Atrezzo Connect Provider Portal End User Guide



Atrezzo Connect Health Homes Provider Portal End User Guide

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KEPRO_® Section 1 Register an Account, Login, & Basic Navigation

Use the link below for the Atrezzo log in page:

https://atrezzo.kepro.com/account/login.aspx

Advancing Care Management	WELCOME PLEASE LOGIN 5/3/2012 8:28:53 AM	Login
	LOGIN Please enter your username and password to access the Atrezzo Provider Portal. If you don't aiready have a KePRO account, you can Register here . USERNAME: PASSWORD: Login Forgot Password?	

Register an Account & Login (New Users)

Step	Instruction	Example
1.	The user is brought to the Login page .	<image/> <image/>
2.	Click the Register Here link to begin the account set up process.	LOGIN Please enter your username and password to access the Atrezzo Provider Portal. If you don't already have a KePRO account, you can Register USERNAME: PASSWORD: Login Forgot Password?
3.	Enter your organization's NPI and Provider Registration Code. **Call KEPRO WV IT Department to get the registration code.** Click Next.	ORGANIZATION INFORMATION Please Enter Your NPI: Provider Registration Code: Image: Comparison of the Atrezzo Connect Provider Portal End User Guide Please refer to the registration section of the Atrezzo Connect Provider Portal End User Guide for more information on how to registration section of the Atrezzo Connect Provider Portal End User Guide
	registration code.**	Please refer to the registration section of the Atrezzo Connect Provider Portal End User Guide for more information on how to register. You can find this document on your payer-specific KePRO websit

Register an Account & Login (New Users)

Step	Instruction	Example
4.	Enter a user name , select and confirm a password (minimum of 8 alpha/numeric characters).	ORGANIZATION INFORMATION
	Enter a secret question and secret answer .	Username (*) Password: * Confirm Password: *
	Complete the Contact Information. Note: Fields that have an	Enter a secret question: *
	asterisk (*) by them are required fields.	CONTACT INFORMATION
	Click Next .	First Name: * Email Address: * Last Name: * Confirm Email:
		Address: Phone Number: Official communication of service authorization will be sent to the fax number entered here
		City: will be sent to the fax number entered here State: unless otherwise specified. Zip: Fax Number: *
		* denotes required field
5.	Review the Terms of Use Agreement. Click the checkbox that states	SYSTEM PROCESS
	<i>"I have read and agree to these terms of use."</i>	KEPRO PORTAL - TERMS OF USE AGREEMENT
	Click Continue .	THE LERRO PORTAL IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE BY PROCEEDING ON USING THE KEPRO PORTAL YOU ARE AGREEING THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF USE AND AGREE TO BE BOUND BY THEM. IF YOU DO NOT UNDERSTAIND THE TERMS OR CONSISTIONS OF USE OR DO NOT AGREE TO BE BOUND BY THEM. DO NOT PROCEED OR OTHERWISE USE THE KEPRO PORTAL UNAUTHORIZED ACCESS TO THE KEPRO PORTAL IS PROMETED. KEPRO PORTAL IS PROMETED. This Terms of Use Agreement (the "Agreement") is between KePRO. Inc. ("We", "Us" or "Our") the group/practice entity that has been provided an ID (as defined in Section 3 below) using this Partal (as defined below) (the "Provider") and the Users (as defined in Section 3 below) (the Provider and Users shall collectively be "You" or "GaveThates and compliations of all materials other than Patient Information (as defined in Section 0) (the Provider and colles, strahls, long utiles, databases and compliations of all materials other than Patient Information (the Portal). The Partal Portal include the terms and conditions of use of the Portal and that You are an authorized user of the Portal. This Agreement is posted on the Portal and is subject to change at any time.
		KePRO, Inc. 777 East Park Drive Harrisburg, PA 17111 Toll-free: 800.222.0771 Phone: 717.564.8288 Fax: 717.564.3862 www.kepro.com
		Continue

Register an Account & Login (New Users)

Atrezzo Provider Portal

Step	Instruction	Example
6.	If you complete steps 1 through 6 successfully, the Homepage appears.	UCH CARROLLWOOD OUTPATIENT STEPINEN FELTNER Comact HCHCP Logout Logout Logout
	The top right box displays counts for submission statuses and saved records.	HOME REQUESTS SEARCH MANAGEMENT MY ACCOUNT HELP MESSAGE CENTER Message Center is currently unavailable, but will return shortly. REQUESTS SAVED BUT NOT SUBMITTED New Request

