



Today's Topics

- ASO/Kepto Updates
- Atrezzo Process
- Medical Necessity
- Questions



- Kepto Overview (company and staffing)
- Office update
- Services and responsibility

Maine Statewide Training



Rob

Today's Topics

- ASO/Kepto Updates
- Atrezzo Process
- Medical Necessity
- Questions



- Atrezzo overview
- System updates
- Submission process

Maine Statewide Training



Rob

Today's Topics

- ASO/Kepto Updates
- Atrezzo Process
- Medical Necessity
- Questions



- Clinical review process
- The golden thread
- Medical necessity explanation
- Member Services
- Adverse incidents

Maine Statewide Training



Rob

Today's Topics

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- Kepto by the Numbers
- Atrezzo Process
- Medical Necessity
- Questions



Part One -
ASO/Kepro Updates

Kepro Overview

Servicing 250 state, federal and employer clients

Since 1985, Kepro has helped members lead healthier lives through clinical expertise, integrity and compassion. Kepro was founded by physicians and clinical expertise is at the core of our organization. Kepro has 14 offices with more than 1,000 employees.



Care Management

- CARE COORDINATION
- CASE MANAGEMENT
- EAP & ABSENCE MANAGEMENT
- PHARMACY MANAGEMENT
- UTILIZATION MANAGEMENT



Quality Oversight

- APPEALS & GRIEVANCES
- CMS WAIVER OVERSIGHT
- EXTERNAL QUALITY REVIEW
- STANDARD OF CARE REVIEW

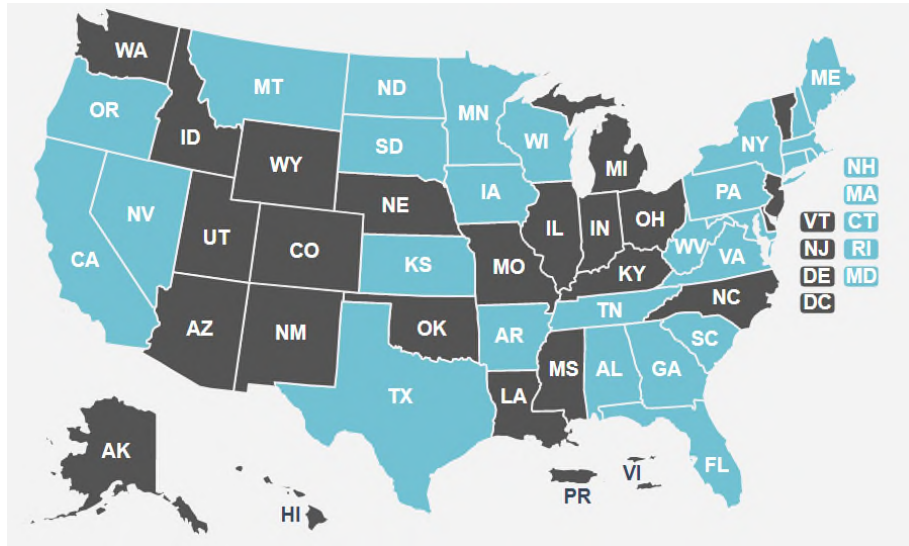


Assessments, Eligibility & Enrollment

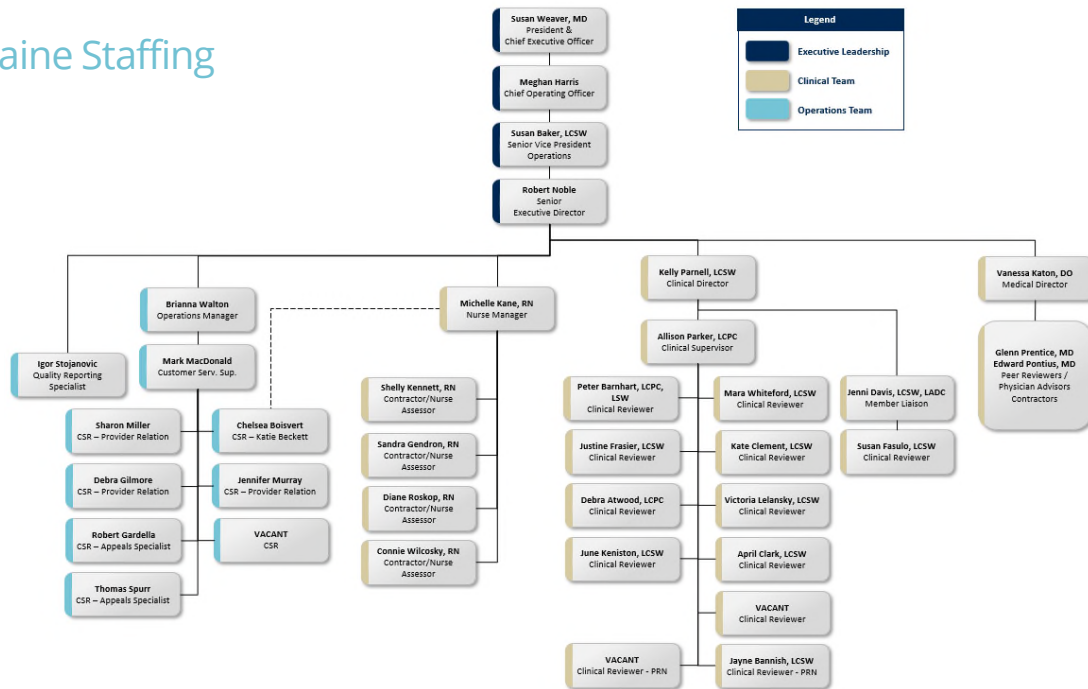
- APPLICATION PROCESSING & ENROLLMENT
- BEHAVIORAL HEALTH NEEDS ASSESSMENT
- LEVEL OF CARE ASSESSMENTS
- PREADMISSION SCREENING & RESIDENT REVIEW

