



ATREZZO NEXT GENERATION (ANG) TBIW PROVIDER TRAINING



Welcome and Introductions

- Today's Trainers:

Delena A. Arthur, MSW, LGSW, CBIS

Jennifer Logan, MA, CRC, LPC, CBIS

**Assessment Coordinator/Provider Educators for
TBI Waiver Program**

- Introductions of Participants (remember, unmute your phone)

Review of Handouts

Handouts:

- Atrezzo User Guide Provider Portal manual
- TBIW Service Code and Limits
- TBIW Personal Attendant Providers and PPL NPI#s

Quick Reference Guides:

- How to Add Supporting Documentation
- How to Make Revisions to Submitted Request
- How to View a Determination Letter



Atrezzo and TBI Waiver

Atrezzo is a person-centered, web-based, secure, reliable, and HIPAA compliant population health care management system, proprietary to Kepro.

It is simple to use and is available 24/7

TBI Waiver Providers/PPL will use the **Provider Portal** to :

- Review and download assigned applicants/members' records
- Direct Data Enter Service Requests

Implementation Dates

1. April 27, 2021 – Registrants received email from Kepro with Registration Key and URL address to the Portal
2. May 3, 2021-Provider Portal Access
3. June 1, 2021- Service Requests for members will be direct data entered into Atrezzo by the Case Manager

Technical Assistance and Resources

1. Atrezzo User Guide Provider Portal –West Virginia TBIW UM and Care Team
2. Provider Training and Instructional Videos
3. Quick Reference Guides
4. Job Aids

Resources listed above can be accessed after today's training at:

<http://wvaso.kepro.com/programs/waiver-programs/traumatic-brain-injury-waiver/>

Technical Assistance and Resources cont.:

Provider Name	Kepro Staff
ABBE	Delena
All Care Home and Community Service	Delena
Coalfield Community Action Partnerships, Inc.	Delena
Council on Aging	Delena
HomeTown Care	Barb
Just Right Case Management	Barb
Just Right Homecare	Barb
Lewis County Senior Citizens Center, Inc.	Barb
PPL	Barb
Panhandle Support Services	Jennifer
All Ways Caring Homecare dba ResCare Homecare-Princeton	Jennifer
Family Service of Marion and Harrison Counties Inc.	Jennifer
Coordinating Council for Independent Living	Jennifer
West Virginia's Choice	Jennifer



TBI WAIVER- SERVICE REQUEST

UM Request

Provider Portal-UM Request

TBI Waiver Case Managers will be able to:

1. Submit requests for authorization
2. Attach documents, faxes, or other forms to the request
3. Review the results of the request
4. Communicate electronically with Keipro
5. Manage and track requests for authorization
6. Download authorization notices

Process -UM Request

- TBI Waiver Case Managers will be required to direct data enter (DDE) Service Requests for authorizations into the Provider portal beginning **June 1, 2021**
- In ANG this is called a UM Request
- Initial and Annual Service Requests will be DDE by the Assigned Case Management Provider/Case Manager beginning **June 1, 2021**
- Starting June 1st, the Initial and/or Annual Service Request will no longer be faxed to Kepro.
- The Six (6) Month Service Plan and Service Plan Addendum are only faxed to Kepro when the plan results in an increase in service units and budget

How to Create a UM Request

CREATE CASE. In Case Type select UM. Under Case Parameters, select Case Contract WV TBIW and Request Type Outpatient.

The screenshot displays the 'CREATE CASE' interface. At the top, a navigation bar includes 'HOME', 'CASES', 'CREATE CASE' (highlighted with a red box), 'CONSUMERS', 'SETUP', 'MESSAGE CENTER', 'REPORTS', and 'PREFERENCES'. Below the navigation bar, the page title is 'CREATE CASE / SELECT CASE TYPE'. The main content area is titled 'NEW CASE REQUEST' and contains two sections: 'Case Type' and 'Case Parameters'. The 'Case Type' section has a dropdown menu with 'UM' selected. The 'Case Parameters' section has two dropdown menus: 'CASE CONTRACT' with 'WV TBIW' selected and 'REQUEST TYPE' with 'Outpatient' selected. All three dropdown menus are highlighted with red boxes.


How to Create a UM Request

To search the consumer, you must enter the Consumer ID or Last Name and Date of Birth, then select SEARCH.

● Consumer Information

SEARCH CONSUMER

CONSUMER ID LAST NAME DATE OF BIRTH

 MM/DD/YYYY 


*Combination of DOB and Last Name or Member ID

Click the radio button to select the member.

● Consumer Information

SEARCH CONSUMER

CONSUMER ID LAST NAME DATE OF BIRTH

 test 01/15/1977 

SELECT MEMBER	NAME	DATE OF BIRTH	CONSUMER ID	CONTRACT	CASE COUNT
<input type="radio"/>	Dani Test	01/15/1977	TEMP001762021021000001	West Virginia	4

How to Create a UM Request

Expand the Clinical section, then expand Service Details to enter required information.

