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# RESIDENTIAL SUD UTILIZATION MANAGEMENT TRAINING

Atrezzo Next Generation (ANG) Submission Guide

Presented by:
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5/22/2023

Hello and welcome to the Kepro Residential Substance Use Disorder Utilization Management training. This video has been created to provide general guidance for Providers on the process for submitting an appendix B ASAM request in our web-based portal called Atrezzo.

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PART ONE

# Introduction

In part one, we will provide a general introduction to this process.

# Announcement

Beginning July 1, 2023, Kepro will be reviewing residential SUD admissions for MaineCare members to assess appropriate American Society of Addiction Medicine (ASAM) level of care.

Using evidence-based assessment tools is essential to assure recipients have access to appropriate SUD services. This will support interventions that are appropriate for the diagnosis and level of care. Working with Kepro, the Department has established an independent process for reviewing level of care placement in residential treatment settings. This Utilization Management (UM) process is separate from licensing reviews. UM reviews will occur within ten (10) days of an admission and then every 30 days after. The 30-day UM review will provide information about how individuals move along the continuum of care. **The UM will no disrupt or delay services or result in a client being discharged from care, without being transitioned to a lower level of care that is immediately available and acceptable to the member.**

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# Utilization Process

The UM review process starts upon an admission to a SUD residential treatment facility. Every 30 days after admission, in conjunction with the treatment update, providers will submit documentation to Kepro to conduct review ongoing need for ASAM level 3 services.

1. Within 10 calendar days of admission, and ever 30 days thereafter, the provider will enter a case in Atrezzo and submit clinical documentation to support ASAM residential level 3 services.
2. Kepro will review submitted documentation, and if Kepro determines the documentation demonstrates fulfilment of ASAM criteria, the provider will receive a notice that the review is complete through the Kepro Atrezzo provider portal.
3. If the case requires additional documentation or does not appear to meet ASAM criteria, the provider will receive a message from Kepro review staff noting what is need to meet criteria.
4. Providers will have 15 calendar days to submit the additional information.
5. If the secondary review finds the case does not meet criteria or the provider does not respond to the request for additional information, the Department will be notified for follow-up and/or additional training opportunities.

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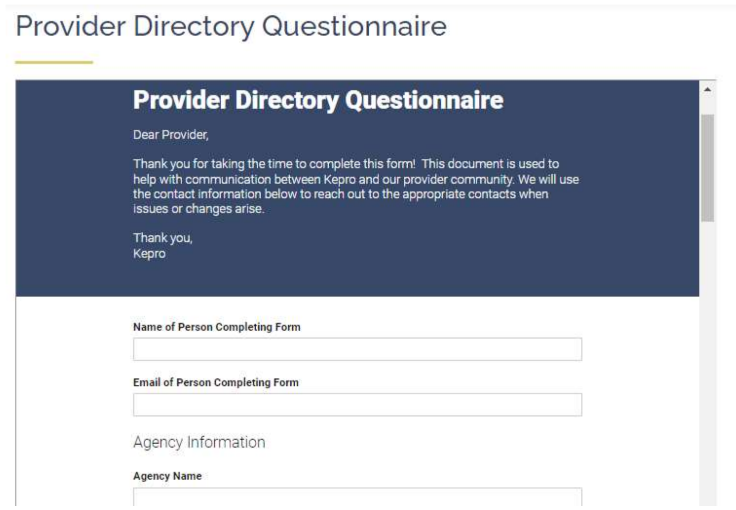
PART TWO

# Agency Setup

In part two, we will review the process for setting up your Agency in the Atrezzo system.

# New Agency Setup

[https://me.kepro.com/providers/provider-directory](https://me.kepro.com/providers/provider-directory)

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If this will be your first time interacting with Kepro and your agency has not already been setup in the Atrezzo system, please complete the Provider Directory Questionnaire. The person completing the form will be setup as your agency's Group Administrator for the Atrezzo system. Kepro's Operations staff will create the initial account and provide you with your login and password to the system. The Group Administrator will then have the ability to setup additional users within your agency, reset passwords, delete users, and view reports.

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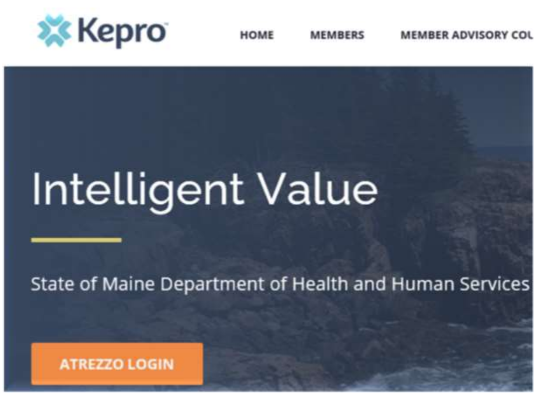
PART THREE

# Entering a Service Notification

In part three, we will review how to enter a service notification for new admissions in to the Atrezzo system.

# Accessing Atrezzo




Visit www.qualitycareforme.com to access the Atrezzo portal

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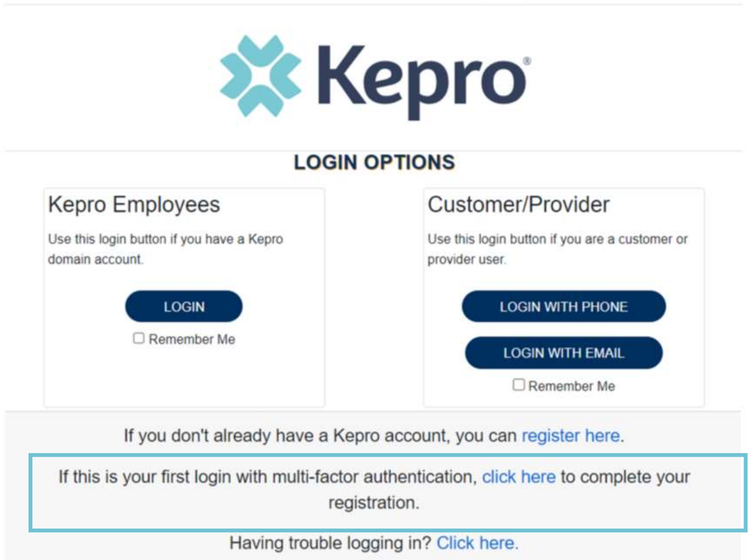
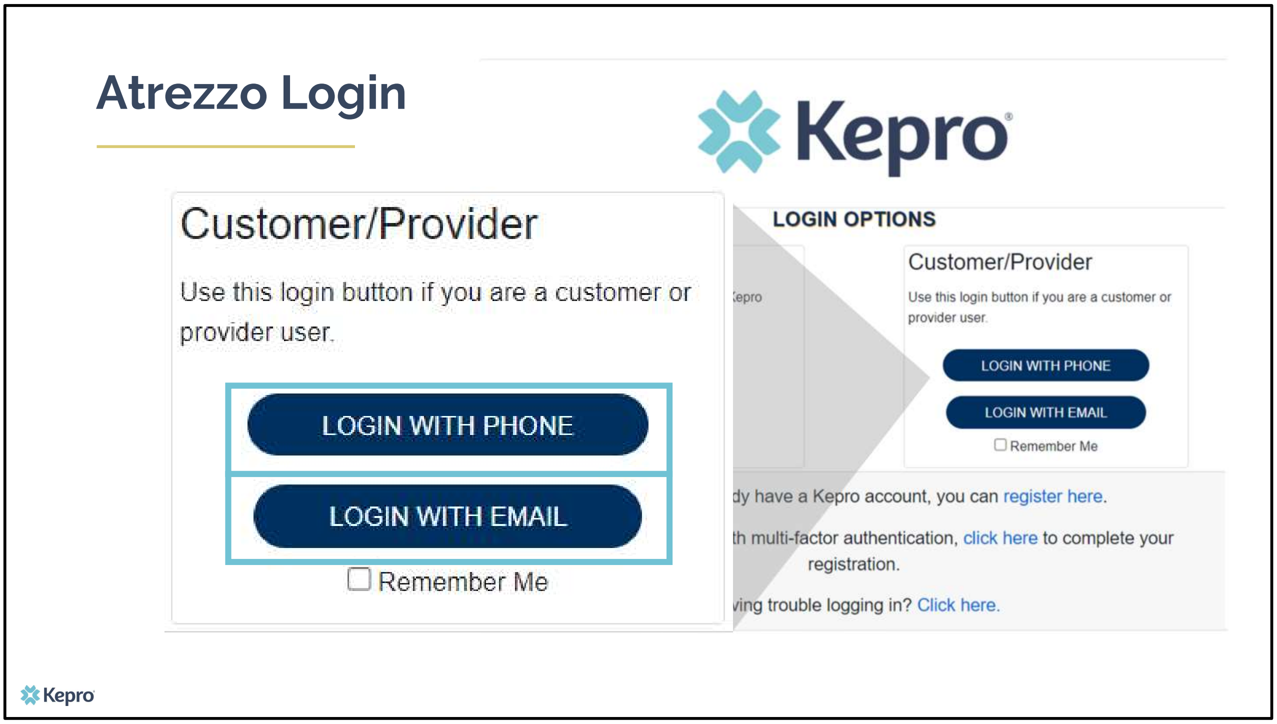
To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button