Map of Kepro State and Government Services

Kepro recently added the states of Nebraska, Colorado and Mississippi



Maine Staffing



Kepro Update

Relocating our office to from Scarborough to South Portland

400 Technology Way, Scarborough, ME 04074



82 Running Hill Road, Suite 202, South Portland, ME 04106

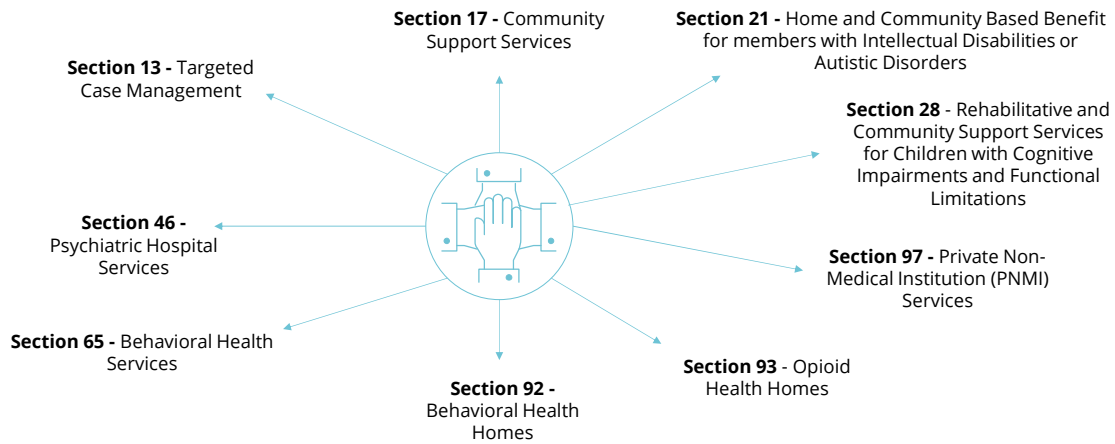


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Kepro Services Reviewed

Our clinical expertise expanding across MaineCare policy



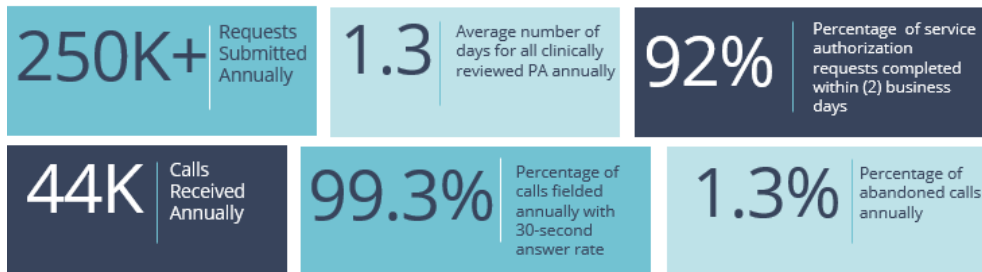
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Veronica --- move to appendix



Kepro By the Numbers



* Based on 2020 and 2021 Results

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Part Three -
Atrezzo Process

Simple Submission Flowchart

Our clinical expertise expanding across MaineCare policy

Provider assesses the members needs



Provider enters service request with supporting clinical documentation to Kepro's Atrezzo Platform



Kepro's clinical team reviews the provider request and makes a determination based on medical necessity



Kepro sends the authorization number to QNXT (HealthPAS) for provider billing purposes



Maine Statewide Training



Kepro Atrezzo

Our proprietary system

Kepro's proprietary system, Atrezzo, is a web-based application built using Microsoft technology. Its modular design is easily configurable to meet each client's unique short and long-term requirements for data, information, and intelligence today and in the future. **Atrezzo is HIPAA and ICD-10CM/PCS compliant.**

