



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

## Today's Topics

- Submitting a Referral
- Acknowledging the Referral
- Referral Refusal
- Questions



- Atrezzo overview
- Submission process

September 2021



The topics in this presentation will include how the Department submit a Medication Management Referral

## Today's Topics

- Submitting a Referral
- Acknowledging the Referral
- Referral Refusal
- Questions



- Daily Authorization Report
- Referral Acknowledgement Process

September 2021



How the receiving provide acknowledges the referral

## Today's Topics

- Submitting a Referral
- Acknowledging the Referral
- Referral Refusal
- Questions



➤ Referral Refusal Process

September 2021



How to submit a request to refuse the referral

## Today's Topics

- Submitting a Referral
- Acknowledging the Referral
- Referral Refusal
- Questions



➤ Kepro's Contact Information for Questions

September 2021



And how to reach Kepro if you have further questions



In part one, we will cover the Department Referral Submission process.

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

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

September 2021



And Kepro's Contact information

## Simple Submission Flowchart

### Our clinical expertise expanding across MaineCare policy

**Department** assesses the members needs



**Department** enters Medication Management Referral to Kepro's Atrezzo Platform



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



**Receiving Provider** completes the Referral Acknowledgement questionnaire or submits a Referral Refusal Request in Atrezzo.



September 2021



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



## 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](http://www.qualitycareforme.com) to access the Atrezzo portal



September 2021



To access the Atrezzo portal, visit our website; [www.qualitycareforme.com](http://www.qualitycareforme.com) and click on the Atrezzo login button

## Atrezzo Login

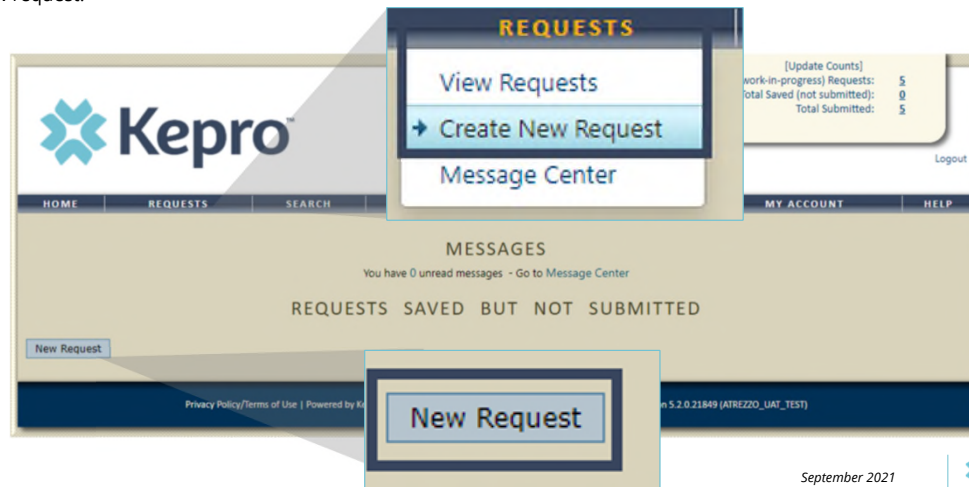
Enter in your username and password

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.

[Update Counts]	
Total (work-in-progress) Requests:	52
Total Saved (not submitted):	23
Total Submitted:	28

Member ID:

or

Member Last Name:

Member Birthdate:

(mm/dd/yyyy)

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 a table with the following data:

