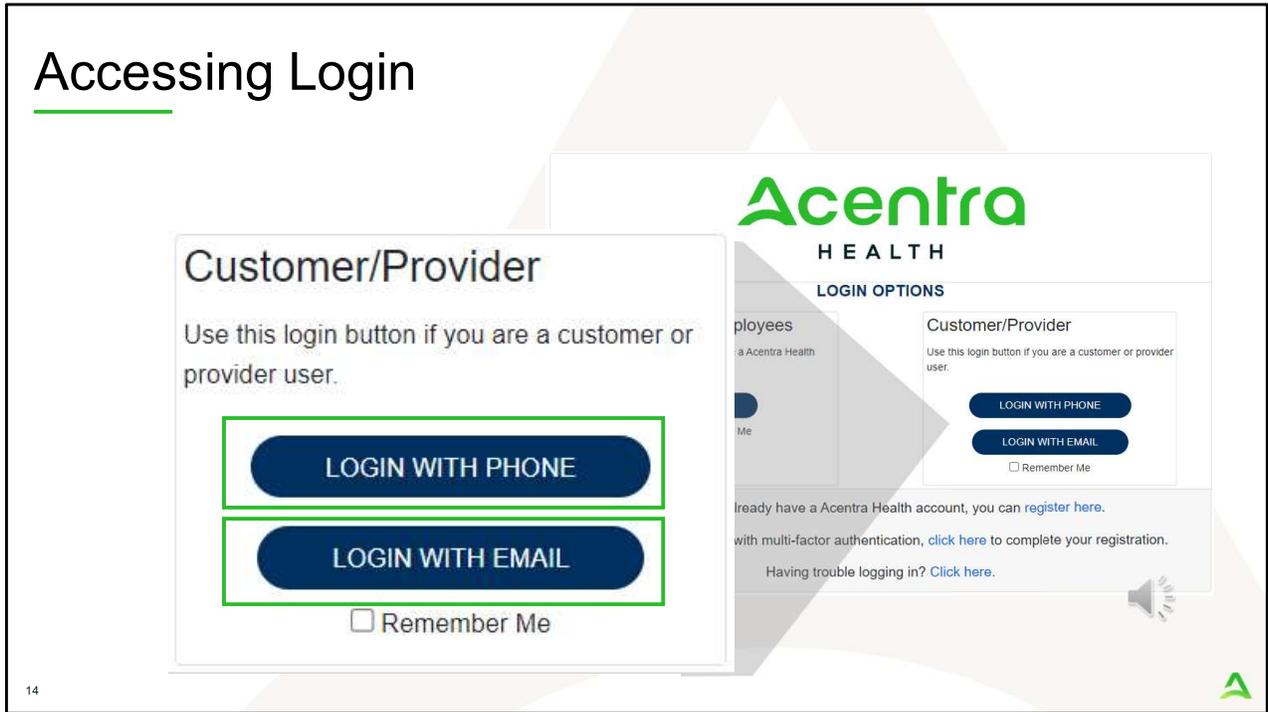
When you arrive to the login screen, you will use the Customer/Provider login. Here you will choose Login with Phone or Login with email depending on how your registered for the multi-factor authentication. Please note, if you chose to register with phone and you do not currently have your phone you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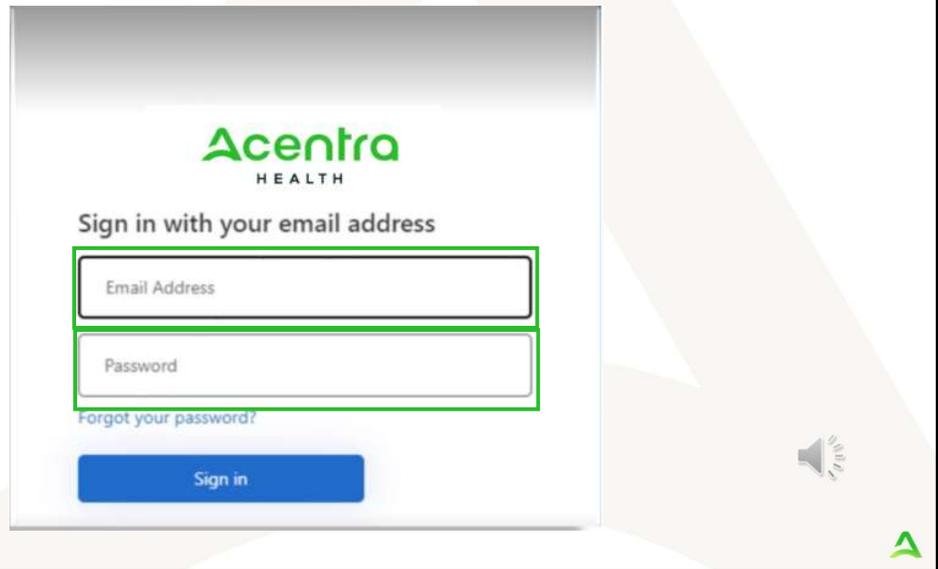
To sign in, you will enter your email and password then click Sign in.