Enter Place of Service = **Home** and Service Type = **Traditional or Personal Options** depending on the Servicing Provider.

The screenshot shows a web interface with two main sections: 'Clinical' and 'Service Details'. Both sections are expanded, as indicated by blue up arrows in the top right corner of each section. Below the 'Service Details' section, there is a 'SERVICE DETAILS' section with two dropdown menus. The first dropdown menu is labeled 'PLACE OF SERVICE' and has 'Home' selected. The second dropdown menu is labeled 'SERVICETYPE *' and has a dropdown menu open showing three options: 'Select One', 'PO - Personal Options', and 'TRA - Traditional'. Red boxes highlight the 'Home' selection and the 'SERVICETYPE *' dropdown menu.

How to Create a UM Request

Select Provider or Facility from the drop down, enter NPI or Provider/Facility Name, and click Search. Select the provider from the list to add to the request.

Servicing Provider

PROVIDER NAME/NPI	SPECIALITY	ADDRESS	COUNTY	PHONE
Temporary WV Provider / 9999999999		123 Temporary Road , Temp City, WV US 99999		(999) 999-9999

CHANGE PROVIDER ^ **🗑️**

PROVIDER TYPE * **FIRST NAME** **LAST NAME** **NPI** **COUNTRY** **STATE/PROVINCE**

Provider Select One Select One

SHOW PREFERRED **SEARCH**

SELECT	FIRST NAME	LAST NAME	TYPE	SPECIALITY	NPI	MEDICAID ID	ADDRESS	COUNTRY	COUNTY
<input type="checkbox"/>		PARTNERSHIPS LLC	HABILITATION PROVIDER	TBI PERSONAL ATTENDANT				US	Suffolk

How to Create a UM Request

After completing all sections, click CREATE CASE.

The screenshot shows a 'NEW CASE REQUEST' form with three sections, each marked with a green checkmark:

- Case Type**: Set to 'UM' with an upward arrow.
- Case Parameters**: Collapsed with a downward arrow.
- Consumer Information**: Set to 'ANG Test' with an upward arrow.

A red arrow points to the 'CREATE CASE' button, which is highlighted with a red rectangular box.

How to Create a UM Request

The next page that renders will be the shell of the case and will reflect Un-Submitted. This means the case request has been started, but not yet submitted to Kepro for review. Enter the rest of the clinical information pertaining to the request.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
ANG TEST	Female	01/15/1977 (43 Yrs)	TEMP001942020122100000	

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
UN-SUBMITTED	Outpatient			

Note the case is Un-Submitted and there is not a Case ID assigned. This will be updated once the request is submitted.

Consumer Details		Location: 123 Somewhere Street Anywhere North Dakota;
Provider/Facility		Requesting : MATTHEW SANFORD/1033167416 Servicing : MATTHEW SANFORD/1033167416
Clinical		Service Type : Request Type : Notification Date : 12/21/2020 Notification Time : 01:26 PM
Attachments	Document-0	Letters- 0
Communications	Most Recent Interaction date:	Most Recent Note date:

How to Create a UM Request

Expand Consumer Detail. Under Member ID/Plan select **Medicaid Benefit Plan** or **Medicaid Benefit Plan-SSI**. These are the only correct options to select for this section.

The screenshot shows the Kepro portal interface for a user named Carey Webb. The browser address bar shows the URL: portal-uat.kepro.com/UMCase/Index?caseID=7016964. The page header includes the Kepro logo, the company name 'PUBLIC PARTNERSHIPS LLC', and a search bar. The main navigation bar contains links for HOME, CASES, CREATE CASE, CONSUMERS, SETUP, MESSAGE CENTER, REPORTS, PREFERENCES, and Help. Below the navigation bar, a table displays consumer information for Christopher Basham, including gender (Male), date of birth (07/03/1982), and contract (West Virginia). The main content area shows a case summary for 'UM-OUTPATIENT' with a 'CASE SUMMARY' button and an 'EXPAND ALL' dropdown. The 'Consumer Details' section is expanded, showing a dropdown menu for 'MEMBER ID/PLAN'. The dropdown menu lists four options: '00001647399/Medicaid Benefit Plan' (selected), '00001647399/CATEGORICALLY NEEDY', '00001647399/Medicaid Benefit Plan - QMB', and '00001647399/Medicaid Benefit Plan'. Other sections include 'Provider/Facility', 'Clinical', 'Questionnaires', and 'Attachments'.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID/PLAN	CONTRACT
CHRISTOPHER BASHAM	Male	07/03/1982 (38 Yrs)	See Consumer Details	West Virginia

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
UN-SUBMITTED	Outpatient	WV TBIW		

LOCATION	MEMBER ID/PLAN
225 VINTAGE OAKS WAY PRINCETON West Virginia	00001647399/Medicaid Benefit Plan

Provider/Facility	Requesting	Servicing
	PUBLIC PARTNERSHIPS LLC/1871959007	PUBLIC PARTNERSHIPS LLC/1871959007

Clinical	Service Type	Notification Date
		03/31/2021

Questionnaires	Request Type	Notification Time
		11:31 AM

Attachments	Document
	Document-0

How to Create a UM Request

At Case Creating, the Servicing Provider will default to the Requesting Provider. To change the Servicing Provider, expand Provider/Facility, expand Servicing Provider, and click Change Provider.