Kepro Atrezzo

Our proprietary system



HOME

MEMBERS

MEMBER ADVISORY COL

Intelligent Value

State of Maine Department of Health and Human Services

ATREZZO LOGIN

Visit www.qualitycareforme.com to access the Atrezzo portal



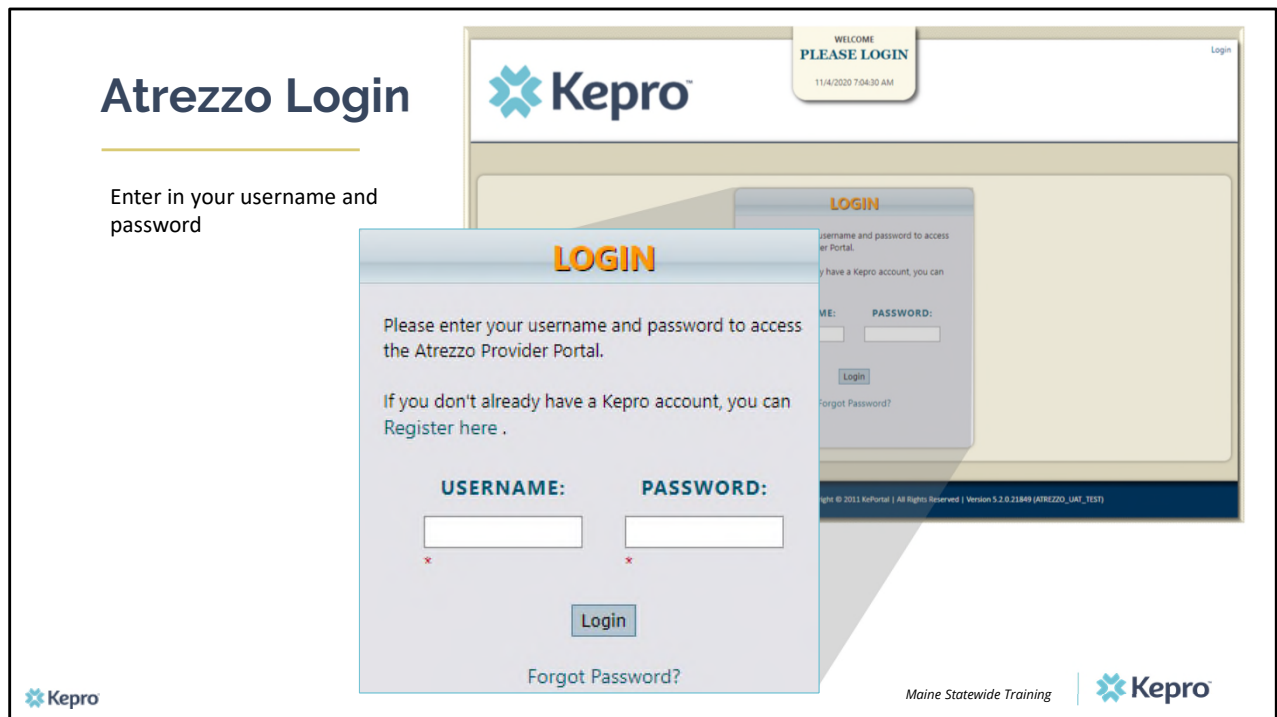
Maine Statewide Training



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

Atrezzo Login

Enter in your username and password

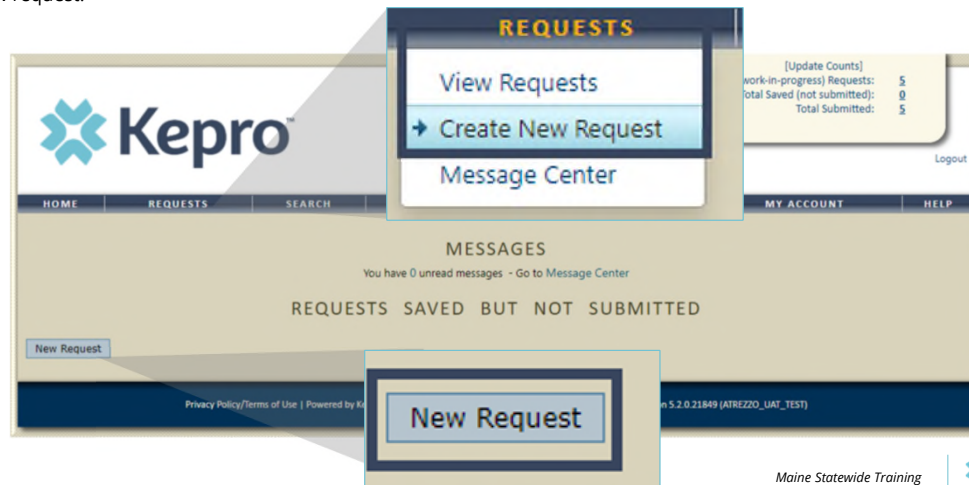


The screenshot displays the Atrezzo Login interface. At the top, the Kepro logo is visible alongside a 'WELCOME PLEASE LOGIN' banner with the date '11/4/2020 7:04:30 AM'. The main content area features a 'LOGIN' form overlay. This form includes the text: 'Please enter your username and password to access the Atrezzo Provider Portal.' and 'If you don't already have a Kepro account, you can [Register here](#).' Below this, there are input fields for 'USERNAME:' and 'PASSWORD:', each followed by a red asterisk. A 'Login' button is positioned at the bottom of the form, with a 'Forgot Password?' link underneath it. The background shows a blurred version of the same login page.

Once you click on the Atrezzo login button, you will be brought to the actual login page. Here you will enter in your username and password. If you have forgotten your password, click on the I forgot password link. This will ask you to provide your username and the answer to your security question. Once you have answered your security question, you will be able to reset your own password.

Creating the Request

Once you have successfully logged in, you will be brought to the home screen of Atrezzo. There are two ways to create a new request. You can click on New Request at the bottom of the home screen, or by click on the requests tab and selecting create new request.



Once you have successfully logged in to Atrezzo, you will be brought to the home screen of Atrezzo. There are two ways to create a new request. You can click on New Request at the bottom of the home screen, or by clicking on the requests tab and selecting create new request.

Creating the Request

Enter in the member's MaineCare ID in the Member ID box. If you don't have the member's MaineCare ID, you can search for the member by entering in the member's last name and date of birth. If member does not have MaineCare you can create a temp ID.

The screenshot shows the Kepro web application interface. At the top, there is a navigation bar with links for HOME, REQUESTS, SEARCH, and MANAGEMENT. A 'MEMBER SEARCH' section is highlighted, showing a search form with fields for Member ID, Member Last Name, and Member Birthdate (mm/dd/yyyy). A 'Search' button is located below the fields. A callout box is overlaid on the search form, providing a larger view of the fields and the 'Search' button. The callout box also includes a 'Member ID' field, a radio button for 'or', and a 'Member Birthdate' field with a calendar icon. The background of the screenshot shows a sidebar with 'Chance Contact' and 'Contact Maine DHS' links, and a top right corner with 'Update Counts' and a table showing 'Total (work-in-progress) Requests: 52', 'Total Saved (not submitted): 22', and 'Total Submitted: 28'.

Update Counts	
Total (work-in-progress) Requests:	52
Total Saved (not submitted):	22
Total Submitted:	28

Enter in the member's MaineCare ID in the Member ID box. If you don't have the member's MaineCare ID, you can search for the member by entering in the member's last name and date of birth and click search

Creating the Request

Click on select once the member appears in the member search screen.

The screenshot shows the Kepro Member Search interface. A callout box highlights the 'MEMBER SEARCH' table, which contains the following data:

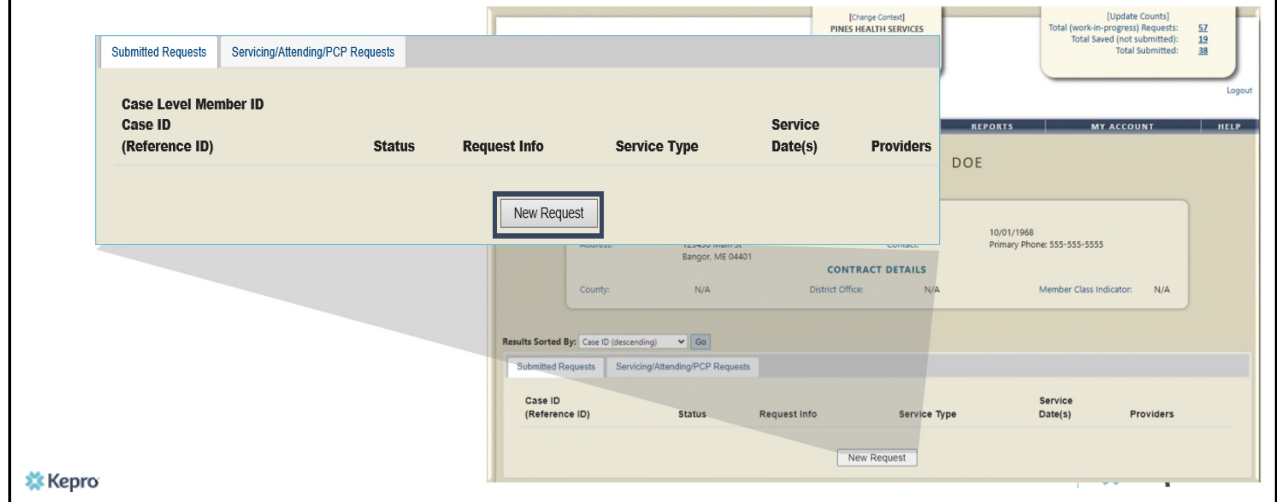
Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
TEMP00000000	Doe	Jane		10/01/1968	0	Maine DHHS	Select

The main interface also shows a smaller version of this table below the callout. The footer includes the Kepro logo, 'Maine Statewide Training', and a copyright notice: 'Privacy Policy/Terms of Use | Powered by Kepro | Contact | Copyright © 2011 KePortal | All Rights Reserved | Version 5.2.0.21849 (ATREZZO_UAT_TEST)'.