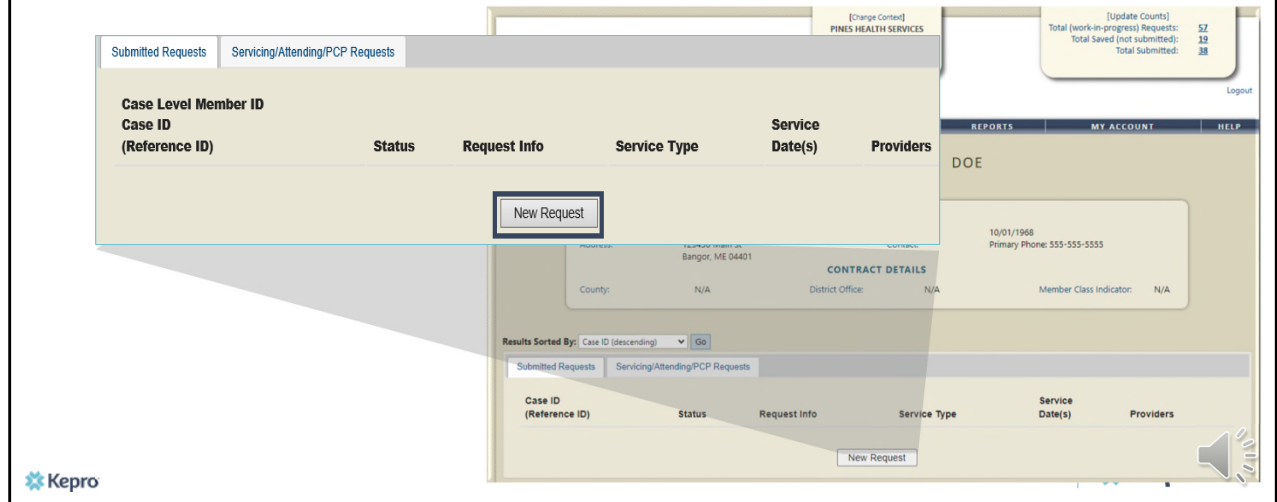
Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
TEMP00000000	Doe	Jane		10/01/1968	0	Maine DHHS	Select

The main interface also shows a smaller version of this table below the callout. The footer includes the Kepro logo, the date September 2021, and a speaker icon.

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

Select Outpatient as the request type.



MARCH 2024

# Requesting Provider Page

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

**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

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 Provider Page

**OUTPATIENT SERVICES REQUEST**

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

**SERVICE PROVIDER**

Use the search below to change the selected Service Provider.

**Name** PINES HEALTH SERVICES  
**Provider ID** 1111111111  
**Location** WADE ME 04786

[Find](#) [Show Preferred](#)

[Previous](#) [Next](#)

**SERVICE PROVIDER**

[Find](#)

Provider Search

Provider ID

Provider Name

Specialty

☐ Provider ☒ Facility

[Find](#)

Provider Search

Provider ID

Provider Name

Specialty

☐ Provider ☒ Facility

[Find](#)

Click on the "Info" link to see more details.

Name	NPI	Provider Type	Action
PINES HEALTH SERVICES	1522449834	78 - Facility-Agency-Organization NR Provider	<a href="#">Select</a> <a href="#">Info</a>
PINES HEALTH SERVICES	1518283126	78 - Facility-Agency-Organization NR Provider	<a href="#">Select</a> <a href="#">Info</a>
PINES HEALTH SERVICES	1942277819	77 - Multi-Disciplinary Provider	<a href="#">Select</a> <a href="#">Info</a>

The Department will indicate the provider in which the referral is being sent to on the Service Provider page. This will allow both the Department and the receiving provider to view the case in Atrezzo.

## Service Detail Page

Choose Section 65 Behavioral Health Services as the Service Type and Referral as the Request Type

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, a list of service types is shown, with '220 - Section 65 Behavioral Health Services' highlighted. On the right, the 'SERVICE DETAIL' section contains two dropdown menus. The first dropdown, labeled 'Service Type \*', is currently empty. The second dropdown, labeled 'Request Type', is open, showing a list of options including 'Referral'. A 'Prev' button is located below the dropdowns.

Service Type *	Request Type	FIPS Code
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		
240 - Section 97 Private Non-Med Institution (PNMI)		

**SERVICE DETAIL**

\* des

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  
SMI Termination

Prev

In the service type box enter Section 65 Behavioral Health Services and Referral in the Request type box.