# Atrezzo Login

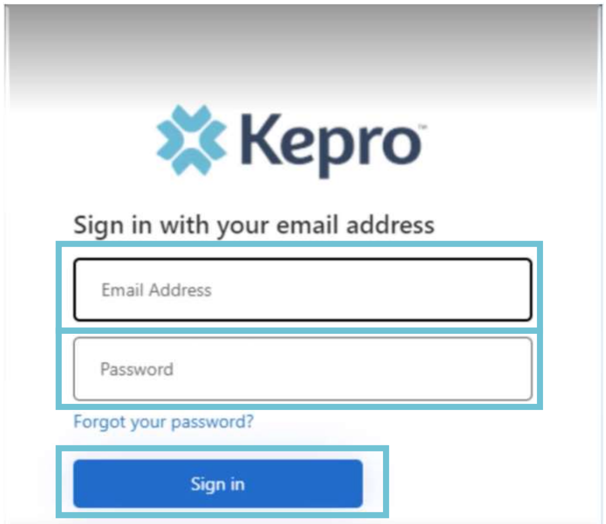



The Atrezzo system uses a Multi-Factor Authentication (MFA) login process. Each user who currently has a Kepro login, will click here, if this is your first with multi-factor authentication (MFA) to complete your registration. To view instructions on how to login and setup your MFA, visit https://me.kepro.com/resources/training/ and click on the Provider Portal Login training video.

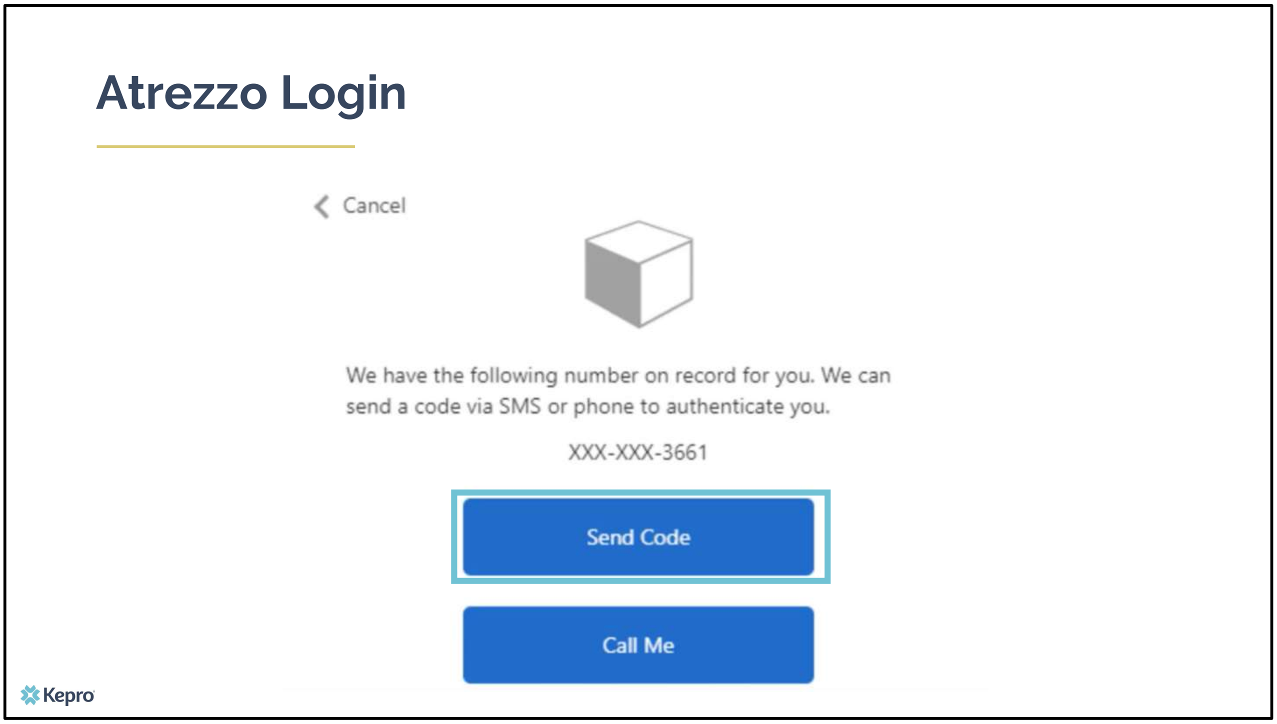



When you arrive to the login screen, you will use the Customer/Provider login. Here you will choose Login with Phone or Login with email depending on how your registered for the multi-factor authentication. Please note, if you chose to register with phone and you do not currently have your phone you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

## Atrezzo Login



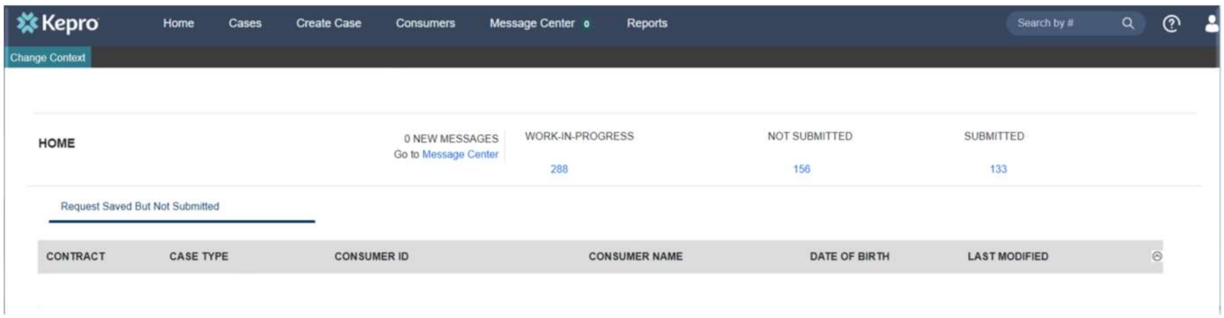

To sign in, you will enter your email and password then click Sign in.




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.


Enter in your verification code.

# Atrezzo Login

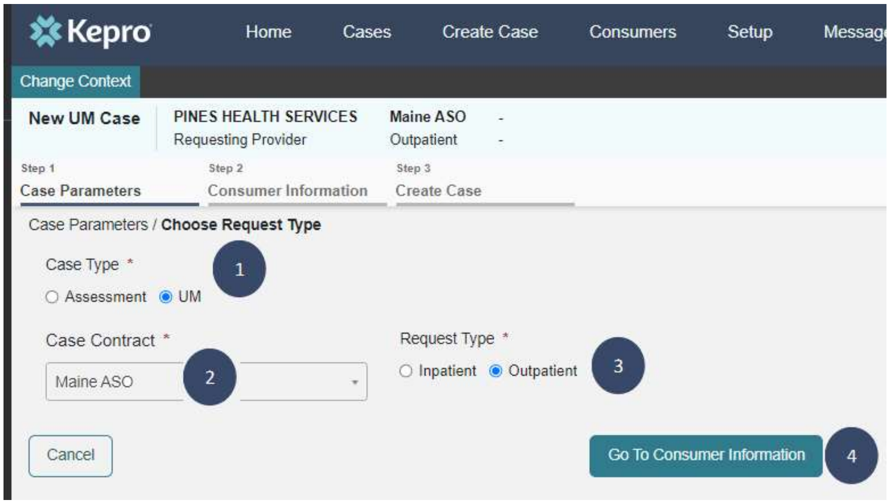



The system will automatically verify your account and you will be logged into the home screen.