Once the member appears in the member search screen, click on select to start the request

Creating the Request

Click on New Request at the bottom of the Request screen



Click on New Request at the bottom of the Request screen

Creating the Request

Select Outpatient as the request type.

Contract: Maine DHS

[Update Counts]
Total (work-in-progress) Requests: 52
Total Saved (not submitted): 18
Total Submitted: 38

Logout

MY ACCOUNT | HELP

Select request type: Outpatient Create Request Cancel

Select sub contract: Maine ASO

JANE DOE
Member ID: TEMP00000000
Address: 123456 Main St
Bangor, ME 04401
Birth Date: 10/01/1968
Contact: Primary Phone: 555-555-5555

CONTRACT DETAILS
County: N/A District Office: N/A Member Class Indicator: N/A

Results Sorted By: Case ID (ascending) Go

Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
Select request type: Outpatient Create Request Cancel					
Select sub contract: Maine ASO					

In the select request type box, choose outpatient. The select subcontract will default to Maine ASO. Click Create request to continue.

Requesting Provider Page

Enter in your agency's fax number if not already indicated.

OUTPATIENT SERVICES REQUEST

- Patient Detail
- Requesting Provider**
- Service Provider
- Attending Physician
- Service Detail
- Procedures
- Diagnoses
- Clinical Information
- Attached Documents
- Questionnaires

REQUESTING PROVIDER

Name: PINES HEALTH SERVICES
Provider ID: 1922449834
Provider Type: 78 - Facility-Agency-Organization NR Provider
Address: 1260 MAIN ST
WADE ME 04786
Phone: 207-498-1164

Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

Fax * 555-555-5555 X

* denotes required field

Phone: 207-498-1164

Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

Fax *

* denotes required field

Previous Next

Once you have clicked create request, you will be brought to the Requesting Provider page. If your agency's fax number is not already indicated, please enter in the fax number and click next.

Service Detail Page

Click on the Service Detail page



Using the tabs on the left-hand side of your screen, click on the Service Detail page. The Service Provider and Attending Physician pages are not required for Referral Requests.

Service Detail Page

Complete the Service Type and Request Type. Refer to service grid with any questions.

The screenshot shows a web form titled "OUTPATIENT SERVICES REQUEST". On the left, there is a list of service codes and descriptions: 100 - Baxter Fund Services, 120 - Long-Term Supported Employment, 130 - Section 13 Targeted Case Management, 140 - Section 17 Community Support Services - Adults, 160 - Section 21 Rehab for Adults w/ I.D. and Autism, 180 - Section 28 Rehab and Community Support (RCS), 220 - Section 65 Behavioral Health Services, 230 - Section 92 Behavioral Health Homes, 235 - Section 93 Opioid Health Home, and 240 - Section 97 Private Non-Med Institution (PNMI). To the right of this list are fields for "Service Type *", "Request Type", and "FIPS Code". The "SERVICE DETAIL" section has a dropdown menu that is open, showing a list of options: "--Select One--", "Continued Stay Review", "Critical Incident", "Grant Funded Continued Stay Review", "Grant Funded Review", "Placement Level Change", "Prior Auth", "Referral", "Referral (Grant Funded)", "Referral Refusal", "Registration", "Retroactive MaineCare Eligibility", "Service Notification", "Service Notification Extension", and "SMI Termination". A "Prev" button is located below the dropdown menu.

In the service type box, enter in Section 13, Section 28, Section 65, or Section 97 as applicable. In the request type box, select referral. Click next to continue.

Procedures Page

The screenshot displays the 'Procedures Page' with a main form titled 'OUTPATIENT SERVICES REQUEST'. On the left is a sidebar with navigation links: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures (highlighted), Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The main form has a 'PROCEDURES' section with the instruction 'Use the search below to add procedures to this request' and buttons for 'Find' and 'Show Preferred'. A callout box shows a zoomed-in view of the 'Find' button. Below this, a 'Procedure Search' modal is shown in two states. The first state shows the search fields: 'Code Type' (set to CPT), 'Code Starts with', 'Description', and 'Smart Search', with a 'Find' button. The second state shows the results for the search 'T2022HB', displaying a table with columns 'Code', 'Description', and 'Action'. The table contains one row: 'T2022HB' with description 'Behavioral Health Homes - Adult' and an 'Action' column with a 'Select' button. The 'Kepro' logo is in the bottom left, and 'March 2021' and 'Kepro' are in the bottom right.

OUTPATIENT SERVICES REQUEST

PROCEDURES
Use the search below to add procedures to this request

Procedure Search

Code Type: CPT

Code Starts with:

Description:

Smart Search: **Find**

Procedure Search

Code Type: CPT

Code Starts with: T2022HB

Description:

Smart Search: **Find**

Code	Description	Action
T2022HB	Behavioral Health Homes - Adult	Select

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On the procedures page, enter the applicable procedure code. Click on find, then enter in the procedure code or description of the code and click find again. When the procedure appears, click on select under action. This will add the code to your request.

Procedures Page

Enter in the start and end date and total units. Service grid indicates maximum dates that can be selected. Units typically default to 1 unit to ensure correct utilization has been requested.

SUBMISSION WINDOW: Requests can be submitted up to ten (10) calendar days early. They can be backdated a maximum of five (5) calendar days from the date of submission.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, a sidebar contains links for 'Patient Detail' and 'Requesting Provider'. Below these, a search bar shows '170-100 - Section 28 Eligibility Determin: [remove]'. Below the search bar are input fields for 'Date: *', 'to', 'Qty: *', '-Frequency-', and 'Rate:'. Below these fields are links for 'Attached Documents' and 'Questionnaires'. The main section is titled 'PROCEDURES' and contains the instruction 'Use the search below to add procedures to this request'. It features a duplicate of the search bar and input fields. At the bottom right of the main section are 'Find' and 'Show Preferred' buttons. A footnote at the bottom right states '* denotes required field'.