END ACCOUNT REGISTRATION AND LOGIN PROCESS FOR NEW USERS

Resetting a Password

Step	Instruction	Example				
1.	Click the Forgot Password link on the Login page.	LOGIN Please enter your username and password to access the Atrezzo Provider Portal. If you don't already have a KePRO account, you can Register here. USERNAME: PASSWORD: Login Forgot Password				
2.	Enter your Username .* *Please contact Customer Service if you cannot remember your Username. Click Next .	CHANGE PASSWORD You must supply your username and answer your security question to reset your password. New passwords are required to be a minimum of 8 characters in length. Enter Your Username:				
3.	Enter the answer to the secret question you set during the initial registration. Enter in (and confirm) a new password .* *New passwords are required to me a minimum of 8 characters in length. Click Finish . You will be brought back to the Login page to enter your username and new password.	CHANGE PASSWORD You must supply your username and answer your security question to reset your password. New passwords are required to be a minimum of 8 characters in length. Enter Your Username: feltco Dog Answer: Bailey Enter New Password: e				

Homepage Tabs

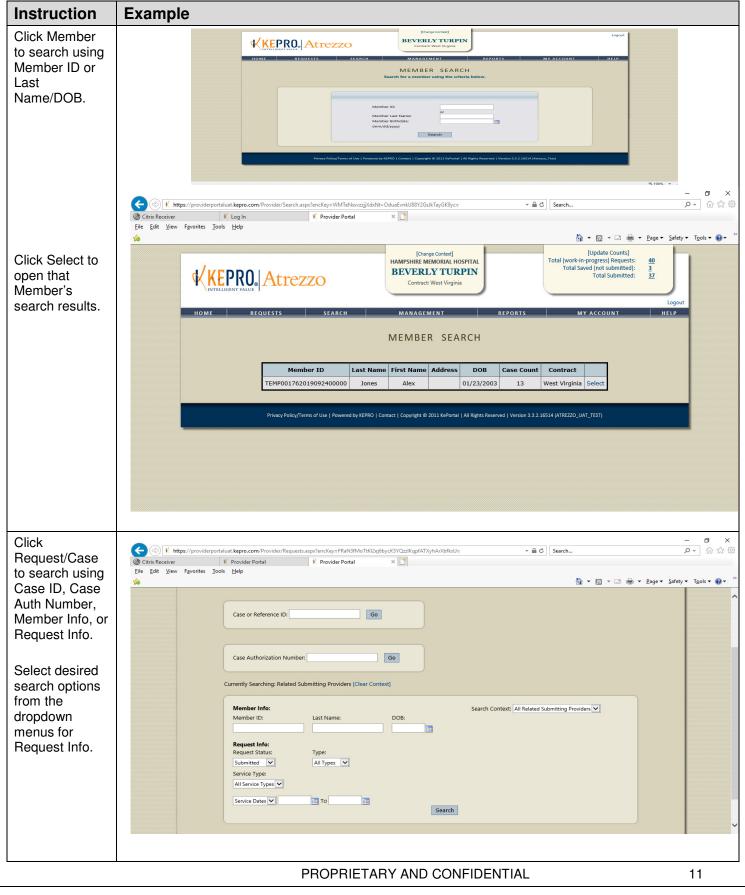
Tab	Example
Home Tab (Home Page)	Uch carrollwood outpatient STEPPER Uch carrollwood outpatient STEPPER Total (work-in-progress) Requests: @ Total Saved (not submitted): 0 Total Submitted): 0 Total Submitted: 0 Tot
Requests Tab & Dropdown Selections	Compare Control Logistic INONE SEARCH MEMBER SEARCH View Requests MEMBER SEARCH Wire Requests MEMBER SEARCH Bearch for a member using the criteria balaxy.
Search Tab & Dropdown Selections	Logent Logent
Management Tab & Dropdown Selections	
Report Tab Results	
My Account Tab & Dropdown Selections	Category Description
Help Tab & Dropdown Selections	Interce report list by category: All Reports Category: Description Interce report list by category: All Reports Interce report list by category: All Reports <t< td=""></t<>