## Creating the Request

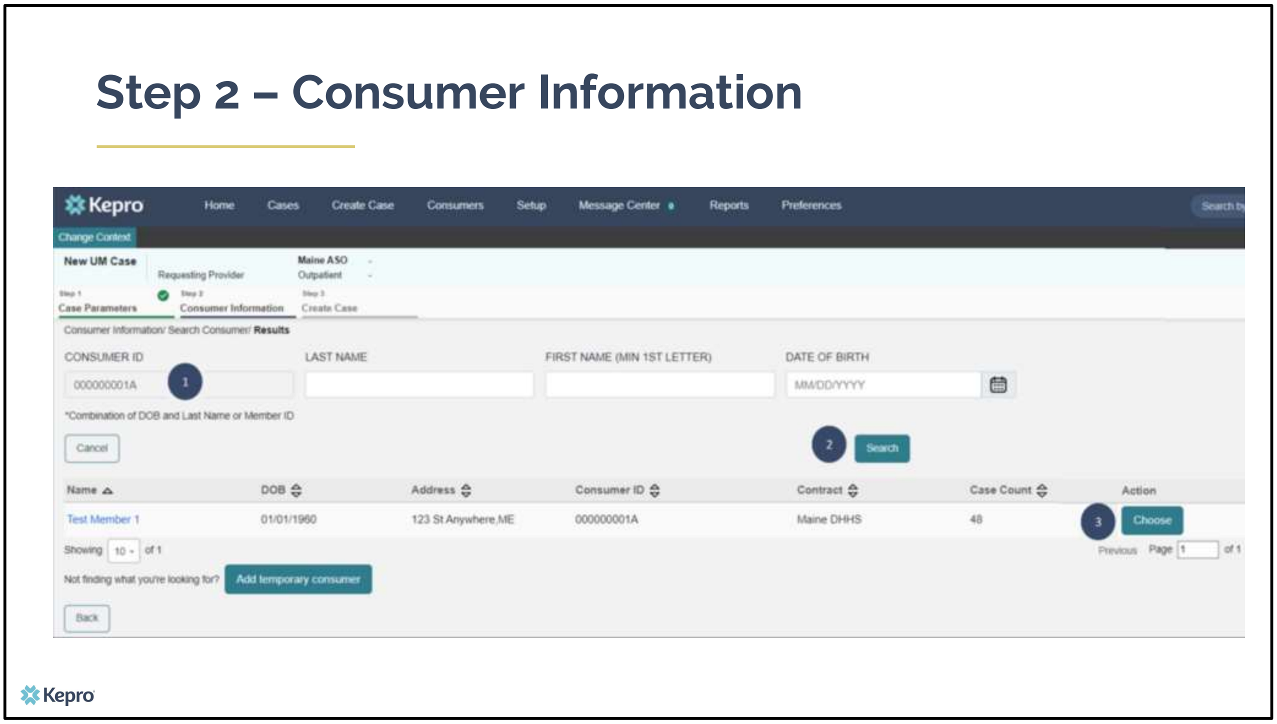

To create a new request, click on the create case tab.

## Step 1 – Case Parameters




In Step 1 – Case Parameters:

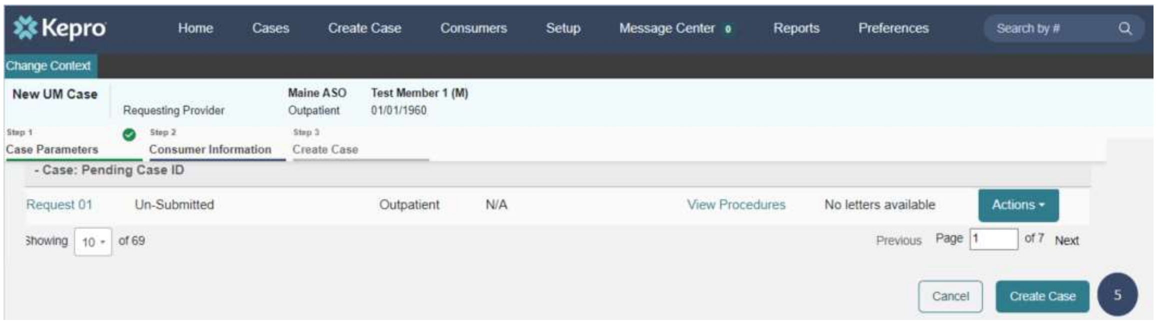
1. Select UM for **Case Type**
2. Select Maine ASO for **Case Contract**
3. Select Outpatient for the **Request Type**
4. Click **Go to Consumer Information.** Note: Go to Consumer will remain grayed out until all required fields are completed.




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 Continued

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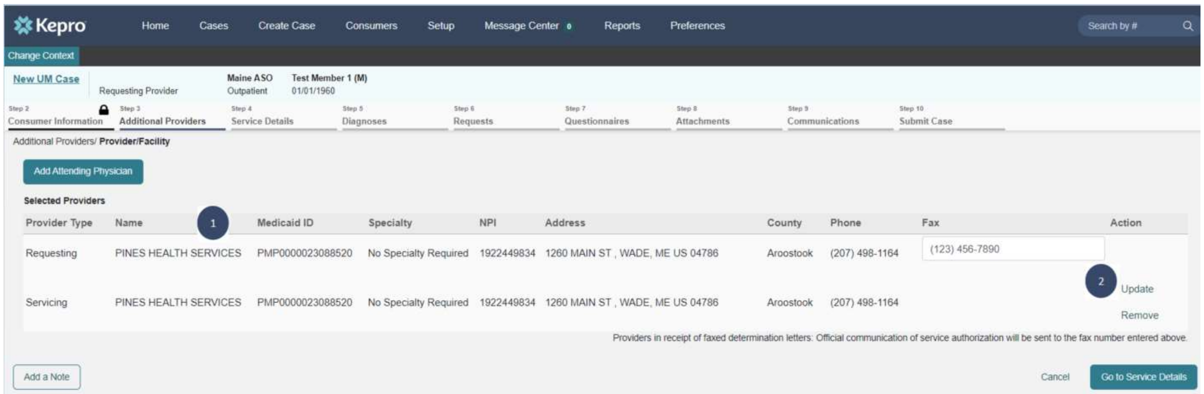
5. If the member has had a previously submitted or unsubmitted cases associated with your organization, they will display here. If this is a new request, click on **Create Case.**

# Step 3 – Additional Providers

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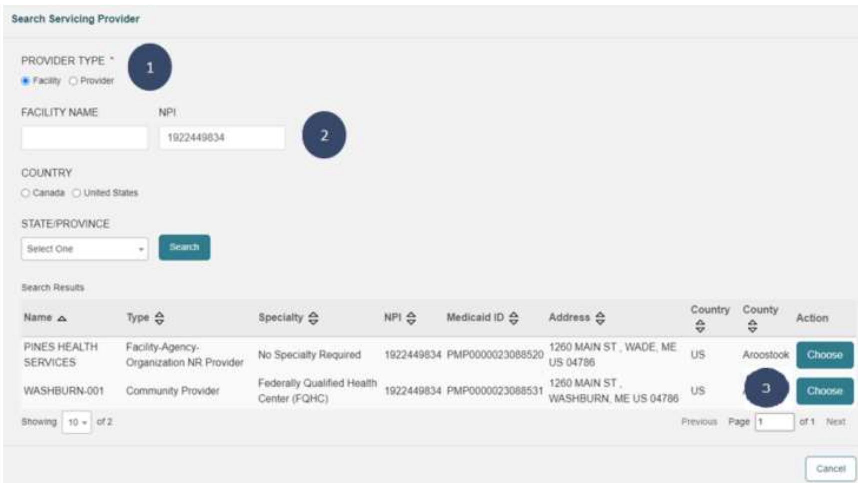
In Step 3 – Additional Providers:

1. The Requesting and Servicing providers will automatically be indicated based on the NPI number your login is associated with.
2. The servicing NPI number will need to be updated to the specific location of where the member is residing. This is referred to as your NPI+3 and will contain three numbers after the main NPI number. . To update to your NPI +3, click on the update link

# Step 3 – Servicing Provider

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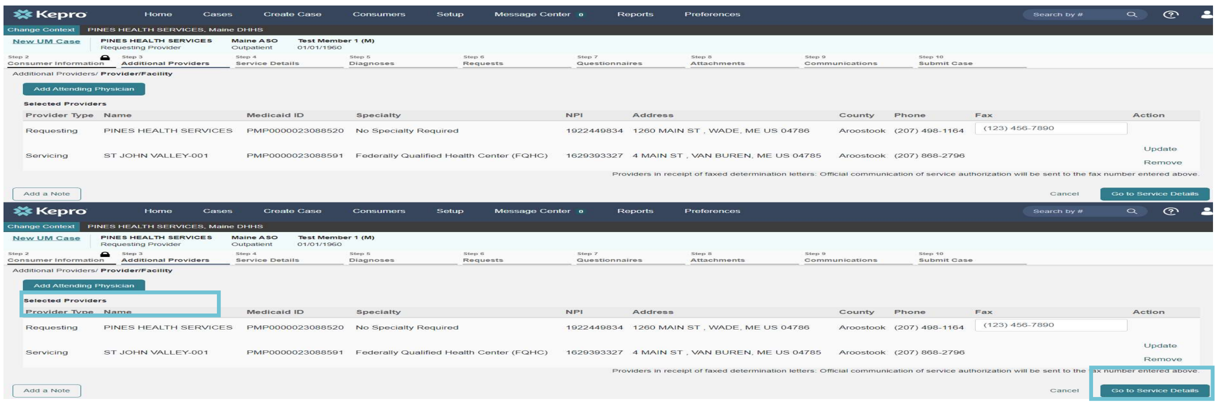
In Step 3 – Servicing Provider:

1. Select the Provider type. This will most often be facility.
2. Enter in the NPI number for your agency. Searching by the facility name will generally not bring up your NPI +3 locations.
3. When you have located the specific location of where the member is residing, click on Choose