Once the code has been added, indicate the start as the date the request is being submitted. Referrals are good for 1 year once approved. Enter in the end date as one year out from your start date then enter one (1) unit in the quantity box. Click Next.

Procedures Page – Service Grid is located on website at www.qualitycareforme.com

KEPRO Maine ASO MaineCare Funded Service Grid July 1, 2017													
Service Name	Procedure/Service Code	Code Mod	Code Mod	Billing Unit	Contact for Service Notification	PA Review: requires clinical review	Initial Registration: Clinical review for duplication and nonconcurrent only	Continued Stay Review	Discharge Review	Initial Auth Period: Days	Auth Unit Default	Maximum Continued Stay Period: Days	
Section 13 Targeted Case Management - Children													
Targeted Case Management - Chronic Medical Care Needs	T1017	UB		15 Min		X		X	X		30	1	
Targeted Case Management - Behavioral Health	T1017	UC		15 Min	X		X	X	X		30	1	
Targeted Case Management - Developmental Disabilities	T1017	UD		15 Min	X		X	X	X		30	1	
Section 17 Community Support Services - Adults													
	Procedure/Service Code	Code Mod	Code Mod	Billing Unit	Contact for Service Notification	PA Review: requires clinical review	Initial Registration: Clinical review for duplication and nonconcurrent only	Continued Stay Review	Discharge Review	Initial Auth Period: Days	Auth Unit Default	Maximum Continued Stay Period: Days	
	T1017	UB		15 Min		X		X	X		30	1	90
	T1017	UC		15 Min	X		X	X	X		30	1	90
	T1017	UD		15 Min	X		X	X	X		30	1	90

March 2021



To get a complete list of the procedure codes, units, and authorizations request types, visit www.qualitycareforme.com/resources/manual-forms/ and click on the MaineCare Funded or Non-MaineCare Funded Service Grid(s)

Diagnosis Page

Enter in the ICD 10 diagnosis code and any subsequent diagnoses.

OUTPATIENT SERVICES REQUEST

DIAGNOSES

Use the search below in order to add diagnoses to this request

Find Show Preferred

Previous Next

Diagnosis Search

Code Type ICD10

Code Starts with F20.0

Description

Smart Search Search

Diagnosis Search

Code Type ICD10

Code Starts with F20.0

Description

Smart Search Search

Code	Description	Action
F20.0	PARANOID SCHIZOPHRENIA	Select

On the Diagnosis page, enter in the member's primary diagnosis and any other subsequent diagnosis at time of referral request. Click on find, enter in the diagnosis code or description and click search. When the procedure code appears, click select under action to add the code to the request. Repeat the same steps to add each diagnosis code. If you do not have the member's diagnosis at time of referral you can enter R69 for Illness Unspecified. Click next to continue.

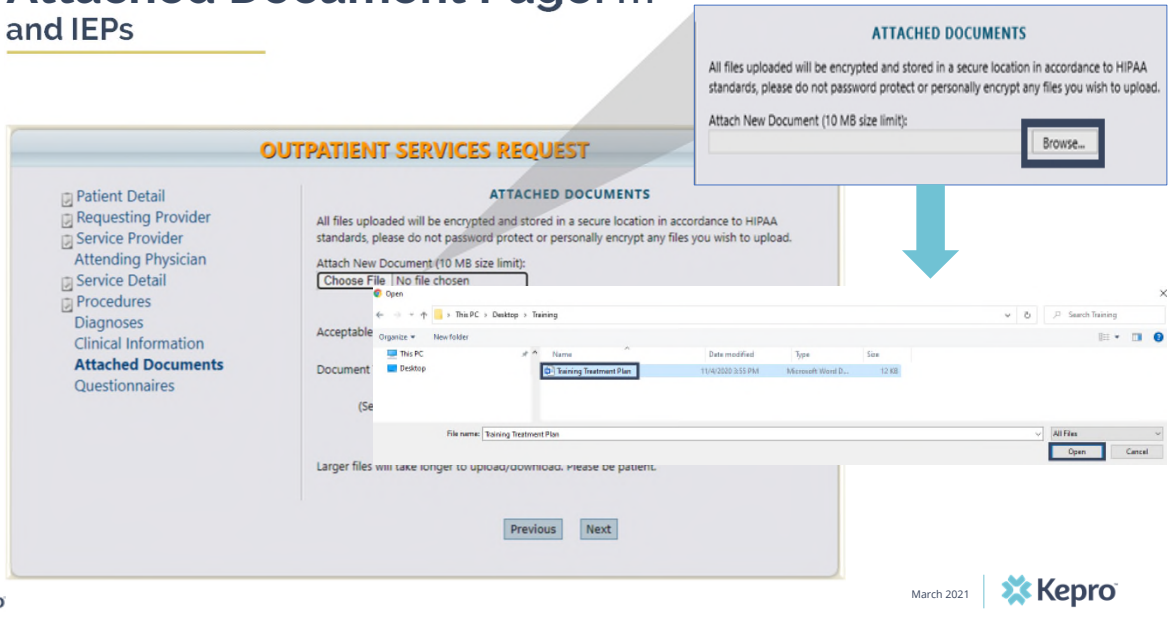
Clinical Information Page

Clinical information page is not required and will be captured through questionnaires.

The screenshot displays a web form titled "OUTPATIENT SERVICES REQUEST". On the left, a sidebar lists several sections: Patient Detail, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The "Clinical Information" section is currently selected. The main content area shows a large red "NOT REQUIRED" message with a red prohibition symbol (a circle with a diagonal line). Above this message, a small instruction reads: "Please click Save button before proceeding to the next section of the case submission process." Below the message, there are "Previous" and "Next" navigation buttons.

Using the tabs on the left-hand side of your screen, click on the Attached Documents page. The Clinical Information page is not required at this time.

Attached Document Page: ITP and IEPs



The attached documents page is where you will upload documents including but not limited to the release of information, the treatment plan, assessments, or referral application.

Kepro is able to accept documents that are no larger than 10 megabytes and that meet the acceptable file types of PDF's, TIFs, word, txt, rich text format, gif, or jpeg files.