The screenshot displays a user interface for selecting a provider. At the top, there are three expandable sections: 'Provider/Facility', 'Requesting Provider', and 'Servicing Provider'. The 'Requesting Provider' section is expanded, showing 'Temporary WV/ Provider/ 9999999999/ /WV/ F:(555)989-8989'. The 'Servicing Provider' section is also expanded, showing 'Temporary WV/Provider/9999999999/WV'. Below these sections is a table with the following columns: PROVIDER NAME/NPI, SPECIALITY, ADDRESS, COUNTY, and PHONE. The table contains one row with the following data: 'Temporary WV Provider / 9999999999', an empty speciality field, '123 Temporary Road , Temp City, WV US 99999', an empty county field, and '(999) 999-9999'. At the bottom right of the table, there is a button labeled 'CHANGE PROVIDER ^' and a trash icon. A red box highlights the 'CHANGE PROVIDER ^' button, and a red arrow points to it from the left.

PROVIDER NAME/NPI	SPECIALITY	ADDRESS	COUNTY	PHONE
Temporary WV Provider / 9999999999		123 Temporary Road , Temp City, WV US 99999		(999) 999-9999

How to Create a UM Request

Once all diagnosis codes are entered, expand Procedures. Enter Request Type **Prior Auth**. Enter applicable procedure codes, Enter Procedure Code or description, then click Search. Select the appropriate procedure codes to be added. Once all codes are listed, select Add Procedure.

The screenshot shows the 'Add Procedures' interface. The 'SEARCH PROCEDURES' section has a 'CODE TYPE' dropdown set to 'CPT' and a 'CODE STARTS WITH' text box containing 'S5125'. A red box highlights the 'CPT' dropdown and the 'S5125' text box. A red arrow points from the 'SEARCH' button to the 'SELECTED RECORDS' section. The 'SELECT PROCEDURES' table shows one record: CPT S5125 Attendant care service /15m. The 'SELECTED RECORDS' table shows two records: CPT A0160 Noner transport case worker and CPT S5125 Attendant care service /15m. A red box highlights the 'SELECT' column in the 'SELECTED RECORDS' table. A red arrow points from the 'ADD PROCEDURES' button at the bottom right.

SEARCH PROCEDURES

CODE TYPE * CODE STARTS WITH DESCRIPTION

SELECT PROCEDURES

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	CPT	S5125	Attendant care service /15m

Displaying records 1 to 1 of 1 records Show Entries

SELECTED RECORDS

SELECT	<input checked="" type="checkbox"/> CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	CPT	A0160	Noner transport case worker
<input checked="" type="checkbox"/>	CPT	S5125	Attendant care service /15m

Displaying records 1 to 2 of 2 records Show Entries

How to Create a UM Request

Below is the list of applicable procedure codes (and modifier) by Service Type.

Service Type	Service Description	Service Code	Modifier
Traditional	Case Management	G9002	U2
Traditional	Personal Attendant	S5125	UB
Traditional	Non-Medical Transportation	A0160	UB
Traditional	Personal Emergency Response Unit	S5161	U5
Personal Options	Personal Attendant	S5125	UC
Personal Options	Non-Medical Transportation	A0160	U2
Personal Options	Personal Emergency Response Unit	S5161	U5 UK

After entering Service Details, expand Diagnosis to enter all applicable diagnosis codes. Click Add Diagnosis and search by diagnosis code or description. Select the needed diagnosis by clicking the Select Box. The diagnosis will be added to the Selected Records section.

DIAGNOSIS

ADD DIAGNOSIS ^

SEARCH DIAGNOSIS

CODE TYPE * ICD10

CODE S06.2X0S

DESCRIPTION

SMART SEARCH

SEARCH RESET SHOW PREFERRED

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	S06.2X0S	DIFFUSE TBI W/O LOC SEQUELA

Displaying records 1 to 1 of 1 records

Previous 1 Next Show 10 Entries

SELECTED RECORDS

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	S06.2X0S	DIFFUSE TBI W/O LOC SEQUELA

Once all diagnosis codes are entered, select

ADD DIAGNOSIS

SELECTED RECORDS

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	ICD10	S06.2X	DIFFUSE TRAUMATIC BRAIN INJURY
<input checked="" type="checkbox"/>	ICD10	S06.2X0S	DIFFUSE TBI W/O LOC SEQUELA

Displaying records 1 to 2 of 2 records

Previous 1 Next Show 10 Entries

CANCEL ADD DIAGNOSIS


How to Create a UM Request

After entering the procedure codes, an outpatient request will require detailed information for each requested code. Once all the codes are entered, they will be displayed in a stacked layout.