# Step 3 – Servicing Provider

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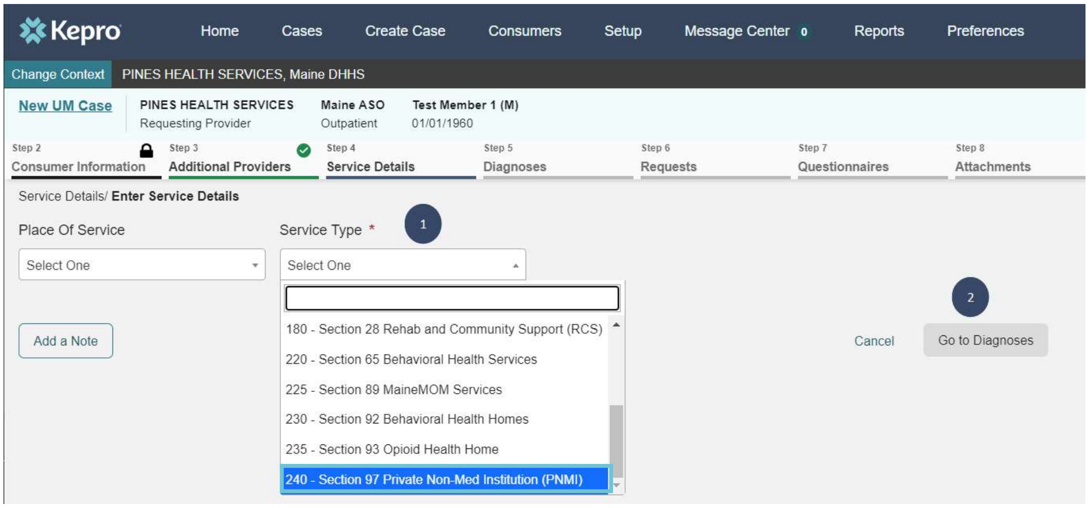
You will see that the servicing provider has now been updated. Click on go to service details

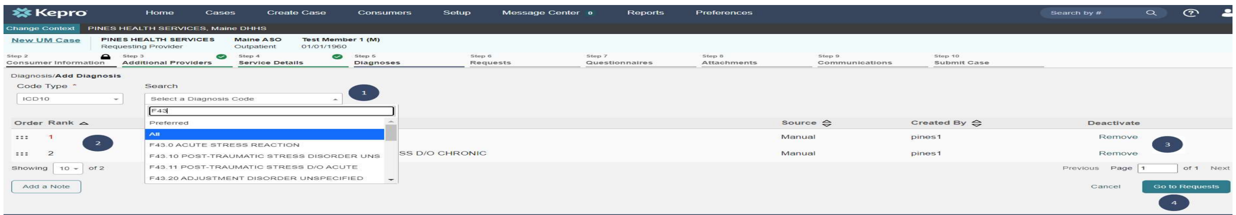
## Step 4 – Service Details

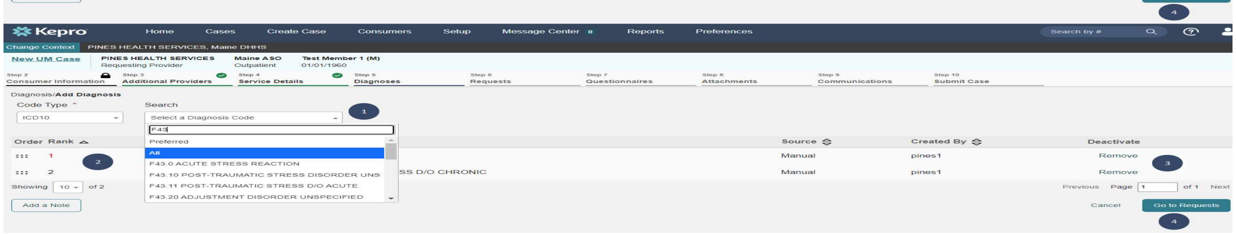



In Step 4 – Service Details:

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 97 Private Non-Med Institution (PNMI). 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

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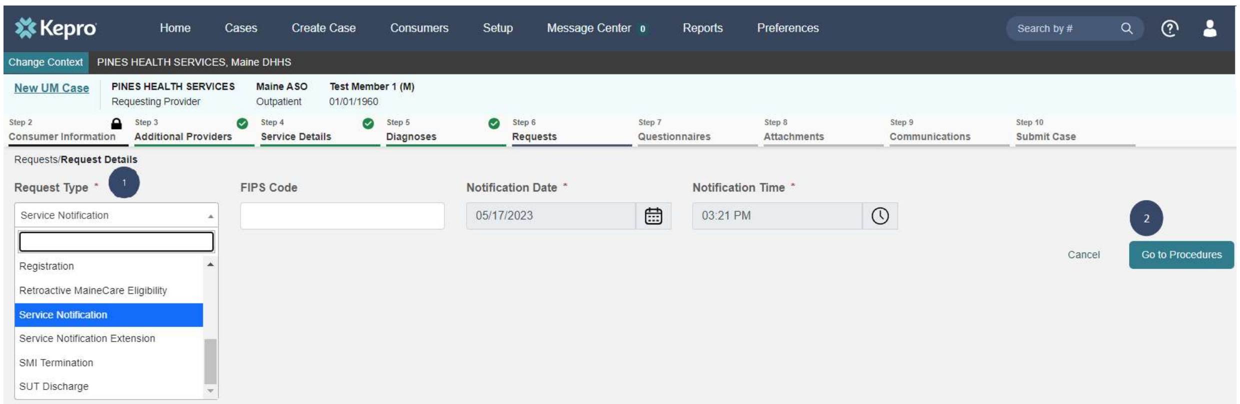
In Step 5 – Diagnosis:
The Atrezzo system will require you to enter in at least one diagnosis code.

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**

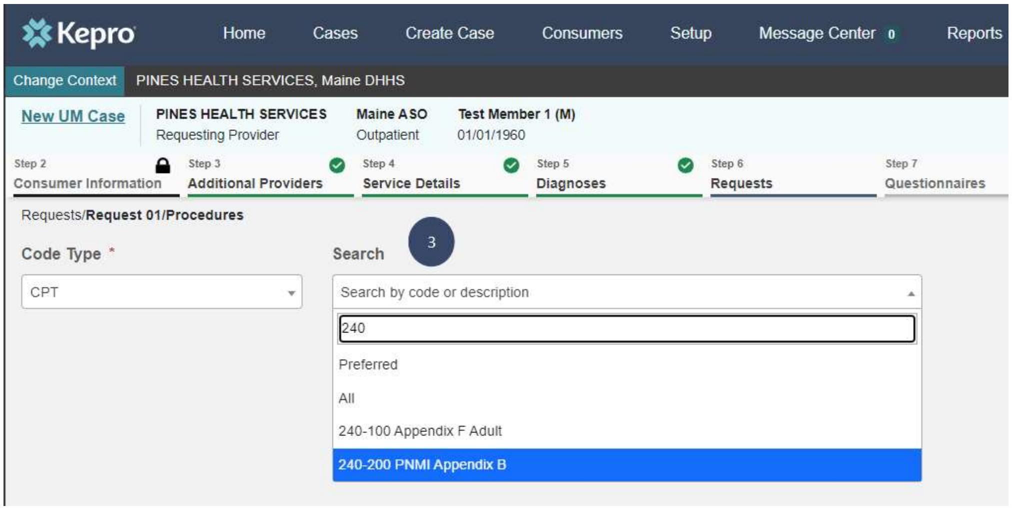
# Step 6 – Requests




In Step 6 – Requests:

1. In the **Request Type** box, select Service Notification if this is the first request you are submitting for the member.
2. Click **Go to Procedures**

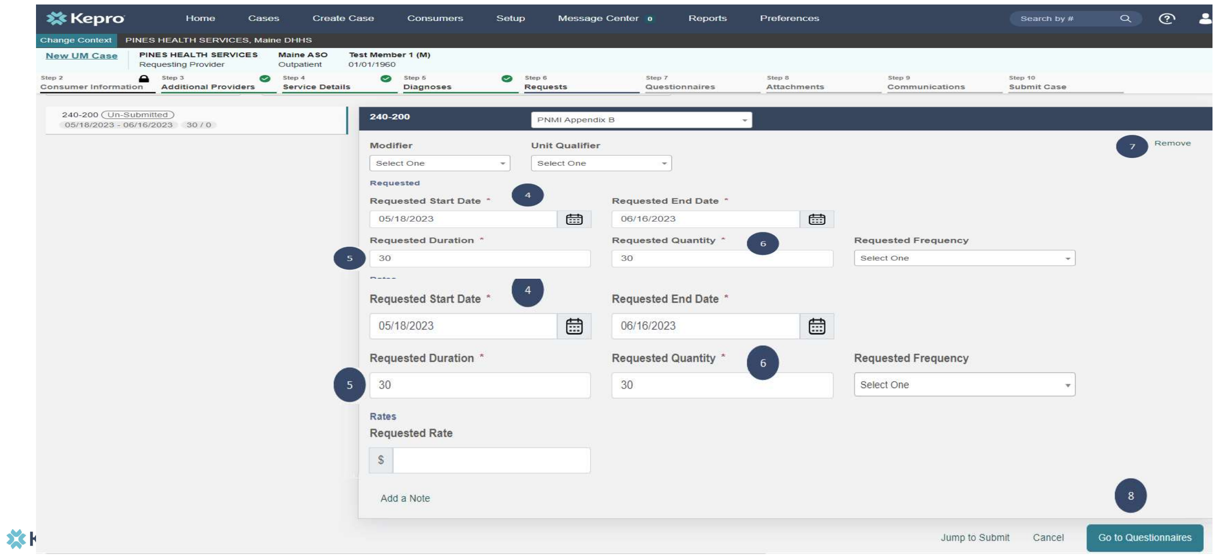
# Step 6 – Requests Continued




In Step 6 – Requests:

3. In the **Search** box, start typing in the procedure code 240-200. You will need to enter in at least three characters for the search feature to start finding results. Select the 240-200 PNMI Appendix B procedure code.