Click on browse and locate the document on your computer. Once you've found the document, double click on it, or select it and click open.

Attached Document Page

OUTPATIENT SERVICES REQUEST

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
- ☒ Attending Physician
- ☒ Service Detail
- ☒ Procedures
- ☒ Diagnoses
- ☒ Clinical Information
- Attached Documents**
- ☒ Questionnaires

ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Attach New Document (10 MB size limit):

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.

Document Type (required):

(Select a file and document type to activate 'Attach Selected Document' button)

(Select a file and document type to activate 'Attach Selected Document' button)

Larger files will take longer to upload/download. Please be patient.

Once you have selected the document, in Atrezzo, select the type of document you are uploading from the drop-down list and then click attached selected document.

Attached Document Page

ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Attach New Document (10 MB size limit):

No file chosen

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.

Document Type (required):

(Select a file and document type to activate 'Attach Selected Document' button)

Larger files will take longer to upload/download. Please be patient.

Attached:

test locus eval.docx	Assessment	<input type="button" value="remove"/>
----------------------	------------	---------------------------------------

Allow a few moments for the document to attach. Once successfully uploaded, you will see the documented listed as a hyperlink at the bottom of the Attached Documents page. Repeat the same process for each additional document you are uploading. Click next to navigate to the Questionnaire page.

Questionnaire Page

Answer all questions listed in the questionnaire. Unanswered questions may result in pending requests and delay in authorization.

The screenshot shows a web interface titled "OUTPATIENT SERVICES REQUEST". On the left is a sidebar menu with the following items: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents, and Questionnaires (which is highlighted). The main content area is titled "QUESTIONNAIRES" and contains a table with two columns: "Questionnaire Name" and "Status". There is one row in the table with the value "General" under "Questionnaire Name" and "Not Completed" under "Status". A "Previous" button is located at the bottom right of the main content area.

Questionnaire Name	Status
General	Not Completed

Complete all questionnaires listed

Questionnaire Page

☒ No

5.2.1. *Describe the barriers to engagement:*

General

1. Please discuss member's current presentation; symptoms, and behaviors (frequency, intensity, and duration) that support the level of care request at this time:

2. What has been the progress toward goals?

(Please select one.)

- ☒ None
☐ Minimal
☐ Moderate
☐ Significant

3. Provide an active strategy to improve progress toward goals during next review period:

4. Provide a description of how the provider will use the requested units (breakdown of units) in this requested review period:

5. Is member engaged in treatment?

(Please select one.)

- ☐ Yes
☒ No

5.2.1. *Describe the barriers to engagement:*

Please note that as you answer questions, additional questions will cascade if more information is needed.

Questionnaire Page

Save changes and return to request

Edit Questionnaire

Status: Incomplete

Save Changes Mark as Completed Return To Request

Management (TCM) Services
Sport Services
Section 20 Home and Community Support (RCS) Services
Section 28 Rehabilitative and Community Support (RCS) Services (School-Based)
Section 65 Home and Community Based Treatment (HCT) Services
☒ Section 92 Behavioral Health Home (BHH) Services
Section 97 Intensive Temporary Residential Treatment (ITRT) Services

1.7.1. Indicate the referent's name, email address, and phone number:

March 2021 | Kepro

When the questionnaire(s) has been filled out in its entirety, click on the save changes button and then click on Return to Request. It is important that the questionnaire is filled out completely as this is where we will be capturing most of the information pertaining to the referral. Please note: Do not mark the questionnaire as complete. If the member's address changes or referent source changes, you can go back to the questionnaire and update this information. Marking the questionnaire as complete will make it so you cannot edit this information at later time if necessary.

Questionnaires

Kepro HOME MEMBERS PROVIDERS SERVICES KATIE BECKETT BENEFIT ABOUT US

Atrezzo Questionnaires

A list of questionnaires required for Utilization Review

Home
Members
Providers
Services
Katie Beckett Benefit
About Us

Atrezzo Questionnaires

As part of the utilization review process, Kepro has developed service specific questionnaires to capture the required clinical information in order to establish eligibility and medical necessity criteria according to the MaineCare Benefits Manual. These questionnaires are updated from time to time, however, the most up-to-date version can be found within the Atrezzo platform.

Questionnaires

- Child & Adolescent Needs and Strengths (CANS) Admission
- Child & Adolescent Needs and Strengths (CANS) Discharge
- Baxter Invoice

March 2021 **Kepro**

A copy of all questionnaires can be found on our website by visiting www.qualitycareforme.com and click on the Providers tab and then select Atrezzo questionnaires.

Submitting the Request

Select the pre-certification statement and click submit.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. It features a 'Patient Detail' section with a 'Requesting Provider' dropdown menu. The 'REQUESTING PROVIDER' section includes fields for Name, Provider ID, and Provider Type. A pre-certification statement is present, with a checkbox for 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.' Below this statement are four buttons: 'Save', 'Save for later', 'Cancel Request', and 'Submit'. The 'Submit' button is highlighted with a blue border. The form also includes 'Previous' and 'Next' navigation buttons at the bottom.

OUTPATIENT SERVICES REQUEST

☐ Patient Detail
Requesting Provider
☐ Service Provider
Attending Physician

REQUESTING PROVIDER
Name: PINES HEALTH SERVICES
Provider ID: 1922449834
Provider Type: 78 - Facility-Agency-Organization NR Provider

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Save Save for later Cancel Request **Submit**

Previous Next

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Save Save for later Cancel Request Submit

Once you have returned to the request, scroll to the bottom of the page and check the pre-certification statement and then click submit.

Request 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 critical incident request

Case ID:
203090001

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc.

Kepro

[Change Content] PINES HEALTH SERVICES
ROBERT NOBLE
Contract: Maine DHS

[Update Counts]
Total (work-in-progress) Requests: 59
Total Saved (not submitted): 21
Total Submitted: 38

Logout

HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP

REQUEST OVERVIEW

CASE INFORMATION PRINT CASE

Case ID:	Case Submit Date:	SRV Auth:	Reference ID:
203090001	11/4/2020 9:17 AM	N/A	N/A
Member ID:	Member Name:	Gender:	DOB:
TEMP001482020110400000	John Dow	M	1/1/1959

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 your referral request.

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc.

After your referral is submitted in Atrezzo and once approved, it will be placed on the respective waitlist report until the member has entered into services or until the referral has been discharged.