REQUEST TYPE *	FIPS CODE	NOTIFICATION DATE *	NOTIFICATION TIME *
Prior Auth		04/05/2021	7:33 PM
A0160	Noner transport case worker		
S5125	Attendant care service /15m		

How to Create a UM Request

To enter details for each procedure code, expand the line for each code entered and complete required fields.

A0160 Noner transport case worker 

MODIFIER: U2 UNIT QUALIFIER:

REQUESTED START DATE * REQUESTED END DATE * REQUESTED DURATION * REQUESTED QUANTITY *

REQUESTED FREQUENCY:

How to Create a UM Request

Once all clinical information is added, expand Attachments, then expand Documents to upload the following required documentation:


- Prior Authorization Coversheet
- Person Centered Assessment
- Person Centered Service Plan
- Draft Budget
- And any additional supporting information to justify the request

Select **CLICK HERE TO UPLOAD FILE**.



How to Create a UM Request

Repeat the above steps until all supporting documentation is uploaded. Select **R01** from the Request Drop down, then click **UPLOAD**.



FILE UPLOAD ✕

* fields are mandatory

SELECT FILE *

BROWSE MAX FILE SIZE: 4 MB

Test File.docx
Acceptable File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps .

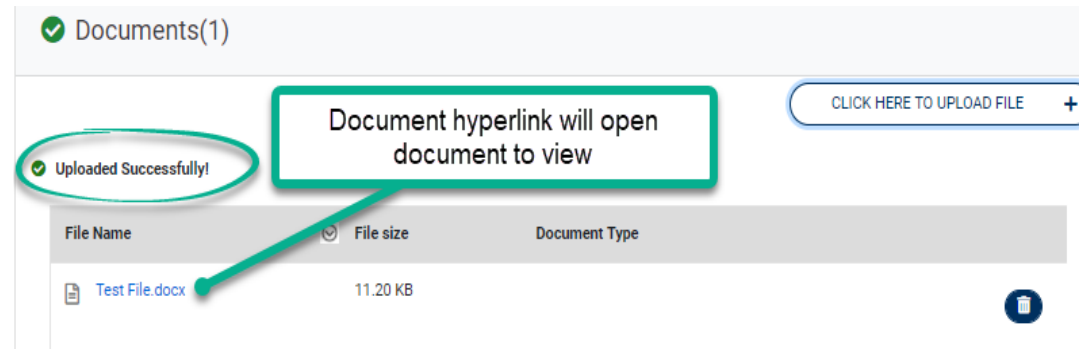
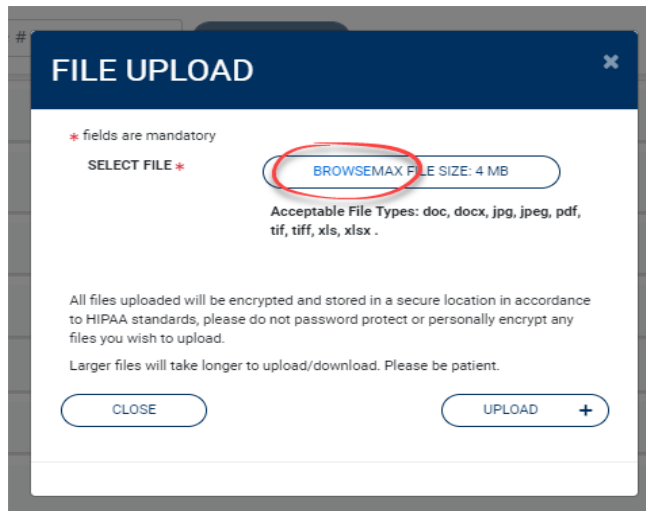
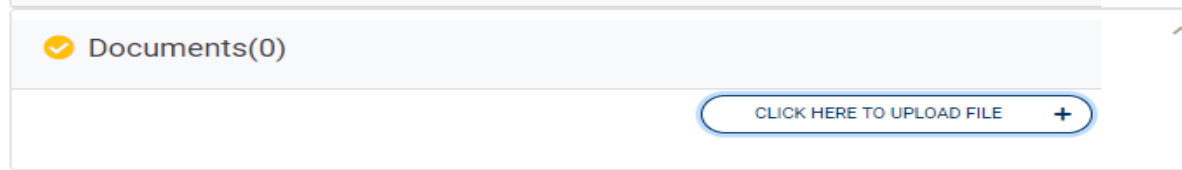
REQUEST * R01 ▾