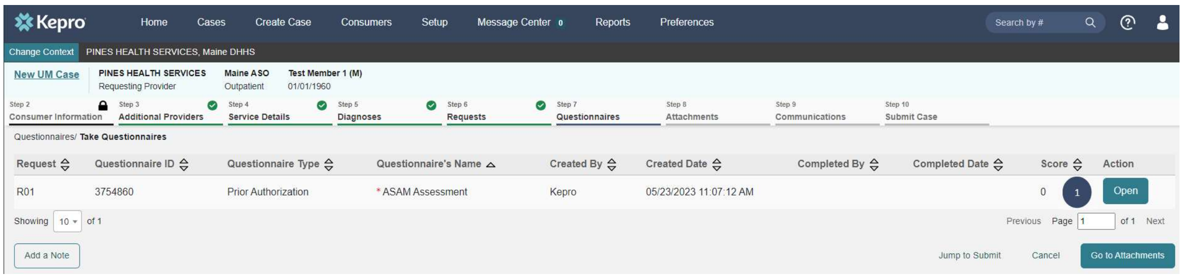
# Step 6 – Requests Continued




In Step 6 – Requests:

4. In the **Requested Start Date** box, enter the start date of this request. Please note, cases must be submitted within 10 calendar days of admission and every 30 days thereafter.
5. In the **Requested Duration** box, enter in 30. This will automatically populate the end date.
6. In the **Requested Quantity** box, enter in 30.
7. If you have added a procedure code in error, you can click on **Remove**.
8. When you have finished add the procedure code information, click on **Go to Questionnaires** to navigate to the next step.

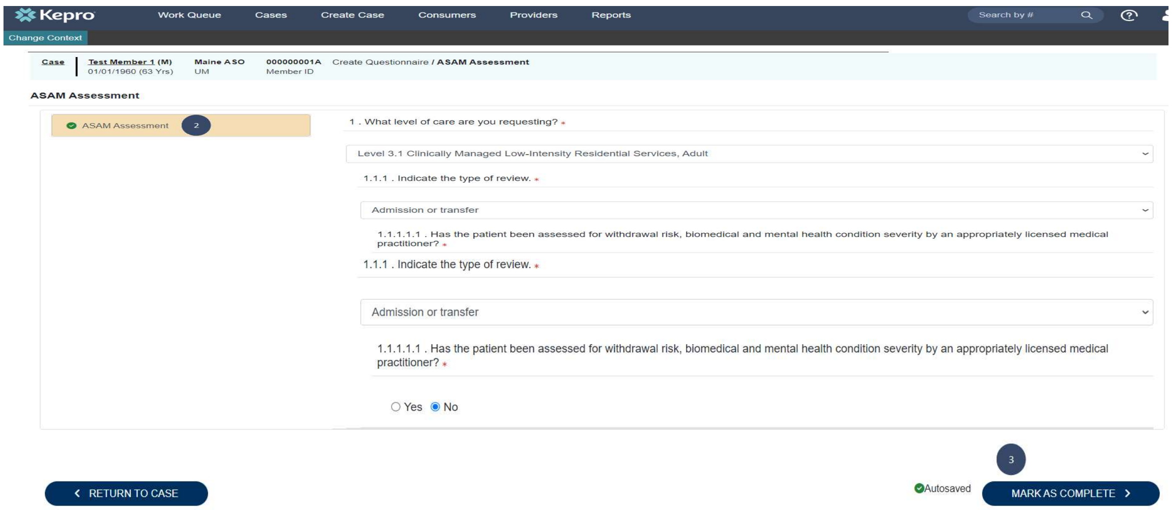
# Step 7 – Questionnaires




In Step 7 – Questionnaires:

1. Click Open to begin completing the ASAM Assessment questionnaire.

## Step 7 – Questionnaires Continued

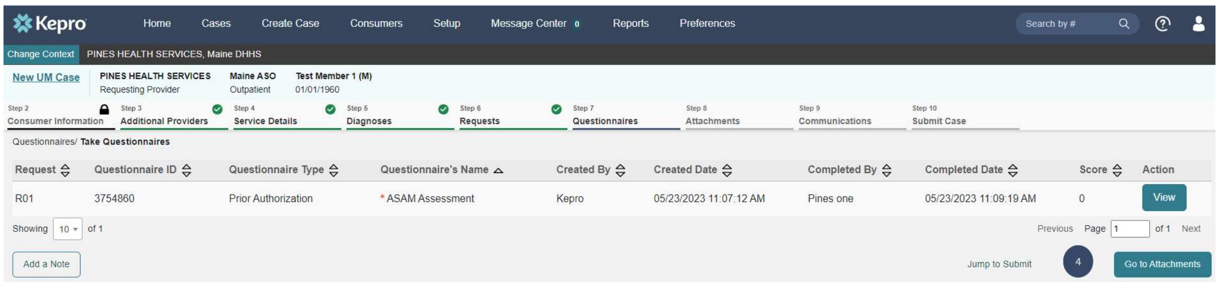



In Step 7 – Questionnaires:

2. The questionnaire will open in a separate window. Begin by answering the first question. As you respond to a question, additional questions may cascade for you to complete. When you have finished filling out the questionnaire, you will see a green check mark.

3. Click Mark As Complete. This will return you back to the case.

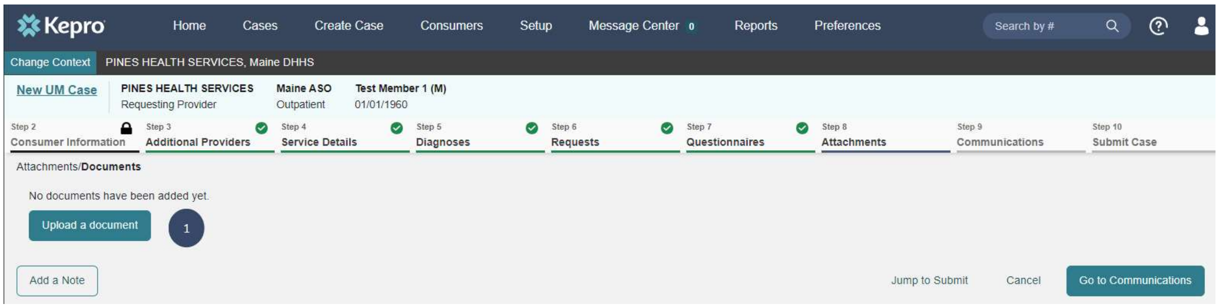
# Step 7 – Questionnaires Continued




In Step 8 – Questionnaires:

4. When you have completed the questionnaire click on **Go to Attachments.**

# Step 8 – Attachments

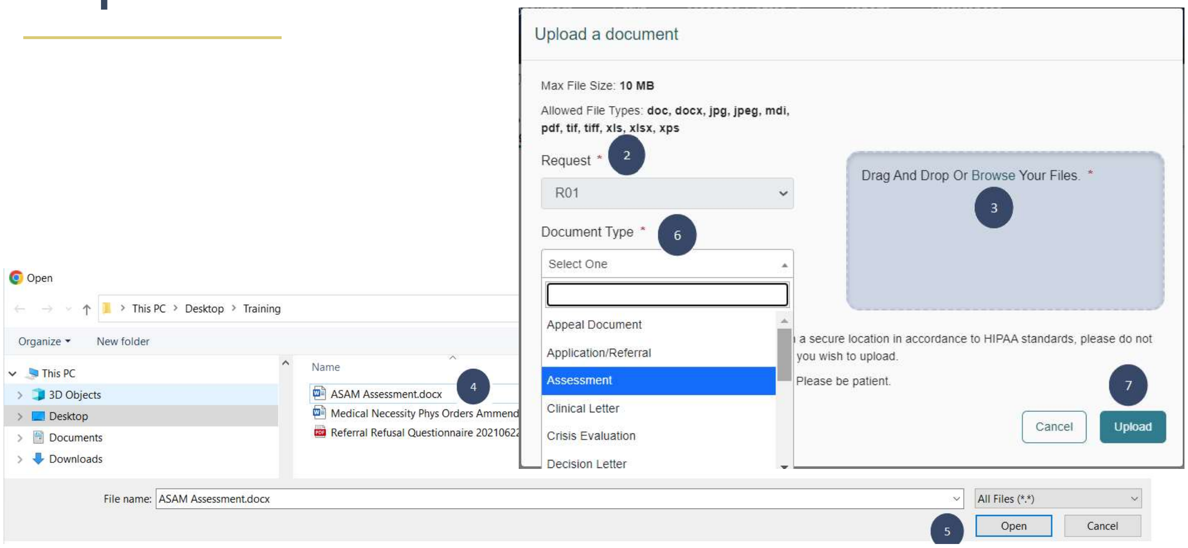



In Step 8 – Attachments:

On the Attachments page, if this request is for an admission, you will upload a copy of the most recent assessment. If this is the second or ongoing request, you will upload a copy of the most recent treatment plan.