# Procedures Page

## OUTPATIENT SERVICES REQUEST

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

### PROCEDURES

Use the search below to add procedures to this request

### Procedure Search

Code Type

Code Starts with

Description

Smart Search

### Procedure Search

Code Type

Code Starts with

Description

Smart Search

Code	Description	Action
H2010	Comprehensive med svc 15 m	<input type="button" value="Select"/>

☐ \*Has Multiple Descriptions

On the procedures page, enter the applicable H2010 Medication Management 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 as the date of Referral. End date should be 72 business hours from date of Referral. In the quantity box, enter in 1.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, a sidebar contains a 'Patient Detail' tab and a list of procedures. The first procedure, 'H2010 - Adult Medication Management', is selected and highlighted with a blue box. Below this, the 'Date' field is marked with an asterisk and has a calendar icon, followed by a 'to' label and another date field with a calendar icon. The 'Qty' field is also marked with an asterisk and has a dropdown menu for '-Frequency-' and a 'Rate' field. On the right, the 'PROCEDURES' section is titled 'Use the search below to add procedures to this request'. It contains a search bar with the same procedure name 'H2010 - Adult Medication Management' and a '[remove]' button. Below the search bar are the same 'Date', 'Qty', and 'Rate' fields. At the bottom right of the form are 'Find' and 'Show Preferred' buttons. The bottom of the page features the Kepro logo on the left and the text 'September 2021' followed by the Kepro logo and a speaker icon on the right.

Once the code has been added, indicate the start as the date the request is being submitted. The end date of the referral is 72 hours from date of referral. Enter in the end date as one year out from your start date then enter one (1) unit in the quantity box. Click Next.

# Diagnosis Page

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

The diagram illustrates the workflow for adding diagnoses to an Outpatient Services Request. It starts with the 'OUTPATIENT SERVICES REQUEST' page, which has a sidebar menu with options like Patient Detail, Service Provider, and Diagnoses. The 'DIAGNOSES' section is highlighted. A callout box shows the 'Find' and 'Show Preferred' buttons. An arrow points to a 'Diagnosis Search' modal where 'Code Type' is set to 'ICD10' and 'Code Starts with' is 'F20.0'. Another arrow points to the search results, which show a table with columns 'Code', 'Description', and 'Action'. The first row is 'F20.0' with the description 'PARANOID SCHIZOPHRENIA' and a 'Select' button in the 'Action' column.

**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 diagnosis code appears, click select under action to add the code to the request. Repeat the same steps to add each diagnosis code. Click next to continue.

## Clinical Information Page

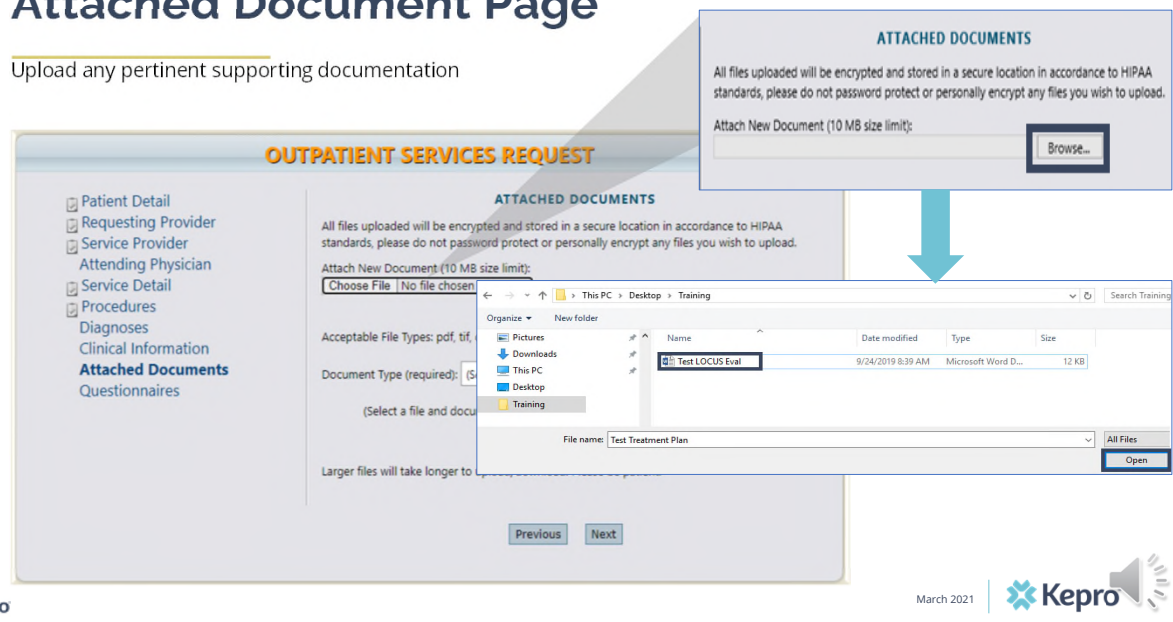
Clinical information page is not required and will be captured through questionnaires.