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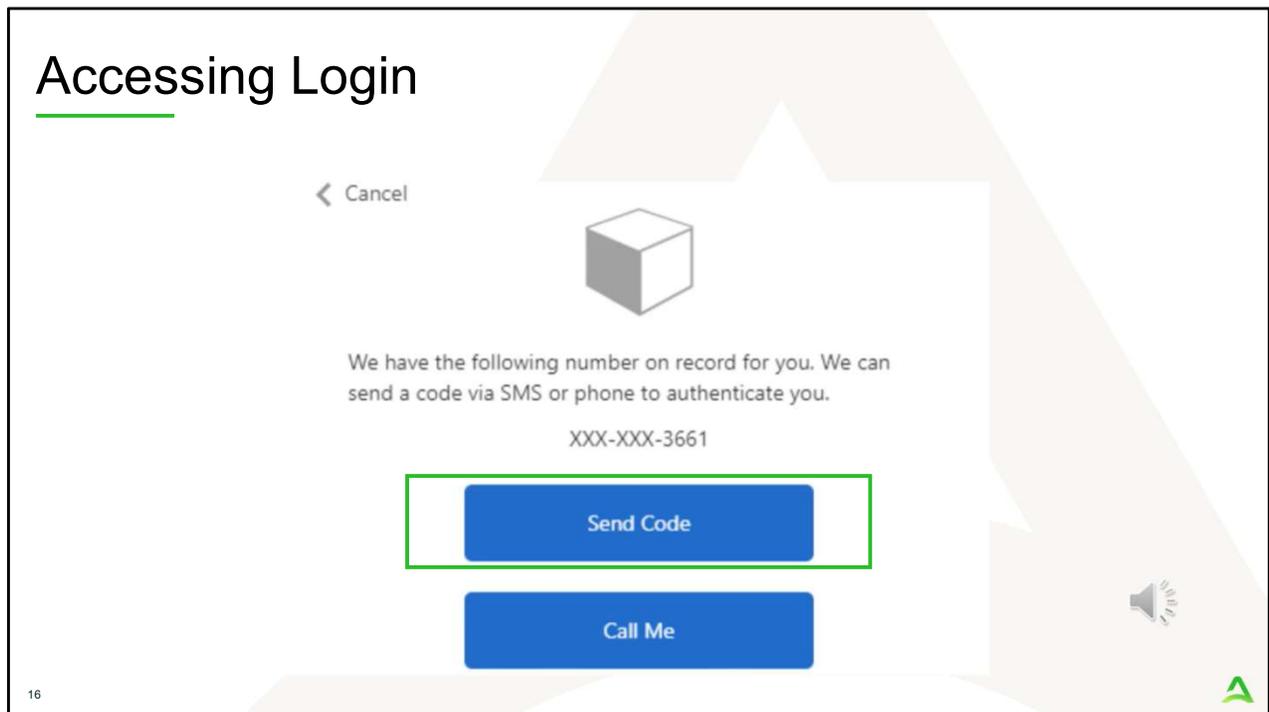
Next, you will choose how you want to receive your verification code. You can click send code or call me. Send code will send a SMS text to your cell phone with your verification code. Call me will prompt a phone call to your phone where you will press a specific digit. In this example, we will chose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

Accessing Login

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

Enter in your verification code.