Requests Tab

Instruction	Example
Request Tab	
Click Create New Request on the Request Tab.	Image: Contract of State Image: Contract of State Legent Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State Image: Contract of State
Search for member by ID or last name and DOB.	Member Unt Unterstein Land Kannel Land Kan
To View All Requests:	
Click the View Request selection from the dropdown to display different search	Case Authorization Number; Case Authorization Number; Currently Searchina: All Cases Member Infr: Member Infr: Member Infr

Management Tab

Search Tab



Management Tab

Instruction	Example
Management Tab:	- J × - J · J · J · J · J · J · J · J · J · J
Access under this tab will	Image Users and Preferences for your Provider Accounts Image Users and Preferences for your Provider Accounts Image Users and Preferences for your Provider Accounts Image Users and Preferences for your Provider Accounts
depend on your user roles in Atrezzo.	Marging Users Register New Provider ange Cuters Contract Type Member ID Member Anna DO2 Modified 101/2019 101/2019 Science Wir Heath Hinnes Oudpatient TEMPO0176201992400000 Alex Jones 1/23/2003 101/2019 101/2019 2010/2019 Science Wir Heath Hinnes Oudpatient TEMP00176201992400000 Alex Jones 1/23/2003 1/93/2019 1/93/2020 Science Wir Heath Hinnes Oudpatient TEMP00176201992400000 Alex Jones 1/23/2003 1/93/2019 1/93/2020 Science New Request Tempotry Lange Deversity KEPR0 Contact Copyright Q 2011 KePotral Ale Bights Beserved Version 3.2.16514 (ATEXZO_UNT_TEST) Extended Science Extended Scie
Manage	[Change Context] Logout L
Providers and Preferences:	HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP
	CHOOSE PROVIDER CONTEXT Please select a provider to work with: Choose Contract: Weat Virginia V Change Contract Only
	Provider ID Provider Name Find
	Privacy Policy/Terms of Use Powered by KEPRID Contact. Copyright © 2011 KePortal All Rights Reserved Version 3.3.2.16514 (Atrezzo_Test)
Manage Users:	- or ×
Manage users for your agency.	Contract: West Virginia
	HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP PROVIDER GROUP USERS Select a User Account to Manage:
	Privacy Policy/Terms of Lise Powered by KEPRO Contact Copyright © 2011 KePortal All Rights Reserved Version 3.3.4.16524 (ATREZZO_UAT_TEST)
Register New Provider:	Image: Control Image: Contro Image: Contro Image: Contro <t< td=""></t<>
*If your agency would need to register a new office location, you would do	Description Description Description Description Description Description Description Image: Control of the
this function here.*	

	My Account Tab
Instruction	Example
My Account Tab	HOME REQUESTS SEARCH MANAGEMENT MY ACCOUNT 🔆 HEL
	My Account Change Security Question MESSAGE CENTER
Use this tab to change your password or	ACCOUNT INFORMATION
update your contact information.	ACCOUNT INFORMATION
	New Password:
	Confirm New Password:
	Change Password
	CONTACT INFORMATION
	First Name: * Stephen
	Last Name: * Feltner
	Email Address:
	Confirm Email:
	Address 1:
	Address 2:
	City:
	State: 👻
	Zip:
	Phone Number:
	Official communication of service authorization will be sent to the fax number entered here unless otherwise specified.
	Fax Number: * 717-555-1212
	* denotes required field
	Change Profile

Change Context Function (Submitting via a Different NPI)

Atrezzo Provider Portal

Instruction	Example
Use this tab to change your secret question and answer for	CHANGE SECURITY QUESTION AND ANSWER
resetting your password.	Enter a secret question:
pacemental	Enter the secret answer:
	Enter your password:
	Update Security Question

Help Tab

Instruction	Examp	е									
Help Tab:	K Provider Portal	ps://providerportaluat.kepro.c × Fgvorites Tools Help	om/Provider/Horr	не.аврх			→ 量 C S	earch	- 🗆 🖨 - 1		• A & @
Includes User Guide, F.A.Q.'s,		KEPRO	Atro	ezzo	[Change Context] HAMPSHIRE MEMORIAL I BEVERLY TU Contract: West Virgi	RPIN	Tot	al (work-in-progres Total Saved (not	submitted):	40 3 37 Logout	
Latest Release Notes, & Password		номе	REQUESTS	SEARCH You have	MANAGEMENT MESSAGE 0 unread messages - Go	s	REPORTS	MY ACCO	UNT		se Notes (PDF)
Guidelines				REQUESTS S	SAVED BUT	NOT SU	BMITTED			Password G	uidelines (PDF)
Guideimes		Contract	Туре	Member ID	Member Name	DOB	Last Modified	Start Date	End Date	Action	
		WV Health Homes	Outpatient	1111111111	Alex Jones	1/23/2003	10/1/2019	10/1/2019	10/1/2019	Select	
		WV Health Homes	Outpatient	TEMP001762019092400000	Alex Jones	1/23/2003	9/30/2019	9/30/2019	1/30/2020	Select	
		WV Health Homes	Outpatient	TEMP001762019092400000	Alex Jones	1/23/2003	9/24/2019			Select	
		New Request									
			Privacy Polic	y/Terms of Use Powered by KEPRO Cont	act Copyright © 2011 KePort	tal All Rights Reser	ved Version 3.3.4.16524 (/	ATREZZO_UAT_TEST)			