Daily Authorization Report

(Access to report is determined by Provider administrator)



HEALTH INTELLIGENCE CENTER - REPORTS		
Name	Category	Description
ME Daily Authorizations	ME Authorizations	ME Daily Authorizations

Once your request has been submitted, you can review the referral request and any other referrals submitted under your agency by accessing 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. Withing the provider reports tab, you will find the Daily Authorization Report.

Daily Authorization 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	Reason for referral: Member is requiring PNMI because..... Referral Source: Name/phone/email address



March 2021



In your daily authorization report, enter in the date range you want to search for referrals, select the request type as Referral and click view report. Once the report runs, any referrals that have been entered in Atrezzo under your agency's NPI number for the date range you searched for will display. It is important to check this report daily to ensure you are responding to pended cases in a timely manner.

Searching the Case

Kepro™

Case or Reference ID:

HOME REQUESTS **SEARCH** MANAGEMENT

Member
Request/Case

Case or Reference ID:

To search for a case, click on the search tab and then select member to search using member's MaineCare ID or last name and DOB, or Request/Case to search using the case ID. Once you have entered in the case ID, click go.

Discharge: Please note discharges are required and lack of a discharge impacts provider and service specific data collected by DHHS.

[Select]
[Extend]
[Copy]
[Discharge]

Results Sorted By: Case ID (descending) Go

Message counts with altered color (i.e. Messages: 2) means there are unread messages on that request

Case ID (Reference ID)	Member Info	Status	Request Info	Service Type	Service Date(s)	Providers
203090001 (N/A) [Procedures] [Diagnosis]	TEMP DOB: Contract: Maine ASO	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	140 - Section 17 Community Support Services - Adults	11/4/2020 - 12/1/2020	[Servicing] [Select] [Extend] [Copy] [Discharge]

Once you have searched for the case, scroll down to the bottom of the page and click on the discharge link.

Discharging the Case

The screenshot shows a web form titled "Discharging the Case". It is divided into two main sections: "DISCHARGE INFORMATION" and "PROCEDURES".

DISCHARGE INFORMATION

- Discharge Disposition:** A dropdown menu with "--Select One--" selected. (Callout box)
- Employment Status:** A dropdown menu with "--Select One--" selected. (Callout box)
- Living Arrangement:** A dropdown menu with "--Select One--" selected. (Callout box)

PROCEDURES

CASE INFORMATION

Case ID:	Case Submit Date:	SRV Auth:	Refere:
203090001	11/4/2020 9:17 AM	N/A	N/A

Member ID: TEMP001482020110400000 **Member Name:** John Dow **Gender:** M **DOB:** 1/1/1959

PROCEDURES

Procedure	Description	Certified Start Date	Certified End Date
H2015	Community Integration (CI)	11/4/2020	12/1/2020

DISCHARGE INFORMATION

Discharge Disposition: --Select One-- **Employment Status:** --Select One-- **Living Arrangement:** --Select One--

PROCEDURES

Procedure	Description	Certified Start Date	Certified End Date
H2015	Community Integration (CI)	11/4/2020	12/1/2020

Discharge Note:

Submit **Cancel**

Select the discharge disposition, and member's employment status and living arrangement at time of discharge. In the certified end date box, enter in the date you are discharging the case and then click submit. The case will then be discharged.



Part Four -
Medical Necessity

IEP Review Process Effective 9-1-2021

OMS and MDOE have released a joint guidance regarding IEP requirements.

Effective 9-1-2021 providers have the option for Kepro staff to verify an IEP meets documentation requirements as outlined by OMS/MDOE in regards to Section 65 Day Treatment Services and Section 28 Rehabilitation and Community Supports.

Providers who take advantage of Kepro's new review process will be asked to indicate if the requested service is being provided pursuant to IDEA regulations. If the answer is yes, the provider will be asked if they would like to have the IEP reviewed for compliance with OMS/MDOE guidance. If so, providers will then be able to submit the IEP cover page, along with Sections 6 and 7 of a member's IEP.

All OMS and MDOE requirements are in place regardless if a provider opts in or opts out for Kepro to review the IEP document.

Providers may voluntarily take advantage of this opportunity for review from September 1, 2021 through December 31, 2021; beginning in January 2022, the current plan is for Kepro to conduct this IEP review as a regular, mandatory component of their general prior authorization request process.

Questionnaire

The following is included in the Atrezzo questionnaire:

1. What are IDEA Covered Services?

Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360), amended section 1903(c) of the Act, permits Medicaid payments for medical services provided to children under the Individuals with Disabilities Education Act (IDEA) through a child's Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP).

2. Is this service being provided pursuant to IDEA regulations?

Provider must select: Yes/No

If yes to submission, next question will be: Please note OMS/MDOE requirements are in place regardless if provider opts in for Kepro to review IEP submission.

"Would you like to have the IEP reviewed for compliance with OMS/MDOE Joint Guidance?"

Yes/No



Children's Day Treatment

1. Is this Section 65 Day Treatment Service being provided in a school setting?

(Please select one.)

☒ Yes

☐ No

Instructions: Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360), amended section 1903(c) of the Act, permits Medicaid payments for medical services provided to children under the Individuals with Disabilities Education Act (IDEA) through a child's Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP)

1.1.1. Is this service being provided pursuant to IDEA regulations?

(Please select one.)

☐ Yes

☐ No

Instructions: Please note OMS/MDOE requirements are in place regardless if provider opts in for Kepro to review IEP submission

1.1.1. Would you like to have the IEP reviewed for compliance with OMS/MDOE Joint Guidance?

(Please select one.)

☐ Yes

☐ No

1. Date of Functional Assessment:

Date:

3. Functional Assessment Scores:

March 2021



IEP Review by Kepro Team

IEP documents must use the exact language as the posted example. There cannot be any other information/language in the boxes.

Kepro is only reviewing the information listed in first two rows, in the first column of Section 6 for Section 28 and 65 Prior Authorization requests.