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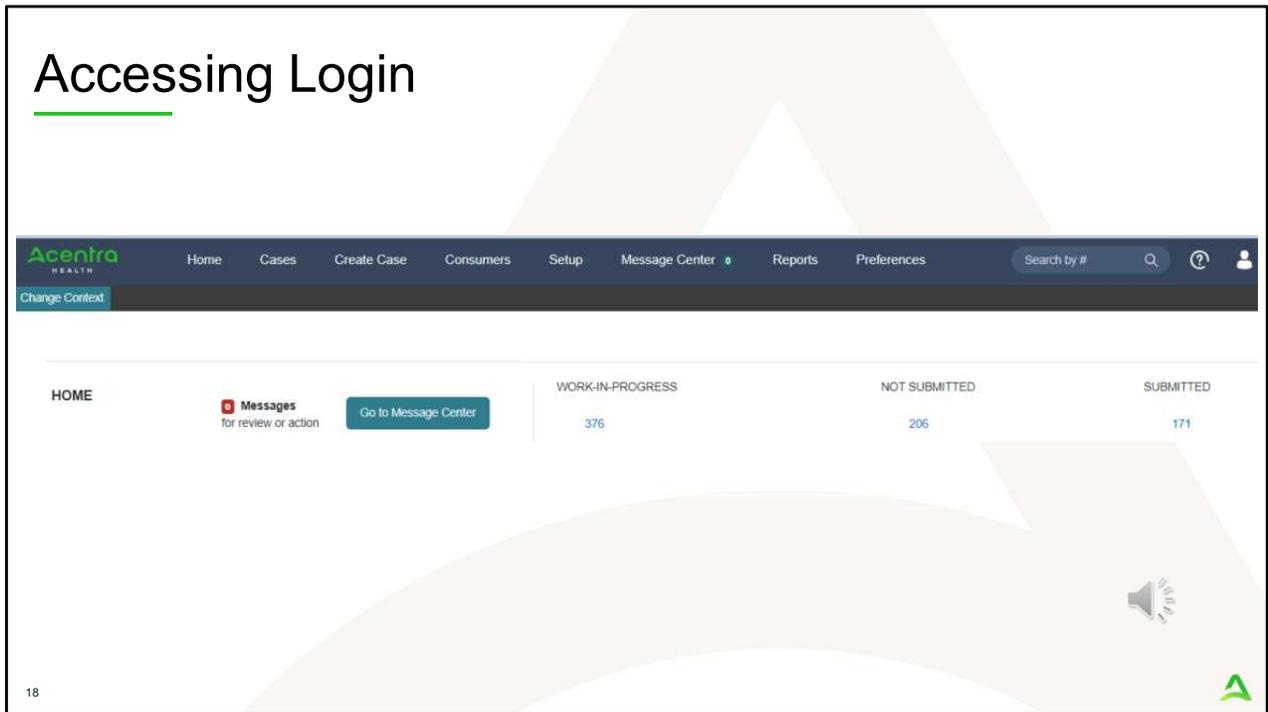
The system will automatically verify your account and you will be logged into the home screen.

Creating the Request

To create a new request for either an authorization request, a hold for service referral or a referral refusal, 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.**
4. If a member match is not found, click **Add Temporary Member** to create a temporary ID for this member. The temporary ID will be used as the member's member ID in order to submit your request in Atrezzo.

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 the section of MaineCare Policy for the service you are providing from the **Service Type** drop down. In this instance we have selected Section 17 Community Support Services. 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:

The Atrezzo system will require you to enter in at least one diagnosis code. If you are submitting an authorization request for ACT or BHH, eligibility determination is required before beginning services, so a valid diagnosis will need to be added. If you are submitting a 30-day initial authorization request for Community Integration, a hold for service referral or a referral refusal, you may enter in the diagnosis code of R69 for illness unspecified. For members who are enrolling into Community Integration, you must provide a valid diagnosis code at day 31 when you submit a Continued Stay Review.

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 Prior Auth if you can immediately serve for either ACT or Behavioral Health Homes services. Select Registration if you can immediately serve the member if they are requesting Community Integration. Select Referral if you cannot serve the member and they are going to be holding for service. Select Referral Refusal if the member meets one of the referral refusal reasons indicated earlier in this presentation. Please refer to the Maine ASO Service Grid for information on request type.
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.