Change Context Function (Submitting via a Different NPI)

Step	Instruction	Example					
1.	To submit a request under a different NPI, click the Change Context link.	[Change Context] BRANDON HOSPITAL JOELLA SPEICH Contract: HCHCP					
2.	Search the provider by Provider ID/Provider Name and click on Find. The result should change the Provider name at top middle of screen above user's name.						



Section 2 Prior Authorization Requests & Questionnaires

Atrezzo Provider Portal

Prior Authorization Request

Request Requests Or Click the Request	e New t button at the bottom e home	Image Context [Update Counts] Image Context Image Context Image Conte
		New Request
by: • Mem O • Last	for member nber ID Dr t Name hdate	Image: Control
from the results by	ne Member search by clicking Select link.	NOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP MEMBER SEARCH Member 1D Last Name First Name Address D0B Case Count Contract Image: Cont

Step	Instructions	Example
4.	Verify member information and click the New Request button.	Image Context [Update Counts] Image Context Image Context Image Conte
	Request type (Outpatient) and sub contract (WV Health Homes) will be pre- populated and will always be chosen this way. Click Create Request .	Interview Interview </td
5.	Click on Patient Detail to the left first. Patient detail information will be prepopulated.	Select request type: Uutpatient Cancel Select sub contract: WV Health Homes
	Make sure to check for correct eligibility (Member ID) for member before moving to next page ***Click SAVE at bottom of each page before clicking Next to continue throughout request	HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Attending Physician Service Drovider Management Attending Physician OUTPATIENT DETAIL Procedures Diagnoses Clinical Information Attached Documents Questionnaires Wv
	process***	Next

Step	Instructions	Example
6.	Requesting Provider Information data defaults. This is your provider agency information.	Image Context [Update Counts] Image Context Image Context Image Conte
	Note: FAX # is required (10 digits long with no dashes (-).) Click SAVE & Next to continue.	Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires The * Intercedure I: The service provide: Market Provider Attached Documents Questionnaires
7.	Service Provider Information defaults. This should be your provider agency information. Click SAVE and Next to continue.	Coange Conted! Intel (Update Counts) Total (work-in-progress) Requests: 35 Total Saved (not submitted): 2 Total Submitted: 23 Total Submitted: 23 Logou HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP
		OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Service Detail Procedures Olinical Information Attached Documents Questionnaires Indextand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identific medical Service Draiter Service Draiter Chinical Information Attached Documents Questionnaires

Step	Instructions	Example
di Tj th ar	To search for a different Provider: Type in a keyword in the appropriate field and click Find . This search is only	[Change Context] HAMPSHIRE MEMORIAL HOSPITAL BEVERLY TURPIN Contract: West Virginia
	needed if your agency has more than one agency NPI (different locations billing separately). Requesting and servicing provider	HOME REQUESTS SEARCH MANAGEMENT REPORTS Provider Search X Provider ID
		Patient D Name NPI Provider Type Action Requestir Alyssa smith 1154604502 15 - SPEECH/HEARING THERAPIST Select Info Service F Attending BLAINE SMITH 08 - PHYSICIAN Select Info BOBBY SMITH 08 - PHYSICIAN Select Info BOBBY SMITH 08 - PHYSICIAN Select Info BRIAN SMITH 1053594192 08 - PHYSICIAN Select Info BRYAN SMITH 1053594192 08 - PHYSICIAN Select Info Clinical In Attached Ouestion Smith 1154499044 07 - DENTIST Question Clayton Smith 08 - PHYSICIAN Select Info Select Info OAVID SMITH 08 - PHYSICIAN Select Info Select Info CLAYTON SMITH 08 - PHYSICIAN Select Info DAVID SMITH 08 - PHYSICIAN Select Info Close Close Select Info