The screenshot displays a web form titled "OUTPATIENT SERVICES REQUEST". On the left is a sidebar with a list of sections: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The "Clinical Information" section is highlighted. The main content area shows a message: "Please click Save button before proceeding to the next section of the case submission process." Below this, the heading "CLINICAL INFORMATION" is followed by a large white box containing the text "NOT REQUIRED" in red, with a red prohibition symbol (a circle with a diagonal line) over it. At the bottom of the main area are "Previous" and "Next" buttons.

Using the tabs on the left-hand side of your screen, click on the Attached documents page.

## Attached Document Page

Upload any pertinent supporting documentation



Any pertinent supporting documentation should be uploaded to the Referral request. To attach a document, click on the browse button. This will allow you to search your computer for where the document has been stored. Once you've identified the document, click on it and select open.

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.

## 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):  
 | 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.

Once you have selected the document, 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

The Department completes the Referral Management Questionnaire. The Referral Acknowledgement Questionnaire will be completed by the receiving provider.

OUTPATIENT SERVICES REQUEST	
QUESTIONNAIRES	
Questionnaire Name	Status
<a href="#">Referral Management</a>	Not Completed
<a href="#">Referral Acknowledgement</a>	Not Completed

[Previous](#)

The Department will complete the Referral Management Questionnaire at time of submission. The Referral acknowledgement questionnaire will be completed by the receiving provider.

# Questionnaire Page

Complete the Questionnaire. Click Save Changes and then Return to Request

## Edit Questionnaire

[Save Changes](#) [Mark as Completed](#) Status: Incomplete [Return To Request](#)

---

### Referral

1. Please indicate the reason for referral:

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

Once the questionnaire opens, the Department will fill out all referral questions. To save the questionnaire, click on save changes and then click return to request.

## Submitting the Request

Select the pre-certification statement and click submit.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. At the top, there are two tabs: 'Patient Detail' and 'Requesting Provider'. The 'Requesting Provider' tab is active, showing the following information:

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

Below the provider information, there is a checkbox labeled 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.' The checkbox is currently unchecked. To the right of the checkbox, there are four buttons: 'Save', 'Save for later', 'Cancel Request', and 'Submit'. The 'Submit' button is highlighted with a blue border. Below the buttons, there are 'Previous' and 'Next' navigation buttons. At the bottom of the form, there is a footer with the Kepro logo, the date 'September 2021', and a speaker icon.

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

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.



In part two we will discuss how the receiving provider will acknowledge the referral.