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

CLOSE **UPLOAD** +

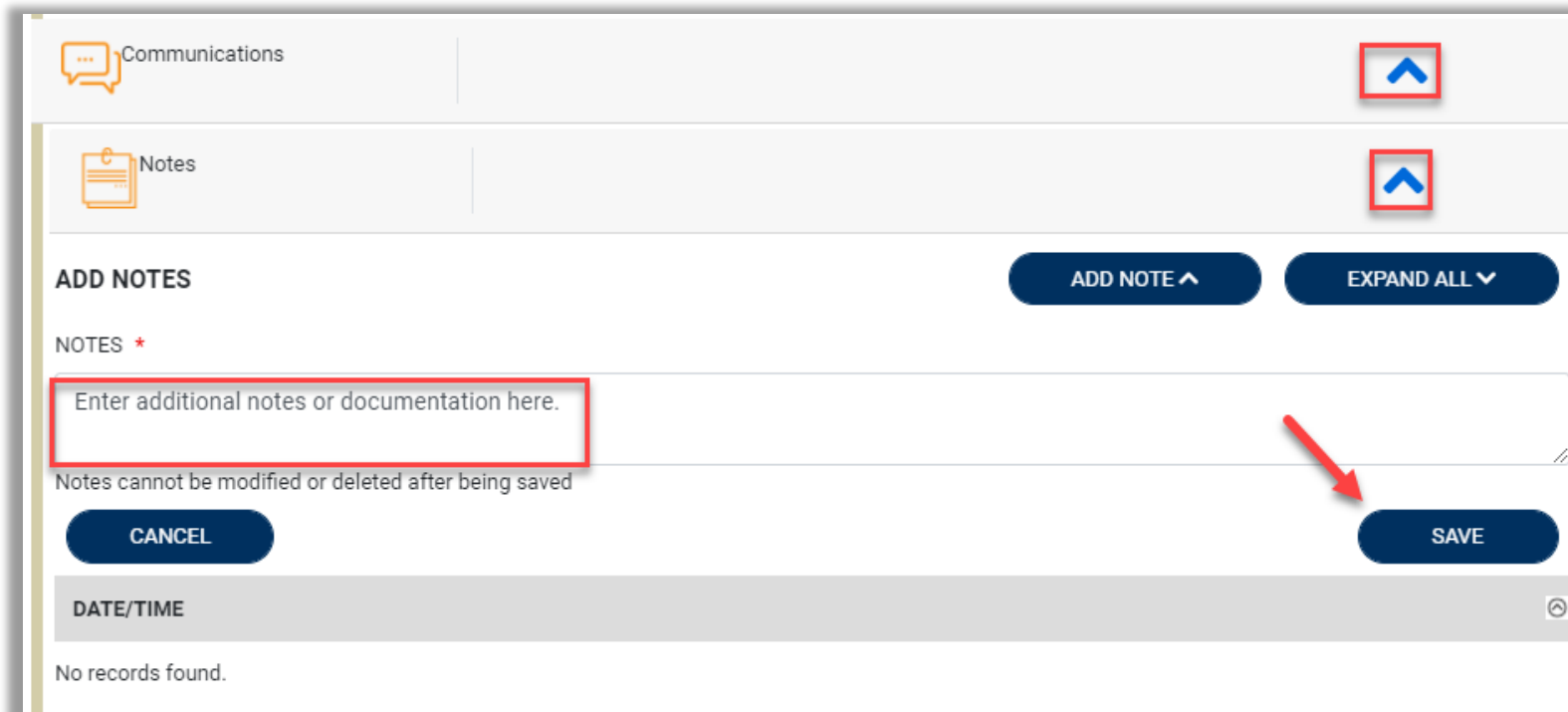
Attaching Documentation

- Case Managers will be able to attach the Prior Authorization Cover Sheet, Assessment, Service Plan and Draft Budget under the documents section of the case.
- Once uploaded, documentation can be viewed by clicking the hyperlink. To upload additional documentation, follow the above steps.



How to Create a UM Request

Once all supporting documentation has been added, expand Communications, then expand Notes to enter any additional supporting information or notes for Kepro to review. To add a note, click **ADD NOTE**, then enter documentation and click **SAVE**.



The screenshot displays the user interface for adding a note to a UM Request. At the top, there are two expandable sections: 'Communications' and 'Notes', both with blue upward-pointing arrows. Below these, the 'ADD NOTES' section contains an 'ADD NOTE ^' button and an 'EXPAND ALL v' button. The 'NOTES *' section features a text input field with the placeholder text 'Enter additional notes or documentation here.' and a warning message: 'Notes cannot be modified or deleted after being saved'. Below the input field are 'CANCEL' and 'SAVE' buttons. A red arrow points to the 'SAVE' button. At the bottom, there is a 'DATE/TIME' section with a clock icon and the text 'No records found.'

How to Create a UM Request

After all information is entered and uploaded, read and check the box of the disclaimer at the bottom of the page. Then click **SUBMIT**.