Atrezzo Provider Portal

Step	Instructions	Example
9.	Select the facility or provider from the search results.	Image Control [Update Counts] Image Control Image Control Image Contr
	Note: Hovering the cursor over the Info column will cause a bubble to appear with more detailed provider information that can be reviewed before	HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT HELP Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provider ID Provide
	selecting. If you select a different Provider, you must click SAVE and Next to continue.	Diagnose Name ALVSAS MITH Clinical In Attached CALVAN SMITH 1135499044 07 - 0ENTIST Provider Type 15 - SPEECHHEARING THERAPIST Cuestion CHESTER DONALD SMITH 06 - PHYSICIAN CLAYTON SMITH 06 - PHYSICIAN Network Ox/JD SMITH 06 - PHYSICIAN Network Ox/JD SMITH 06 - PHYSICIAN Address Ox/JD SMITH 06 - PHYSICIAN Address Ox/JD SMITH 06 - PHYSICIAN Address CLAYTON SMITH 06 - PHYSICIAN 2607 STH AVENUE CLAYTON SMITH 06 - PHYSICIAN City PARKERSBURG Ox/JD SMITH 06 - PHYSICIAN City PARKERSBURG CLAYTON SMITH 06 - PHYSICIAN 2607 STH AVENUE Clayting Smith 06 - PHYSICIAN 2608 State
10.	Attending Physician is not required for Health Homes Requests. You may click Next to continue to the next page.	Patient Detail ATTENDING PHYSICIAN Requesting Provider Service Provider Attending Physician Optional: Use the search below in order to add an attending physician to this request. Service Provider Name Attending Physician ALYSSA SMITH Procedures Diagnoses Clinical Information Clinical Information Attached Documents Tind
		Questionnaires

Step	Instructions	Example
11.	Service Detail: Choose Health Homes 1, Health Homes 2 or Health Homes 3 for Service Type. Click SAVE & Next to continue.	OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires Previous
12.	Select the Request Type from the drop down. Request Type should always be prior authorization. Retro request is only chosen for requests where eligibility was delayed for a member. FIPS Code is left blank.	Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires Previous Next Previous Next
13.	Click SAVE & Next. Click Find for Procedure Code. Code Type will always be CPT. Code starts with: Type in S0281 (Level I service) every time. (If you need a Level II Service (S0281 TF), you will choose the modifier later when adding the date range and units for the service).	OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires Previous Net
		PROPRIETARY AND CONFIDENTIAL 21

Step	Instructions	Example
	Click Select.	Procedure Search x Code Type CPT ▼ Code Starts with S0281 Description
14.	Enter the Start Date and End Date. (Use a date calculator to figure out the end date). Start date cannot be before 9/1/19. For S0281, use a date span of 4 months to calculate end date. For S0281 TF, the end date is always the last day of the calendar year you are currently in. Example: 12/31/2019	Patient Detail Requesting Provider Service Provider Attanding Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires Find show Preferred * denotes required field Previous Next

Step	Instructions	Example
15.	Enter the quantity: Level I service: For S0281 - request	OUTPATIENT SERVICES REQUEST
	For S0281 - request 4 units. Level II service: For S0281 TF - request 1 unit. Frequency and Rate can be left blank always. Mod is chosen only when requesting S0281TF.	 Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires Substitution of the second state of the second s
	Click SAVE & Next.	Previous Next
16.	If you want to add 2 services at one time: (Level I and Level II Service on same request) Click SAVE & Next.	
		I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