## Daily Authorization Report (Access to report is determined by Provider administrator)

Kepro™

[Change Context] Contract: Maine DHHS [Update Counts] Total (work-in-progress) Requests: Total Saved (not submitted): Total Submitted: Logout

HOME REQUESTS SEARCH MANAGEMENT **REPORTS** MY ACCOUNT HELP

HEALTH INTELLIGENCE CENTER - REPORTS

HEALTH INTELLIGENCE CENTER - REPORTS

Name	Category	Description
ME Daily Authorizations	ME Authorizations	ME Daily Authorizations

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

## 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



September 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

The screenshot displays the Kepro web application interface. At the top, the Kepro logo is visible. Below it, a navigation bar contains the following tabs: HOME, REQUESTS, SEARCH, and MANAGEMENT. The SEARCH tab is currently selected, and a dropdown menu is open, showing two options: 'Member' and 'Request/Case'. The 'Request/Case' option is highlighted with a blue arrow. Below the navigation bar, there is a search box with the text 'Case or Reference ID: 203090001' and a 'Go' button. A callout box highlights the search box and the 'Go' button.

To search for a referral case ID from your Daily Authorization report, click on the search tab in Atrezzo and then select Request/Case. Enter in the case ID number in the Case or Reference ID box and then click go. Please note, you are also able to search by the member using the member's MaineCare ID or last name and DOB.

# Completing the Referral Acknowledgement Questionnaire

Results Sorted By: Case ID (descending) Go

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

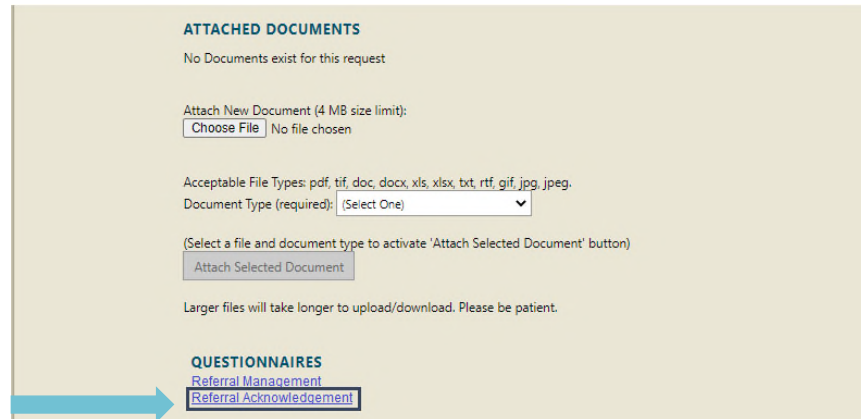
Case ID (Reference ID)	Member Info	Status	Request Info	Service Type	Service Date(s)	Providers
203090001 (N/A) [Procedures] [Diagnosis]	TEMP DOB: Contract: Maine ASO	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0	140 - Section 17 Community Support Services - Adults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

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

To complete the Referral Acknowledgement Questionnaire, click on select once you have searched for the case.

## Completing the Referral Acknowledgement Questionnaire

Once you have searched for the case and selected it, scroll down to the bottom to the Questionnaire Section. Select the Referral Acknowledgement questionnaire and complete it.



**ATTACHED DOCUMENTS**

No Documents exist for this request

Attach New Document (4 MB size limit):  
[Choose File](#) | 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)  
[Attach Selected Document](#)

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

**QUESTIONNAIRES**

[Referral Management](#)

[Referral Acknowledgement](#)

Scroll down to the bottom of the Request Overview page until you have reached the Questionnaires section. Click on the Referral Acknowledgement Questionnaire to complete it.

## Questionnaire Page

Click Save Changes and then Return to Request when questionnaire has been completed.

### Edit Questionnaire

Save Changes

Mark as Completed

Status: Incomplete

Return To Request

Once the Referral Acknowledgement questionnaire has been completed, click save changes and then return to request. If you are able to accept the referral, a normal authorization request for Medication Management will need to be submitted to Kepro.



In part three we will discuss the process of submitting a request to refuse a referral.