1. To upload documents, click on the Upload a document button.

## Step 8 – Attachments Continued

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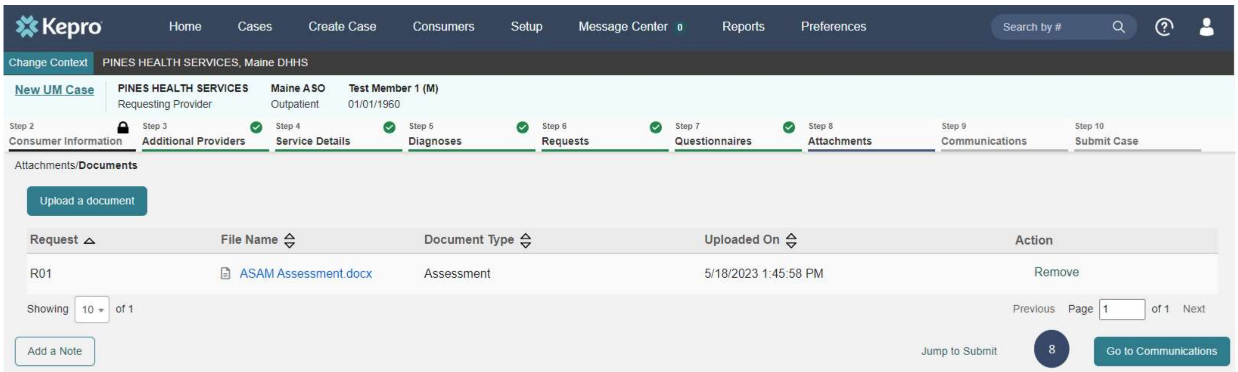
In Step 8 – Attachments:

2. Select the request number. If this is your first request, it will be R01. If this is your first Service Notification Extension, select R02. If it's the second Service Notification Extension, select R03 and so on.
3. Click on Browse which will open a document search box on your computer.
4. Search for where you saved the document. When you have located it, click on it.
5. Then click open.
6. You will be returned to the Upload a document window. Select the type of document from the drop-down list.
7. Click Upload. Repeat these steps for each document you are uploading.

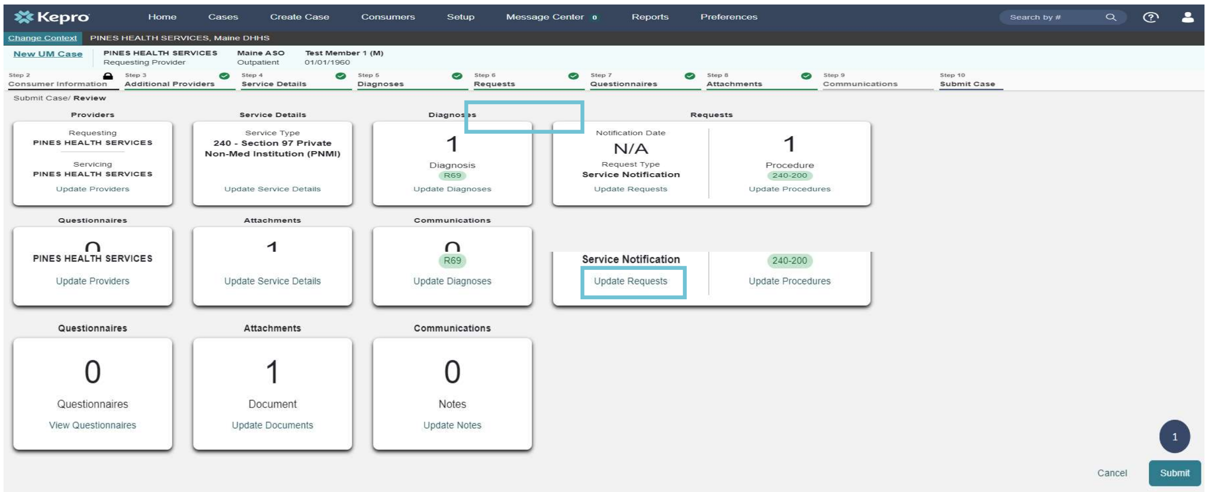
# Step 8 – Attachments Continued




In Step 8 – Attachments:

8. At this point, you are ready to submit the request. If there is additional information you need to convey, you can click on Go to communications to add a note. This will typically not be necessary as information we need will be collected through the questionnaire and uploaded documents. If you do not need to add any additional information, click on Jump to Submit

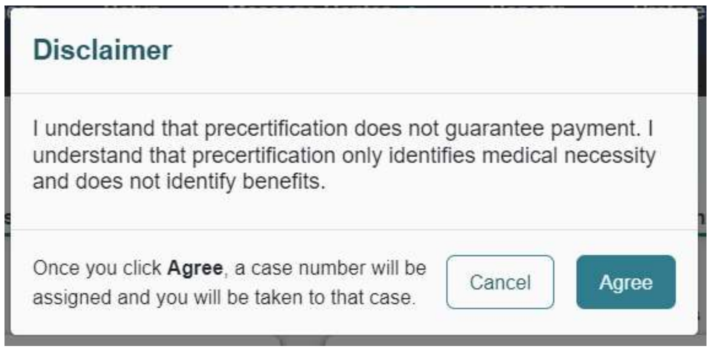
## Step 10 – Submit Case




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. In this example, we've shown where you can update the request at the step level or from the tile. Click on **Submit.**

## Step 10 – Submit Case

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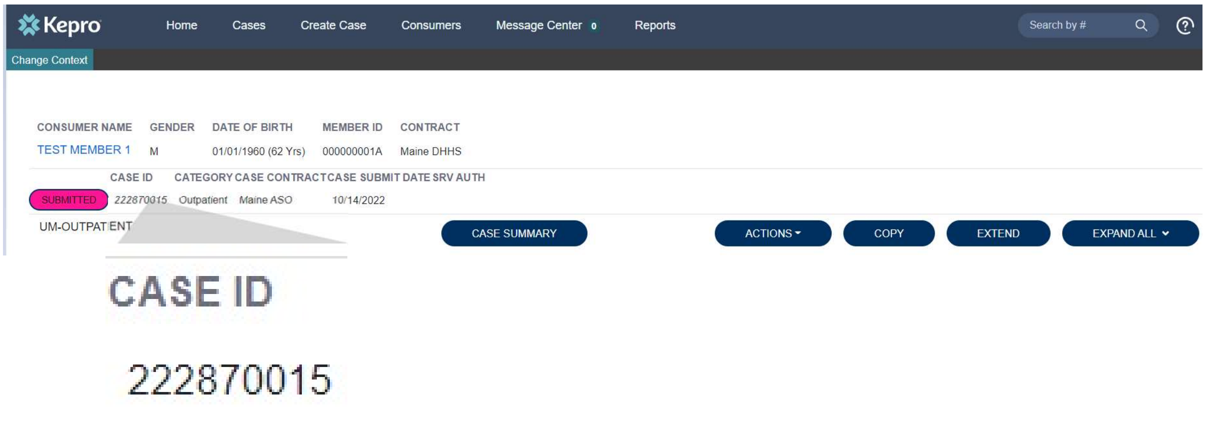
In Step 11 – Submit Case:

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.

# Submitting the Request




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

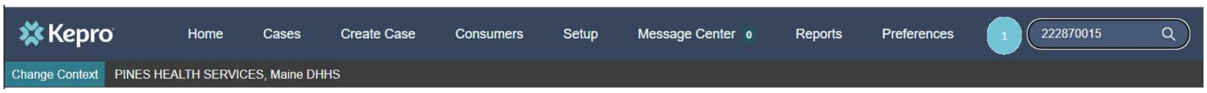
Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc. If calling Kepro regarding this request, two pieces of identifying information will be required to confirm the member's identity. For example, a Case ID and member's name.