Step 6 – Requests Continued

Step 6 – Requests Continued:

1. In the **Requested Start Date** box, enter the start date of this request.
2. In the **Requested Duration** box, enter in the total amount of days you need for this request. This will automatically populate the end date. Please note, Hold for Service referrals should be submitted for 365 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. Most requests will require you to complete the questionnaire(s). Click on **Go to Questionnaires** to navigate to the next step.

Step 7 – Questionnaires

Step 7 - Questionnaires
The type of request you are submitting will determine the type of questionnaire(s) that attach to the request if any.
1. Any required questionnaires will be displayed on the questionnaire page. Click on **Open** to begin the questionnaire.

Step 7 – Questionnaires Continued

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. **All** questions within each section 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 – Questionnaires Continued

Step 7 – Questionnaires Continued
1. After completing the questionnaire, you will be brought to the main Atrezzo page. Click on jump to submit. We will skip steps 8 and 9 as they are not required for a Hold for Service Referral Request, Referral Refusal, or Registration.

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

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.

PART FOUR

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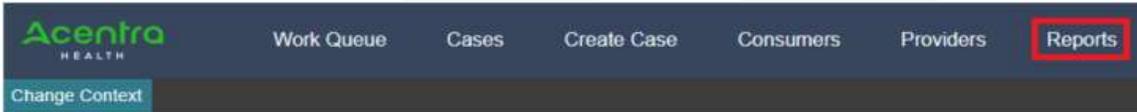
2 Select the Report
Click on the ME Daily Authorization Report to open the search parameters.

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.

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| Start Date | 1/29/2024 | | | Request Type | | | | View Report |

Start Date: 1/29/2024
End Date: 1/29/2024
Request Type:
- [ ] (Select All)
- [ ] Continued Stay Review
- [ ] Critical Incident
- [ ] OBH Funded Continued Stay
- [ ] 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

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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.
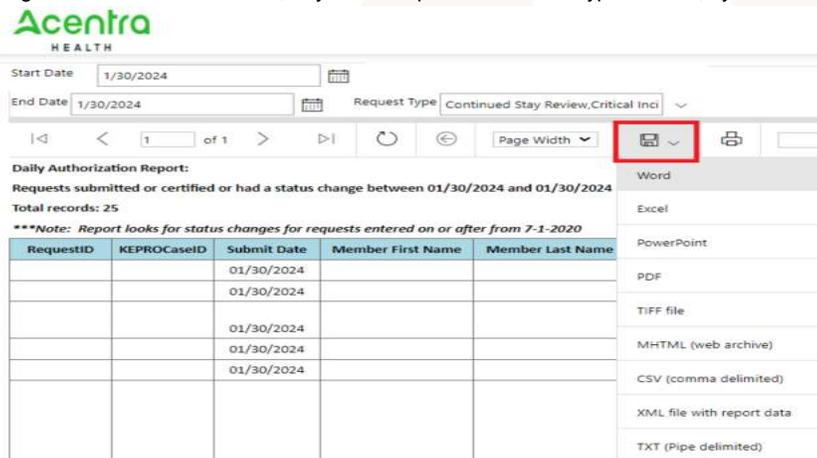
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Start Date	1/30/2024						
End Date	1/30/2024			Request Type	Continued Stay Review,Critical Inci	⌄	

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Daily Authorization Report:

Requests submitted or certified or had a status change between 01/30/2024 and 01/30/2024

Total records: 25

***Note: Report looks for status changes for requests entered on or after from 7-1-2020**

RequestID	KEPROCaseID	Submit Date	Member First Name	Member Last Name	Word
		01/30/2024			Excel
		01/30/2024			PowerPoint
		01/30/2024			PDF
		01/30/2024			TIFF file
		01/30/2024			MHTML (web archive)
					CSV (comma delimited)
					XML file with report data
					TXT (Pipe delimited)

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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

- Chat with an Acentra Health Representative at www.qualitycareforme.com

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Thank you for joining the Acentra Health Hold for Service Referral 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.