The screenshot displays a web interface for creating a UM Request. At the top, there is a header with fields for CONSUMER NAME (TEST), GENDER (F), DATE OF BIRTH, MEMBER ID/PLAN (See Consumer Details), and CONTRACT (West Virginia). Below this, there is a section for CASE ID, CATEGORY (UN-SUBMITTED), CASE CONTRACT (Outpatient), CASE SUBMIT DATE, and SRV AUTH (WV TBW). The main content area is titled 'UM-OUTPATIENT' and includes a 'CASE SUMMARY' button and an 'EXPAND ALL' dropdown. The summary is organized into several sections: Consumer Details (Location: 123 Somewhere Street Anywhere West Virginia), Provider/Facility (Requesting: Temporary WV Provider/999999999, Servicing: Temporary WV Provider/999999999), Clinical (Service Type: PO - Personal Options, Request Type: Prior Auth, Notification Date: 04/05/2021, Notification Time: 07:54 PM), Questionnaires, Attachments, Documents, and Communications (Most Recent Note date:). At the bottom, there is a disclaimer checkbox that is checked, with the text: 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.' A red arrow points to the 'SUBMIT' button at the bottom right. A 'CANCEL REQUEST' button is located at the bottom left.

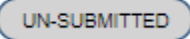
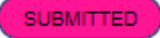

Submitted UM Request

The case will be assigned a Case ID and the status will change from Un-Submitted to Submitted.

The screenshot displays a user interface for a Submitted UM Request. At the top, consumer information is shown: CONSUMER NAME (TEST), GENDER (F), DATE OF BIRTH (redacted), MEMBER ID/PLAN (TEMPO01762021021000001), and CONTRACT (West Virginia). Below this, a table lists case details with the following columns: CASE ID, CATEGORY, CASE CONTRACT, CASE SUBMIT DATE, and SRV AUTH. The first row shows a 'SUBMITTED' status, Case ID '210950011', Category 'Outpatient', Case Contract 'WV TBW', and Case Submit Date '04/05/2021'. The Case ID '210950011' is highlighted with a red box. Below the table, there are buttons for 'CASE SUMMARY', 'EXTEND', and 'EXPAND ALL'. The main content area is titled 'UM-OUTPATIENT' and contains several expandable sections: Consumer Details (Location: 123 Somewhere Street Anywhere West Virginia), Provider/Facility (Requesting: Temporary WV Provider/999999999, Servicing: Temporary WV Provider/999999999), Clinical (Service Type: PO - Personal Options, Request Type: Prior Auth, Notification Date: 04/05/2021, Notification Time: 06:59 PM), Questionnaires, Attachments (Document-0, Letters- 0), and Communications (Most Recent Note date:). Each section has a blue downward arrow to expand it.

UM Case Status

The UM case will display the case status at the top. The UM program status options are color coded for quick and easy identification.

	This identifies a case that has been started but has not been completed or officially submitted. This case will not have an associated Case ID until it is submitted. Once all information is entered, the case will move to Submitted.
	This identifies a case that has been submitted but has not yet been reviewed. Once the case is assigned to a clinical reviewer, the status will change to Active Review.
	This identifies a case that has been submitted, reviewed, a determination made, and is complete. A Complete case status does not identify the outcome of the clinical review (ie. Approved, denied, partial approval, etc).

Email Notification

When a change has been made to a submitted UM Request, you will receive an email notification to the email address provided when setting up the user account. The email notification will provide the Case ID to direct you to the specified request. No PHI will be included in the email for security purposes.

Below is a sample of the email you would receive when a change is made to a submitted request.

From: ATREZZO_DoNotReply@kepro.com <ATREZZO_DoNotReply@kepro.com>
Sent: Tuesday, December 29, 2020 10:48 AM
To: [REDACTED]
Subject: Atrezzo Case Status Change Alert

Dear Provider,

There has been a change in status or a request for more information, in a case that you submitted. The case ID is 203510030. Please log into <https://portal.kepro.com> to review the necessary information and to provide a timely response, if required.