PART FOUR

# Entering a Service Notification Extension

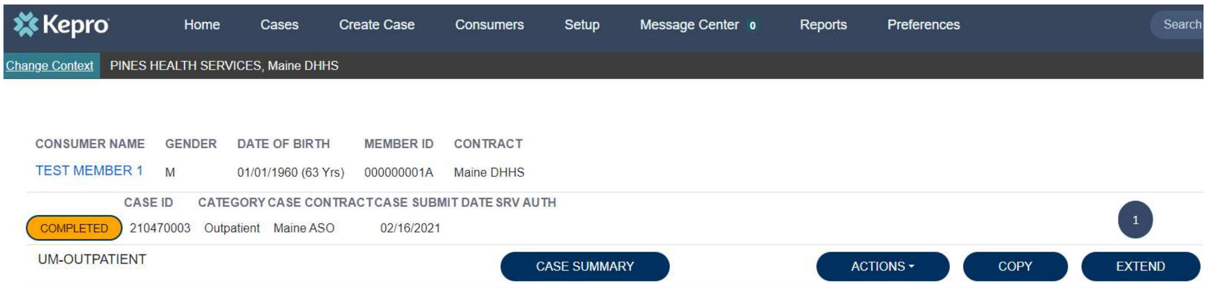
In part four, we will review the process for entering in a Service Notification Extension which will be required every 30 days after the initial admission.

## Searching for a Case




Using the case ID number that was generated when you submitted the admission case, paste it into the search bar and click enter on your keyboard. This will bring up your case.

## Searching for a Case

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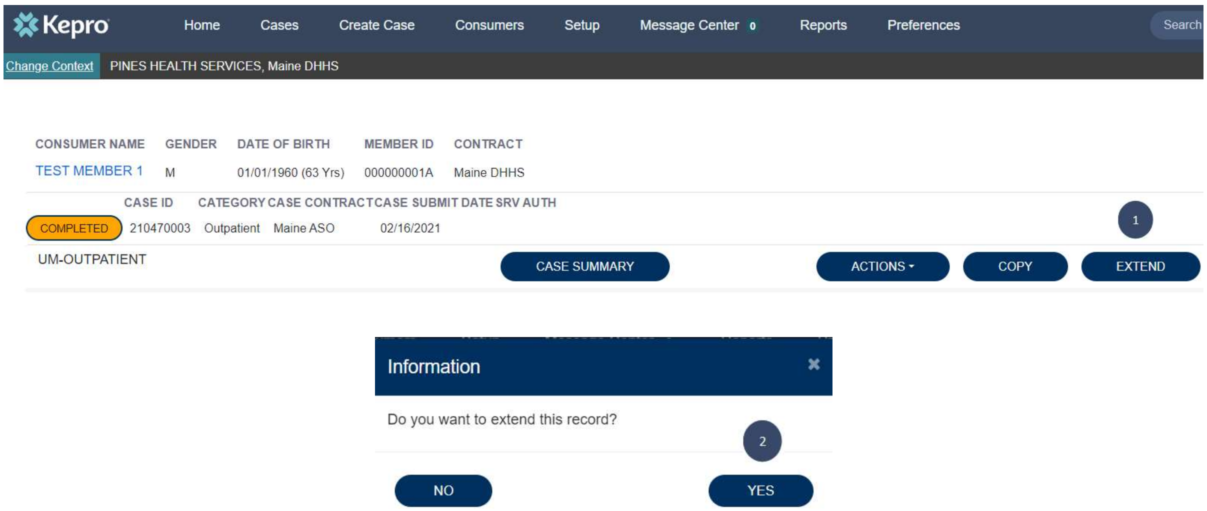
When the case appears, click on Extend

# Extending a Case

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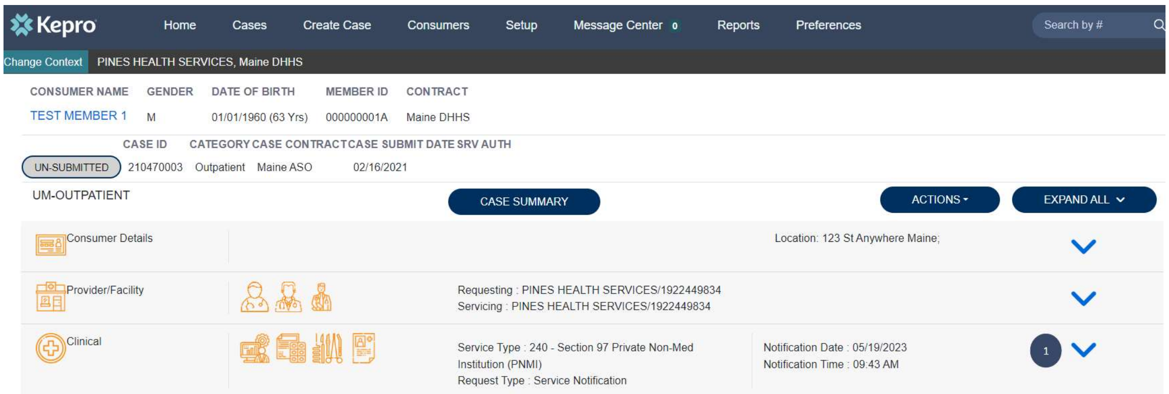
2. You will get a pop asking if you want to extend this record. Click yes to confirm.

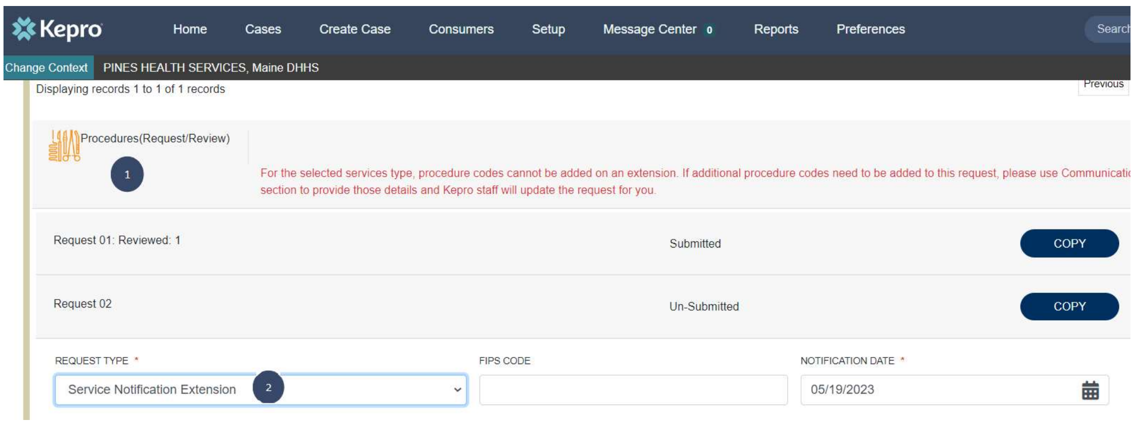
# Extension – Clinical Information




You will now be in an unsubmitted extension request.

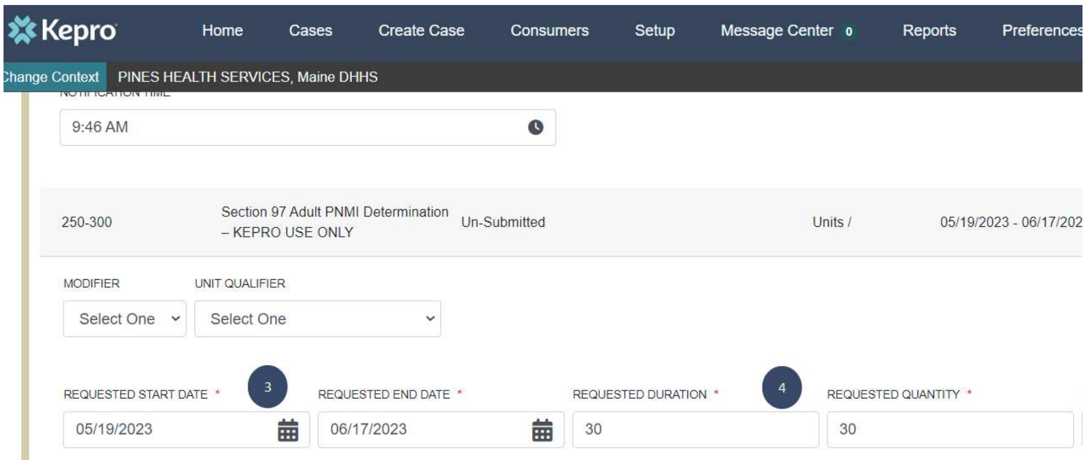
1. Click on the down arrow in the Clinical section to expand it.