## 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](http://www.qualitycareforme.com) to access the Atrezzo portal



September 2021



To access the Atrezzo portal, go to our informational website;  
[www.qualitycareforme.com](http://www.qualitycareforme.com) and click on the Atrezzo login button

## Atrezzo Login

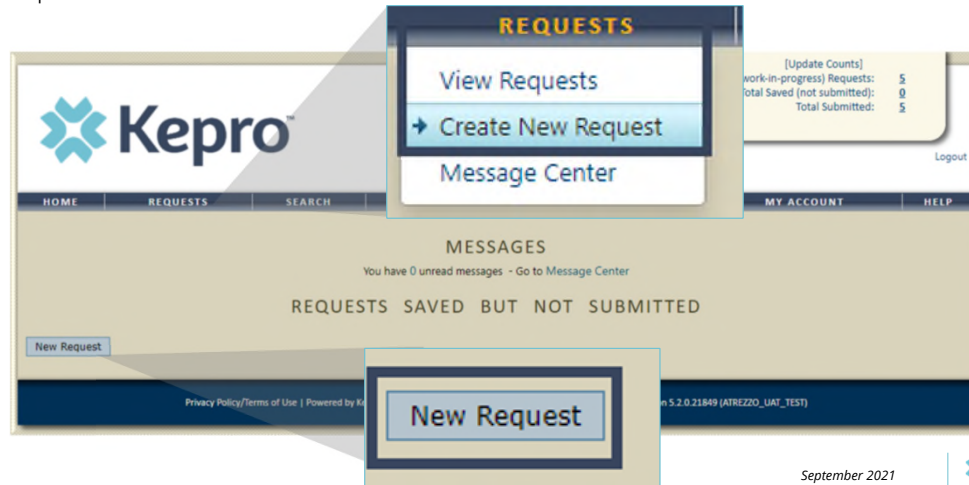
Enter in your username and password

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 Referral Refusal 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 Referral Refusal 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.

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

Member ID:

or

Member Last Name:

Member Birthdate:

(mm/dd/yyyy)

Search

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 Referral Refusal 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 a table with the following data:

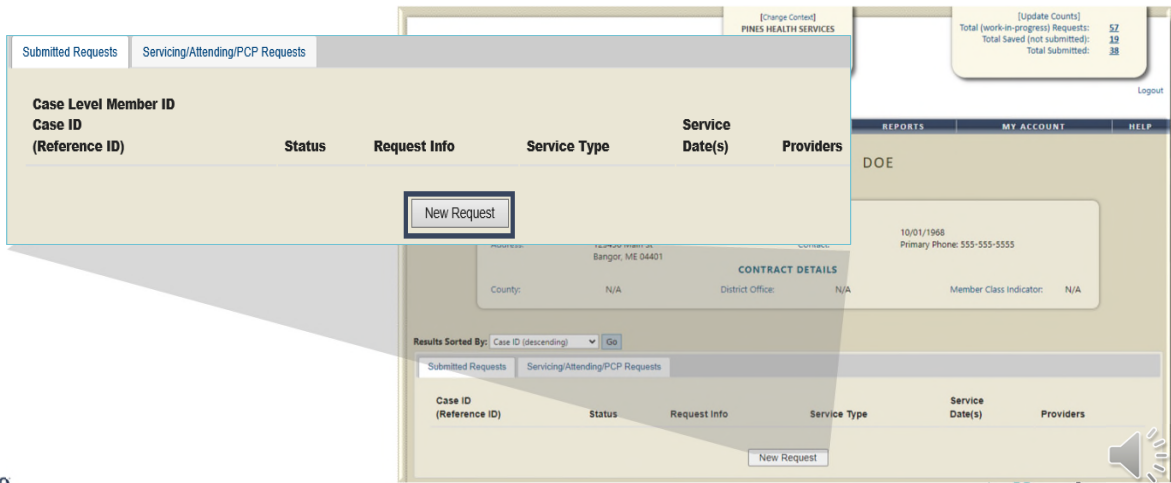
Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
TEMP00000000	Doe	Jane		10/01/1968	0	Maine DHHS	Select

The main interface also shows a smaller version of this table below the callout. The footer includes the Kepro logo, the date September 2021, and a speaker icon.

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

# Creating the Referral Refusal 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 Referral Refusal Request

Select Outpatient as the request type.