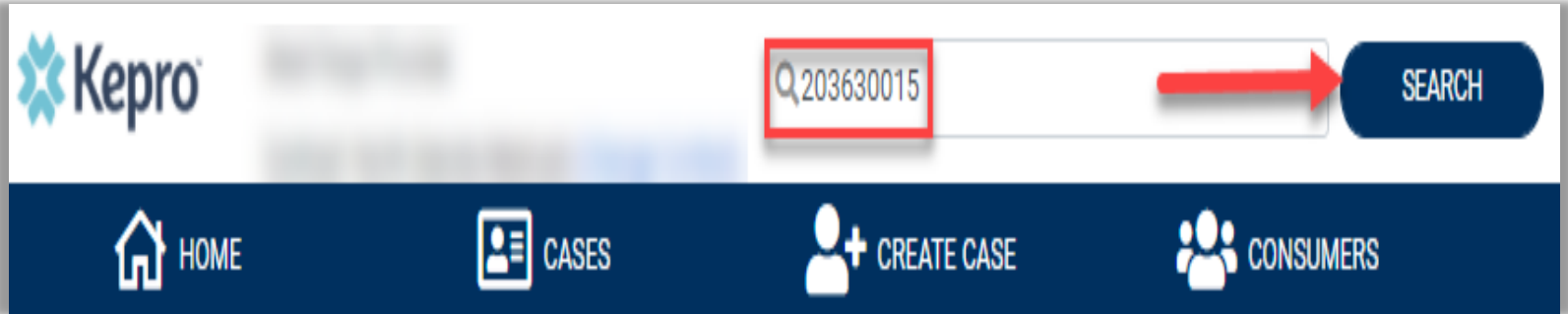
Thank you,
Kepro



VIEWING A REQUEST

How to View a Determination Letter

This section will identify how to view a determination letter once a decision has been entered. When a change has been made to the submitted request, you will receive an email notification. The email notification will provide the Case ID to direct you to the specified request. To view the determination letter, enter the Case ID once logged into the Provider Portal.



How to View a Determination Letter

Once the case displays, expand Attachments, then expand Letters. The available determination letters will be hyperlinks.

The screenshot displays a case summary for 'UM-OUTPATIENT' with a 'COMPLETED' status. The case ID is 210950011, categorized as 'Outpatient' with 'WV TBIW' contract, submitted on 04/05/2021. The page includes sections for Consumer Details, Provider/Facility, Clinical, Questionnaires, Attachments, Documents, and Letters. A red arrow points to a link in the 'LETTERS' section.

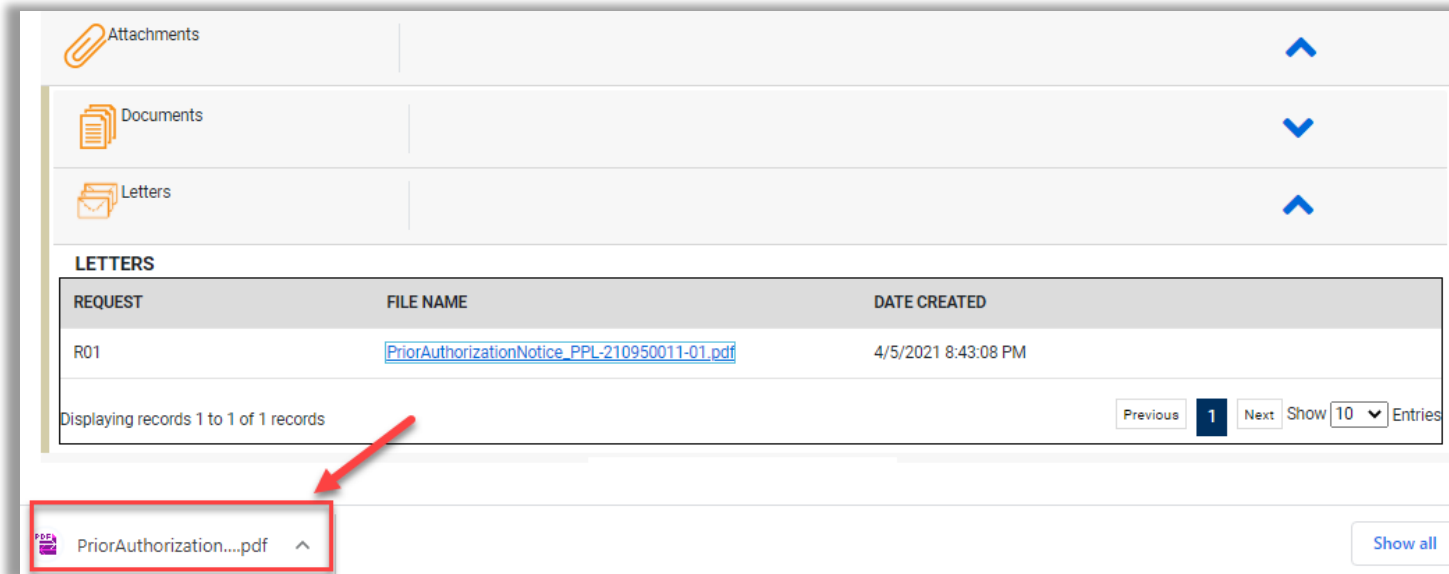
REQUEST	FILE NAME	DATE CREATED
R01	PriorAuthorizationNotice_PPL-210950011-01.pdf	4/5/2021 8:43:08 PM

Displaying records 1 to 1 of 1 records

Previous 1 Next Show 10 Entries

How to View a Determination Letter

To view the determination letter, click the file name hyperlink. The file will open outside of the Provider Portal for viewing, downloading/saving, and/or printing if needed. In most instances, the file will be visible in the bottom banner, you will need to click the file to view the document