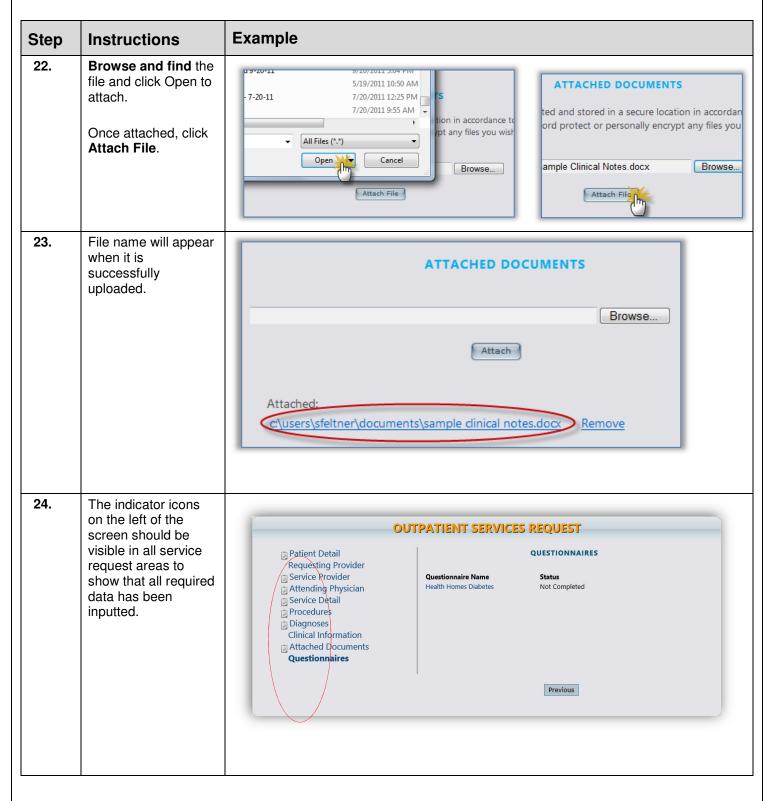
Step	Instructions	Example
17.	Add Diagnosis Code (ICD 10) by entering the code or description. See WV Medicaid manual for list of eligible diagnosis codes by Health Home.	OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires
	Click Find. Code Starts with: Enter Primary ICD10 code. Click Search.	Previous Next
		Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires Previous Next
	Click Select.	Diagnosis Search Code Starts with Description Smart Search Code Code Description Search
		PROPRIETARY AND CONFIDENTIAL 24

Step	Instructions	Example
	Primary code will be checked.	OUTPATIENT SERVICES REQUEST
	Click SAVE & Next.	 Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires
18.	If you want to add additional diagnosis codes, click the find button again and search for the 2nd code.	OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Primary Type Code Diagnoses Clinical Information Attached Documents
		Questionnaires Previous Next
		Search
	Enter ICD Code. Click Search .	Error. Request. Must Contain a valid Diagnosis. Code for this. Service OUTPATIENT SERVICES REQUEST Requesting Provider Requesting Provider Get Sarts with Service Provider Diagnoses Close Diagnoses Questionnaires Questionnaires Involvements Invo
		PROPRIETARY AND CONFIDENTIAL 25

Step	Instructions	Example
	Click Soloot	- O X · https://provider/ondividualRequest.aspr?encKey=d9/ar4G7D&&V72DVE4sG=>XP2ZptMarvlyB/g9zerGa2HEHHdbSUK ~ @ C Search. P ~ @ & @ @ V Provider Portal X Ele Edit View Favorites Tools Help * @ ~ @ ~ @ ~ @ ~ @ ~ ? ****************
	Click Select.	K Provide Portal X
L		

Atrezzo Provider Portal

Step	Instructions	Example
19.	Once all the codes have been added, make sure the primary diagnosis code is checked off.	- O X - O X Provider/IndividualRequest.aspn?encKeyn 89/a4G7D88aV7y20KEq5G-XVPZptMdxv1y8/g9zorGa2HEHddbduK + @ C Search P · O C © V Provider Portal X Elle Edit View Fgronies Jools Help From: Request Must Contain a valid Diagnosis Code for this Service
	Click SAVE & Next.	OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Attending Physican Service Detail Primary Type Color Diagnoses Clinical Information Attended Documents Questionnaires Inderstand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.
20.	Enter any clinical	
	notes in the text field. Click SAVE & Next.	Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures Diagnoses Clinical Information Attached Documents Questionnaires
21.	Attach clinical documentation by clicking the browse button, <u>if needed.</u>	OUTPATIENT SERVICES REQUEST Patient Detail Requesting Provider Service Provider Attending Physician Service Detail Procedures
	Click SAVE & Next. (If no documents uploaded, you may just click next to continue.)	Clinical Information Attached Documents Questionnaires Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpg. (Select a file to activate 'Attach Selected Document' button) Attach Selected Document Larger files will take longer to upload/download. Please be patient. Previous Next