In addition to ongoing classroom supports and services, supplemental aids, and modifications, include a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district-wide and classroom assessments (MUSER IX.3.A.(1)(f)(d)).				
A. Supplementary aids, modifications, accommodations, services, and/or supports for SAU personnel		Location	Frequency	Duration Beginning/End Date
Behavior Supports- • Day Treatment	<input checked="" type="checkbox"/> Classroom Instruction <input type="checkbox"/> Classroom Assessment <input type="checkbox"/> District-wide Assessment <input type="checkbox"/> State Assessment	Special Education Setting	As needed OR 5 times 6 hours per week.	1/15/2020 -1/14/2021
Behavior Supports- • Rehabilitation and Community Supports	<input checked="" type="checkbox"/> Classroom Instruction <input checked="" type="checkbox"/> Classroom Assessment <input checked="" type="checkbox"/> District-wide Assessment <input type="checkbox"/> State Assessment	Special Education and/or General Education Setting	As needed OR up to x hours per week	1/15/2020 -1/14/2021
Behavior Supports- • Ed Tech/BHP	<input checked="" type="checkbox"/> Classroom Instruction <input checked="" type="checkbox"/> Classroom Assessment <input checked="" type="checkbox"/> District-wide Assessment <input checked="" type="checkbox"/> State Assessment	Special Education and/or General Education Setting	As needed OR up to 5 times 6 hours per week	1/15/2020-1/14/2021

Medical Necessity – Clinical Review

What is Kepro looking for in service authorization requests?

- Appropriate and least restrictive setting
- Be specific! Ex: What does aggression look like? How often? At what intensity? How long does it last? Are there triggers or signs prior to the incidents?
- Are symptoms acute or chronic?
- Adherence to MaineCare Benefits Manual

The Golden Thread

Documentation should create a thread/connection between the following:

- Diagnosis and Current presentation of symptoms
- Assessment scores
- Treatment plan
 - Measurable and realistic goals
 - Interventions are tied to the assessed need
- Intensity of service
- Progress
 - Improvements identified
 - Barriers identified and interventions added to decrease barriers
- Clinical snapshot
- Discharge plan
 - Transition of skills to member/ caregiver/ natural supports
 - Titration of units
 - Formal discharge



Medical Necessity – MaineCare Benefits Manual

Medical Necessity or Medically Necessary services are those reasonably necessary and remedial services that are:

- Provided in an appropriate setting;
- Recognized as standard medical care, based on national standards for best practices and safe, effective, quality care;
- Required for the diagnosis, prevention and/or treatment of illness, disability, infirmity or impairment which are necessary to improve, restore or maintain health and well-being;
- MaineCare covered service (subject to age, eligibility, and coverage restrictions as specified in other Sections of this manual as well as Prevention, Health Promotion and Optional Treatment requirements as detailed in Chapter II, Section 94 of this Manual)

Medical Necessity – Clinical Review

Standard Medical Necessity Definitions include the following:

- Individualized
- Needs Based
- Least Restrictive Treatment
- Based upon real resources available
- Active Treatment
- Services are clinically appropriate in terms of frequency, intensity, and duration of service.
- Services are not intended for convenience or economic benefit of the member or provider.
- IEP services must be a determination of the IEP team and cannot be altered or added solely for the purpose of MaineCare authorization of payment.

Member Services

Member Services support members or guardians regarding Kepro and its role as the Maine Administrative Services Organization. The Member Services team include the Clinical Director, the Member liaison, and Appeals staff. The member Liaison serves as a bridge between the member and Kepro. The liaison does this because of personal experience with Maine's behavioral health, intellectual disabilities, and/or substance use system. The liaison may also have family members who receive services or have received services in the past. The personal experience of having used services of a family member using services gives the Member Liaison a unique understanding of members and their needs regarding the system of care

Member Services Liaison:

- Answers calls if members or guardians have questions about Kepro
- Takes feedback calls with ideas to improve Kepro by members or guardians
- Explains options to the member if they get a Denial or Partial Approval
- Looks over all member paperwork like newsletters, handbooks, presentations, to make sure they are clear and easy to understand
- Does outreach for Kepro to member groups
- Helps file an appeal if services are denied
- Recruits members for the Kepro Member Advisory Council.

Member Advisory Council

The Member Advisory Council

The Kepro Member Advisory Council (MAC) is made up of members and their families or guardians. It is a group of individuals who gather together a minimum of four (4) times a year to review Kepro paperwork as needed. The review presentations and handbooks to make sure they are clear and easy to reach. The members also help Kepro make improvements in how we deliver our services to you. They will also suggest trainings that can be done to help Kepro better serve members. MAC members do all these things by listening to members and their families. Then they bring these ideas and suggestions back to the quarterly meetings. Members can participate in person or virtually.

Who can be on the Member Advisory Council?

Members may be Youth, Adults, Parents, or Guardians

Adverse Decisions

Providers can request a reconsideration for any adverse determination if new information is available or additional documentation has been received. New information can also be added in Atrezzo and the additional information will be processed.

Review Process:

1. Clinical Review
2. 1st Level MD Review
3. 2nd Level MD Review

Provider may contact Appeals team to schedule a reconsideration.

Members can request an appeal for an adverse determination

Process:

1. Appeal requested by member
2. Fair Hearing with DHHS fair hearing Staff

Member may contact Member Services team to schedule an appeal.

**Continued Stay Services appealed within ten (10) calendar days will be reinstated until the conclusion of the hearing process*



March 2021





Part Five- Questions

For technical assistance with the IEP process, please contact Colette.Sullivan@maine.gov or Roberta.Lucas@maine.gov.

For technical assistance regarding the billing and processing of MaineCare claims, please email MaineCareinEducation.DHHS@maine.gov or Rebecca.A.Maranda@maine.gov.

Additional information regarding the provision of MaineCare-covered services in schools is available on the [MaineCare in Education](#) website.

Providers will also find a [recording](#) of the joint OMS/MDOE presentation from June 2, 2021. To access the recording, please use Passcode: %r^KpD51.

Questions?



Toll-Free Phone: (866) 521-0027

- Option 1 – Member Services (caller must be the member or guardian)
- Option 2 – Katie Beckett
- Option 3 – Provider Relations: Portal, Technical, Authorization number questions
- Option 4 – Care Management: Respond to a pending case if a provider does not have access to Atrezzo
- Option 5 – Appeals
- Option 6 – Critical Incident Level I Reporting for Office of Behavioral Health

Email: ProviderRelationsME@Kepro.com

Hours: Monday-Friday 8am to 6pm

www.qualitycareforme.com



March 2021



Thank you for joining the Kepro Behavioral Health Home and Targeted Case Management 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. To reach a member of our clinical team, press option 4, and to reach our appeals department, press option 5. Our hours of operation are Monday thru Friday 8am to 6pm.