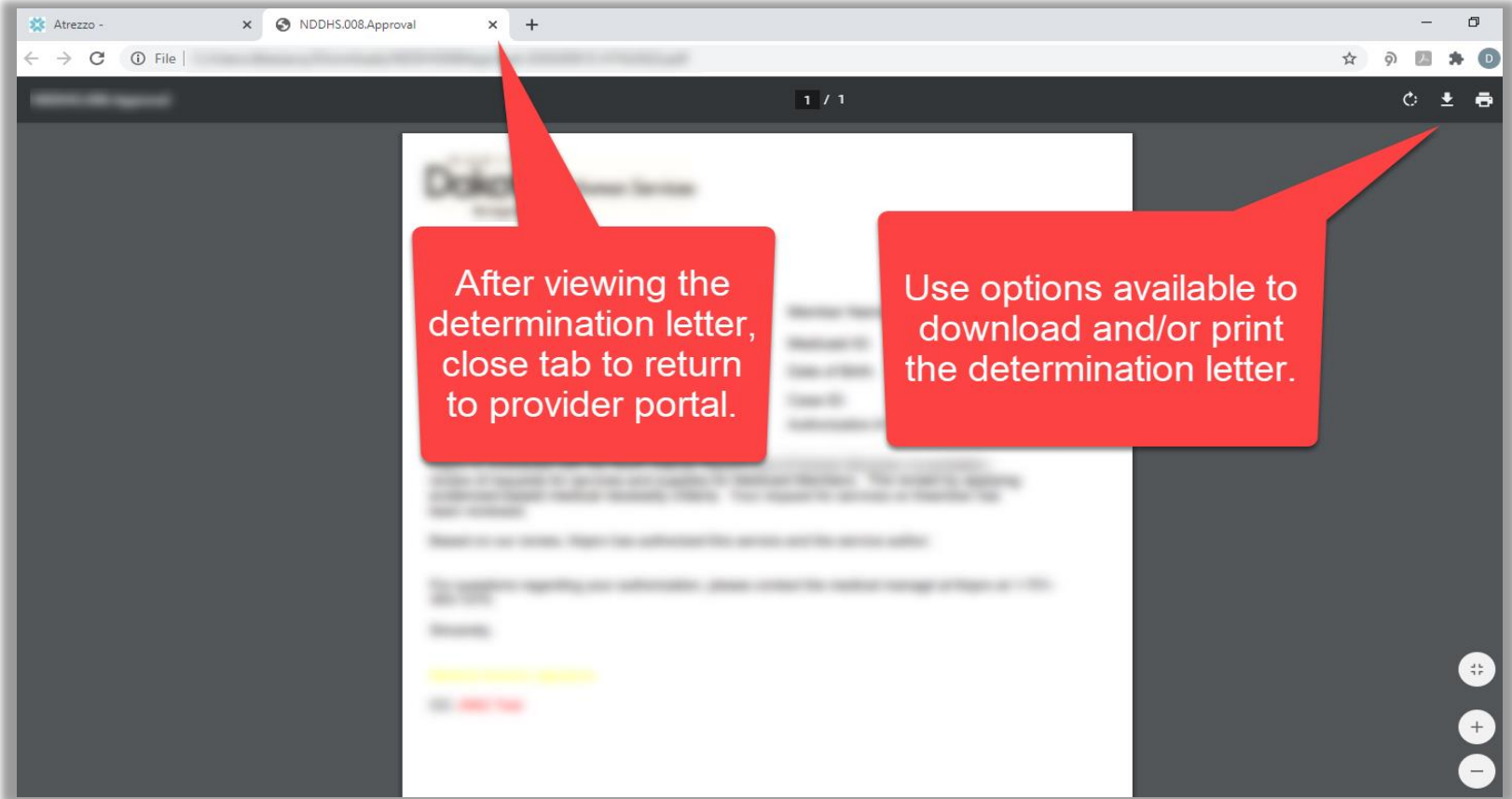


The screenshot shows a user interface with a sidebar on the left containing 'Attachments', 'Documents', and 'Letters' sections. The main area displays a table titled 'LETTERS' with columns for 'REQUEST', 'FILE NAME', and 'DATE CREATED'. A single record is shown with 'R01' in the request column, a blue hyperlink 'PriorAuthorizationNotice_PPL-210950011-01.pdf' in the file name column, and '4/5/2021 8:43:08 PM' in the date created column. Below the table, it says 'Displaying records 1 to 1 of 1 records' and includes pagination controls for 'Previous', '1', 'Next', 'Show 10', and 'Entries'. At the bottom of the page, a banner shows a PDF icon and the file name 'PriorAuthorization....pdf', which is highlighted with a red box and pointed to by a red arrow.

REQUEST	FILE NAME	DATE CREATED
R01	PriorAuthorizationNotice_PPL-210950011-01.pdf	4/5/2021 8:43:08 PM

After clicking link, the document will be viewable in an internet browser tab separate from the Provider Portal. Once view is complete, close tab to return to the Provider Portal.

How to View a Determination Letter





Questions & Answer