Step	Instructions	Example
25.	Questionnaires: The proper assessment is displayed based on which Health Home was chosen in step 11. *See the Questionnaires section in this manual for more detailed information	 Patient Detail Requesting Provider Information Facility Attending Physician (Optional) Service Detail Procedure Codes (CPT) Diagnosis Codes (ICD 9) Clinical Information Attachments (Documents) Questionnaires
26.	VERY IMPORTANT! Click the checkbox at the bottom of the page and click either Save for Later or Submit. You will not be able to proceed if you do not click the checkbox.	I understand that precertification does not guarantee payment I understand that precertification only identifies medical necessity and does not identify benefits Save for later Cancel Submit Please, select check box or later Cancel Submit
27.	If any required portion of the request is missing, there will be alerts that show up in RED at the top of the page. You will need to go back to these specific areas in the request in order to correct and SAVE those sections before trying to submit the request successfully again.	Error: Procedure Code T1016 Requires Modifier Code Month Error: Procedure codes don't match Service Type Missing Information: X-RAY EXAM OF JAW - Unit Missing Information: X-RAY EXAM OF JAW - Start Date Missing Information: X-RAY EXAM OF JAW - End Date

Step	Instructions	Example
28.	Once a request is successfully submitted, a Request Overview screen displays.	<image/> <text><text><text><text><text><text></text></text></text></text></text></text>

Prior Authorization Request Outpatient Summary

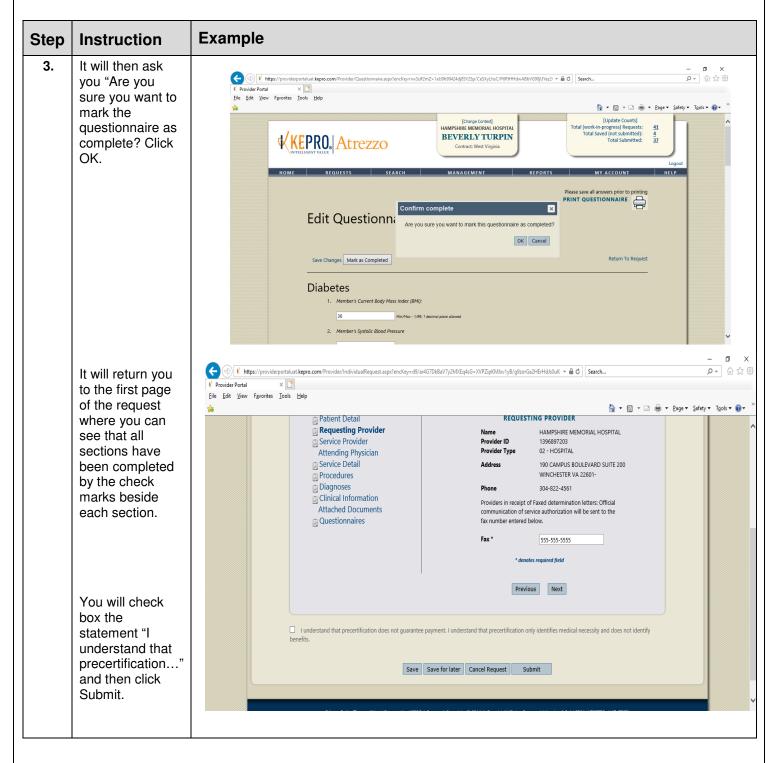
Step	Instruction		
1.	 Once you have searched and brought up a member, Check Patient Detail for correct eligibility from drop box. Click SAVE & Next to continue. 		
2.	 Requesting Provider Information data will appear. Click SAVE & Next to continue if correct. 		
3.	• Service Provider Information data will appear. If not correct, click the FIND button to search.		
	• Type in a keyword in the Facility Name field and click Find , only if you need to change Provider Name.		
	Select different Provider. Requesting and Servicing Providers must match on request.		
	Click SAVE & Next.		
4.	Complete the drop down fields for Service Detail (HH1, HH2, or HH3).		
	Always choose Prior Auth for Request Type. Click SAVE & Next.		
5.	Attending Physician section can be skipped. Just click Next.		
6.	• Fill in the required information for Procedure Codes (CPT) and search. Select S0281 in search result.		
	• Enter the Start Date and End Date using the calendar dropdowns. Use Date Calculator to figure date		
	ranges.		
	Enter the quantity and select the number of Units, and only a Modifier if needed.		
	If a second code needs to be added, then repeat steps. (Only if requesting S0281 & S0281TF together)		
7.	Add eligible Diagnosis Code by clicking Find.		
	Search by Code Starts With and enter eligible Diagnosis code. Click Search.		
	• At least one diagnosis code must be attached to the case (will be check marked as Primary). You may		
	add additional codes, if needed.		
•	 Repeat steps for additional codes. When finished, click SAVE & Next. Enter any clinical notes in the text field. 		
8.	 Click SAVE & Next to continue. 		
	• Click SAVE & Next to continue.		
9.	Attach documentation by clicking the browse button.		
	Browse and find the file and click Open to attach and Select to upload.		
	If no documentation is needed, click Next.		
10.	 Questionnaires (if applicable). Click on Questionnaire name in order for it to open. Fill out questionnaire, Save Changes from top of screen and click Mark as Complete. 		
11.	 Click the checkbox at the bottom of the page. 		
	• You will not be able to proceed if you do not click the checkbox. An error message will appear as shown		
	to the right.		
	Then Click Submit.		
12.	The Request Overview is displayed. Your request is now submitted.		
	END OUTPATIENT PROCESS FLOW		