The screenshot displays the Kepro web portal interface. At the top, the Kepro logo is visible. A user profile for Jane Doe is shown, including Member ID, Address, Birth Date, and Contact information. A table titled 'Submitted Requests' is partially visible, showing columns for Case ID, Status, Request Info, Service Type, Service Date(s), and Providers. A modal form is overlaid on the screen, prompting the user to 'Select request type' (currently set to 'Outpatient') and 'Select sub contract' (currently set to 'Maine ASO'). The form includes 'Create Request' and 'Cancel' buttons. A small table of counts is also visible in the top right corner.

Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers

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 \***

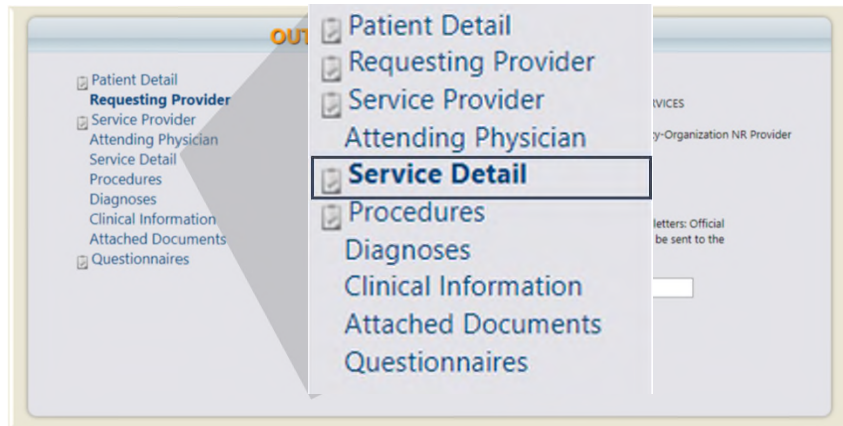
\* denotes required field

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

Select the Service Detail Page



Using the links on the left hand side, click on the Service Detail link.

## Service Detail Page

Choose Section 65 Behavioral Health Services as the Service Type and Referral Refusal as the Request Type

**OUTPATIENT SERVICES REQUEST**

<div>100 - Baxter Fund Services</div> <div>120 - Long-Term Supported Employment</div> <div>130 - Section 13 Targeted Case Management</div> <div>140 - Section 17 Community Support Services - Adults</div> <div>160 - Section 21 Rehab for Adults w/ I.D. and Autism</div> <div>180 - Section 28 Rehab and Community Support (RCS)</div> <div>220 - Section 65 Behavioral Health Services</div> <div>230 - Section 92 Behavioral Health Homes</div> <div>235 - Section 93 Opioid Health Home</div> <div>240 - Section 97 Private Non-Med Institution (PNMI)</div>	<div>Service Type *</div> <div>Request Type</div> <div>FIPS Code</div>	<div>SERVICE DETAIL</div> <div>--Select One--</div> <div>Continued Stay Review</div> <div>Critical Incident</div> <div>Grant Funded Continued Stay Review</div> <div>Grant Funded Review</div> <div>Placement Level Change</div> <div>Prior Auth</div> <div>Referral</div> <div>Referral (Grant Funded)</div> <div>Referral Refusal</div> <div>Registration</div> <div>Retroactive MaineCare Eligibility</div> <div>Service Notification</div> <div>Service Notification Extension</div> <div>SMI Termination</div>
---	--	---

Prev



September 2021



In the service type box, enter in Section 65. In the Request Type box, select Referral Refusal. Then click next.

# Procedures Page

The screenshot shows the 'OUTPATIENT SERVICES REQUEST' page. On the left is a sidebar with links: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, **Procedures**, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The main area is titled 'PROCEDURES' and contains the text 'Use the search below to add procedures to this request'. Below this text are 'Find' and 'Show Preferred' buttons. A callout box points to the 'Find' button. Another callout box points to the 'Code Starts with' field in the 'Procedure Search' form, which contains the text 'H2010'. A third callout box points to the 'Find' button in the 'Procedure Search' form. Below the 'Procedure Search' form is a table with the following data:

Code	Description	Action
H2010	Comprehensive med svc 15 m	Select

Below the table is a note: '\*Has Multiple Descriptions'.