# Procedure (Request/Review)



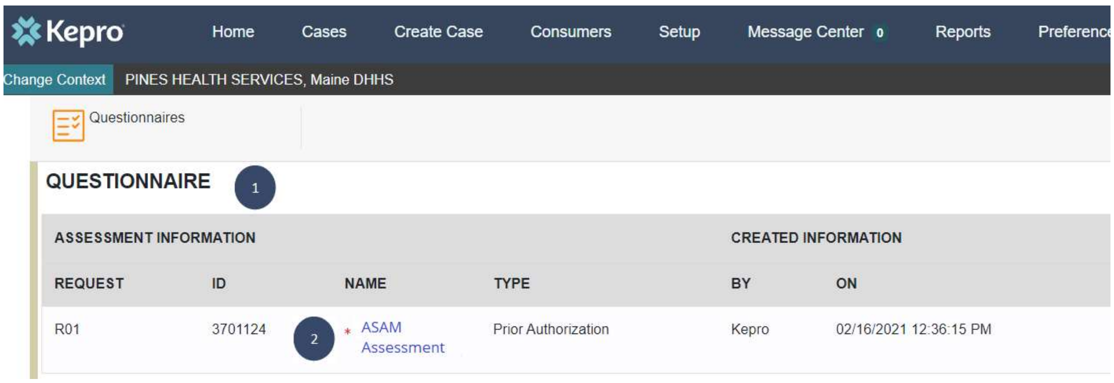

1. Scroll down to the Procedures (Request/Review) Section.
2. In the Request Type drop down box, select Service Notification Extension

## Procedure (Request/Review)




3. The Requested Start Date box will automatically be filled in to start the next day after your previous request ended.
4. In both the Requested Duration and Requested Quantity box, enter in 30.

# Questionnaire

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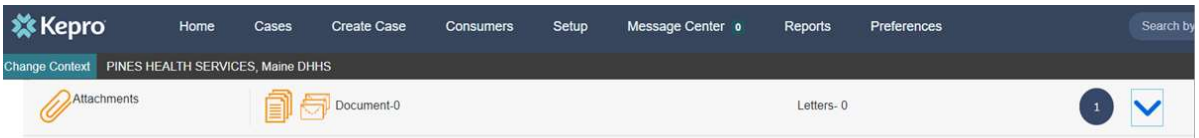
1. Scroll down to the Questionnaire Section.
2. Open the ASAM Assessment questionnaire to complete. Click Mark as completed when you have finished the questionnaire to return to the request.

## Attachments

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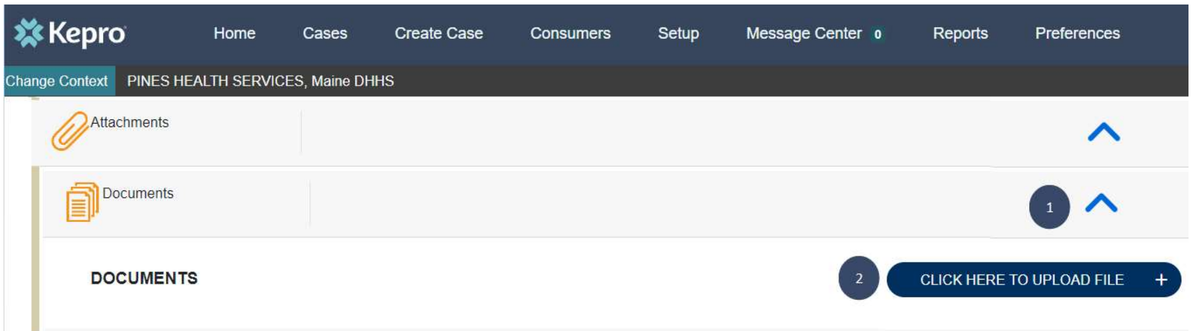
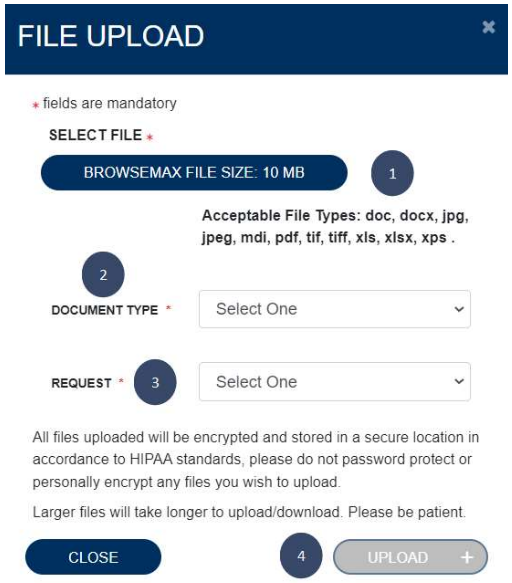
1. Scroll down to the Attachments Section and click the down arrow to expand it.

# Attachments




1. Click on the downward arrow to expand to documents section. Here you will add a copy of the most current treatment plan
2. Choose the Click Here to Upload a File button

# Attachments

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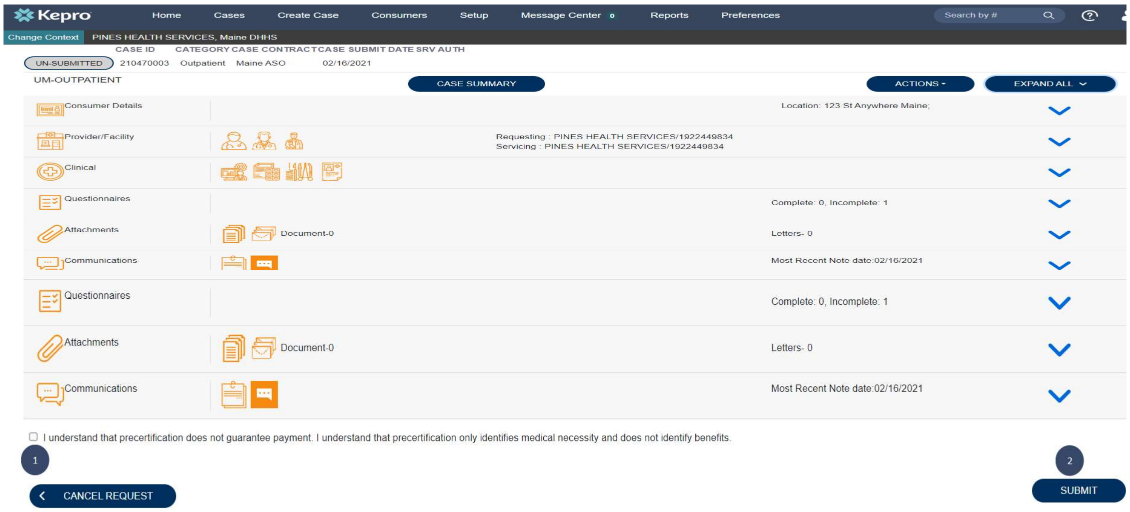
1. Click Browse to open up a document search window. Find where you have stored the document on your computer and select it to add to the request
2. Select the document type
3. Then select the request number. If this is the first 30-day extension, it will be R02. If it is the second 30-day extension it will be R03 and so on
4. Click Upload

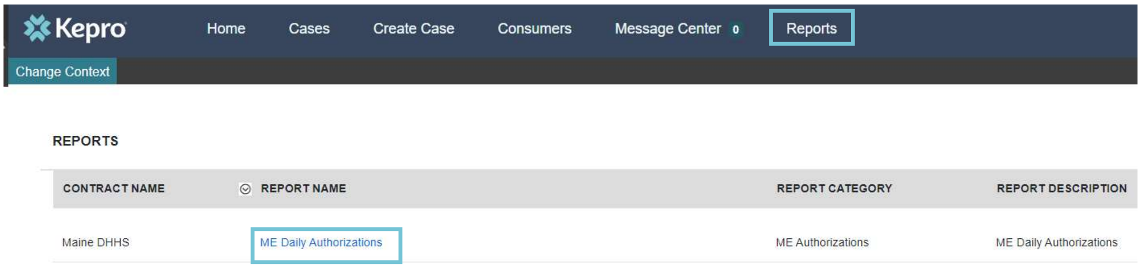
# Submission




1. Click on the precertification statement
2. Click Submit. If no errors are detected, your case will be submitted.


In part five we will review the Daily Authorization Report.

# Daily Authorization Report




The Daily Authorization Report is the primary way Kepro communicates to providers regarding the status of a case. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin +Reports User role will have a Reports tab. Within the reports tab, you will find the Daily Authorization Report.

# Checking The Daily Auth Report


Daily Authorization Report:
Requests submitted or certified or had a status change between 10/29/2020 and 11/27/2020
Total records: 1

| Request ID | KEPRO Case ID | Submit Date | Member First | Member Last | Service Start Date | Service End Date | No Of Days | Approved Units | Status | Request Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 203030019 | 10/29/2020 | Jon | Doe | 10/29/2020 | 11/27/2020 | 30 | 1 | Approved - Authorized | |

In your daily authorization report, select the date range you want to search by. Then select the request types you want to search by and click view report. If you are wanting to view your agency's SUD Residential data, select Service Notification and Service Notification Extension from the Request Type drop down. 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 Kepro Case ID, start date, status and notes section which will show any notes that have been added to the case.

# 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

Email: ProviderRelationsME@Kepro.com

**www.qualitycareforme.com**

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Thank you for joining the Kepro Residential SUD Utilization Management 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. Our hours of operation are Monday thru Friday 8am to 6pm.