END OUTPATIENT PROCESS FLOW

Questionnaires

Step	Instruction	Example
1.	Click on Questionnaire Name to open up questionnaire.	- o × - o × - o × - o × - o × - o · · · · · · · · · · · · · · · · · ·
		OUTPATIENT SERVICES REQUEST
		Patient Detail QUESTIONNAIRES Requesting Provider Service Provider Service Provider Questionnaire Name Attending Physician Health Homes Diabetes Procedures Diagnoses Clinical Information Attached Documents Questionnaires Vertionnaires
		Previous
		Understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.
2.	Complete the questionnaire.	- ロ × (・) (* https://providerportaluat.kepro.com/Provider/Questionnaire.aspu?encKey=rw3slf2mZ+1eU9h99424dj8SY25p/CeSXyLhs:C/P6RIHHdwABbVG98JUYaz2+ 企び Search の・ () 会 ② (* Provider Portal *))
	Status will show	File Edit View Fgvorites Jools Help
	Incomplete when	🚖 💁 * 🖸 ege * Safety * Tools * 🚱 * 🗍
	starting the	Please save all answers prior to printing PRINT QUESTIONNAIRE
	questionnaire.	Edit Questionnaire
	Complete all the	
	questions to	Status: Incomplete Save Changes Mark as Completed Return To Request
	complete the questionnaire.	
	questionnane.	Diabetes
	Once complete,	1. Member's Current Body Mass Index (BMI):
	click Save	Min/Max - 1/99, 1 decimal place allowed
	Changes at the top of the	2. Member s Systolic Blood Pressure
	screen, and then	May/Max - 1/302 No decimal places allowed
	click Mark as	3. Member's Diastolic Blood Pressure
	Completed.	Min/Mar - 1/202 No decimal places allowed
		4. Is Member Diagnosed with Diabetes?
		(Please select one.)

Extending a Request (Concurrent Review)



Extending a Request (Concurrent Review)

Step	Instruction	Example
4.	The screen will then show you a	- ロ × (金) ③ [// https://provideeportalust.kepro.com/Provider/ViewRequest.aspilencKey=d9/a4GTDL8a17j2MLEq465+X0PZpUMLor1y8/g9zorGa2HErHdsbullGweT + 畠 C] Search タ・ ① 会 ③
	request overview of what you just submitted. There	V Provider Portal X 🚺 Ele Edit View Favorites Icols Help 🍻 🗣 👩 🕶 🗔 🐨 🛄 🕶 Bage * Safety * Tgols * 🚯 *
	will be a status showing at that	REQUEST OVERVIEW
	point. If it was Approved, you will receive an authorization	CASE INFORMATION
	number the following	Case ID: Case Submit Date: SRV Auth: Reference ID: 192790001 10/6/2019 10:23 PM N/A N/A Member ID: Member Name: Gender: DOB:
	business day. If the request was	11111111111 Alex Jones M 1/23/2003
	Submitted, the request has been sent for review and will be reviewed by KEPRO staff and	PROCEDURES S0281 Medical home, maintenance Status: Submitted Reason: N/A Requested Certified
		Quantity: 4 N/A Freq: N/A Start Date: 10/2/2019 N/A Mod: N/A Rate: N/A
	authorized or closed for a specific reason.	End Date: 2/2/2020 N/A Auth Number:
	You will need to check your requests the following day to see if authorization numbers were issued or there will be a reason listed in the Clinical Information section as to why the request was closed.	