To enter in the Medication Management code, click on find, then enter in H2010 (for medication management) in the Code starts with box 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 as the date and end date as the date you are submitting the Referral Refusal Request. In the Qty box, enter in 1

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, a sidebar shows 'Patient Detail' and a list of procedures, with 'H2010 - Adult Medication Management' selected. The main area, titled 'PROCEDURES', contains a search interface. It includes a dropdown for the selected procedure, date fields for start and end dates, a quantity box, a frequency dropdown, and a rate field. A 'Find' button is located at the bottom right of the search area. Below the search area, there are links for 'Attached Documents' and 'Questionnaires'.

Once the code has been added, indicate the start and end date as the date the request is being submitted. In the quantity box, enter in one and then click next.

## 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 is a sidebar with a list of sections: Patient Detail, Requesting Provider, Service Provider, Attending Physician, Service Detail, Procedures, Diagnoses, Clinical Information, Attached Documents, and Questionnaires. The "Clinical Information" section is highlighted. The main content area shows a message: "Please click Save button before proceeding to the next section of the case submission process." Below this, the heading "CLINICAL INFORMATION" is followed by a large white box containing the text "NOT REQUIRED" in red, with a red prohibition symbol (a circle with a diagonal line) over it. At the bottom of the main area are "Previous" and "Next" buttons.

Using the tabs on the left-hand side of your screen, click on the Questionnaire page. The Clinical Information and attached document pages are not required at this time.

# Questionnaire Page

Complete the Referral Refusal Questionnaire.

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

☒ Requesting Provider

☒ Service Provider

☒ Attending Physician

☒ Service Detail

☒ Procedures

☒ Diagnoses

☒ Clinical Information

☒ Attached Documents

**Questionnaires**

QUESTIONNAIRES

Questionnaire Name	Status
<a href="#">Referral Refusal</a>	Not Completed

Previous

Click on the Referral Refusal link to open the questionnaire.

# Questionnaire Page

Complete questionnaire. Click Save Changes and then Return to Request

### Edit Questionnaire

[Save Changes](#) [Mark as Completed](#)

Status: Incomplete

[Return To Request](#)

#### Referral Refusal Information

1. Please indicate the date member was referred to service

Date:

2. Please indicate the reason why you are seeking authorization to decline referral

(Please select between 1 and 4 items.)

- ☐ Agency at staffing capacity
- ☐ Patient Refused
- ☐ Guardian Refused
- ☐ Member recommended for higher level of care

When the questionnaire(s) has been filled out in its entirety, click on the save changes button and then click on Return to Request.

## Submitting the Request

Select the pre-certification statement and click submit.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. It features a 'REQUESTING PROVIDER' section with fields for Name, Provider ID, and Provider Type. Below this is a pre-certification statement with a checkbox and a 'Submit' button highlighted by a red box. The form also includes 'Save', 'Save for later', and 'Cancel Request' buttons. A 'Previous' and 'Next' button are visible at the bottom of the form.

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

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 Refusal request is submitted in Atrezzo, it will be sent to the Office of Behavioral Health (OBH) for review. If OBH approves your request to refuse the referral, no further action is required. If OBH denies your request to refuse the referral, you must enter in an authorization request for Medication Management and provide services to the client.



On the next slide, we will provide you with our contact information should you have further questions.

## 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](mailto:ProviderRelationsME@Kepro.com)

Hours: Monday-Friday 8am to 6pm

[www.qualitycareforme.com](http://www.qualitycareforme.com)



September 2021



Thank you for joining the Kepro Department Medication 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](mailto:ProviderRelaitonsME@Kepro.com). Our hours of operation are Monday thru Friday 8am to 6pm.