



Accelerating
Better Outcomes

ATREZZO USER GUIDE

Provider Portal Utilization Management



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Introduction

The Atrezzo system is a person-centered, web-based solution that transforms traditional, episodic-based care management into proactive and collaborative population healthcare management. This system allows users to document interactions accurately and efficiently between Care Coordinators and Utilization Reviewers with providers.

The purpose of this user guide is to provide an overview of the Provider Portal with Utilization Management functions. This user guide was designed to be easy-to-use for users familiar with a basic PC and internet environment.

Security

The Atrezzo portal is designed to support specific roles. Prior to accessing the system, you will be assigned a specific user role with pre-defined system permission. Access, functionality, and system activities will be based on the assigned user role.

The system will automatically terminate an active session after 30-minute of consecutive inactivity. A pop-up will appear with a 2-minute countdown to logging out. If you are actively working within the system, you will not receive this pop-up warning.

To continue working, click **Continue**. If you do not select continue before the countdown reaches 0, you will be required to log in again to continue utilizing the system. The system AutoSaves as you navigate and complete fields. Completed work will not be lost; however, any unsaved work will be lost if the system times out due to inactivity.

Application Warning

Your session is about to expire due to a prolonged period of inactivity. If you do not respond to this message, you will lose any unsaved work and will be required to log into the application again.

You will automatically be logged off in 01:51.

Please press **Continue** to keep working.

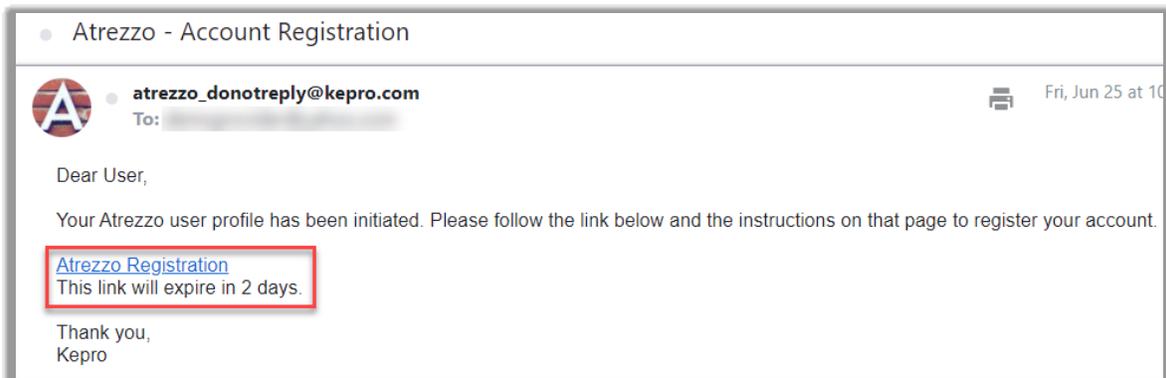
CONTINUE



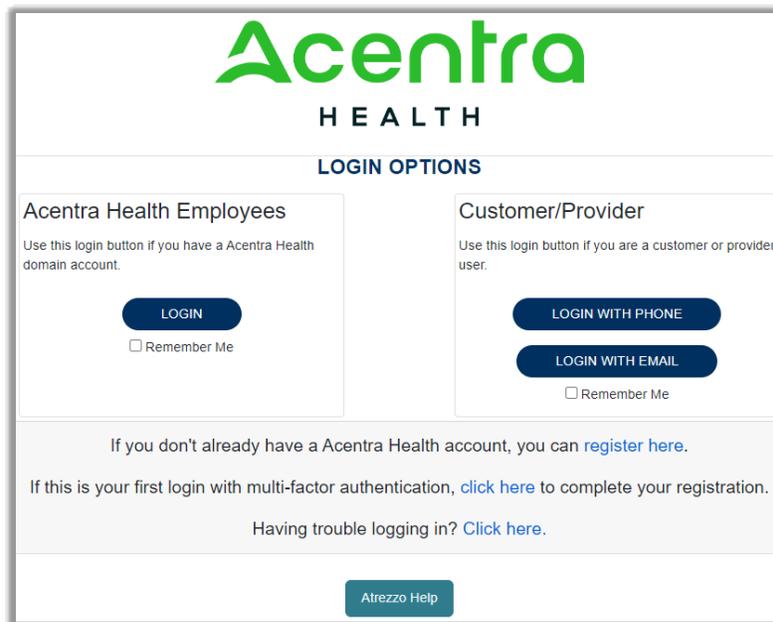
Getting Started

Atrezzo is configured to function in all internet browsers; however, Google Chrome is preferred. Chrome users will have the best system and functionality performance over other browsers.

You will receive access to the system by a Provider Administrator. You will receive a system generated email containing a link to complete Account Registration. The link will expire after 2 days if account registration is not complete.



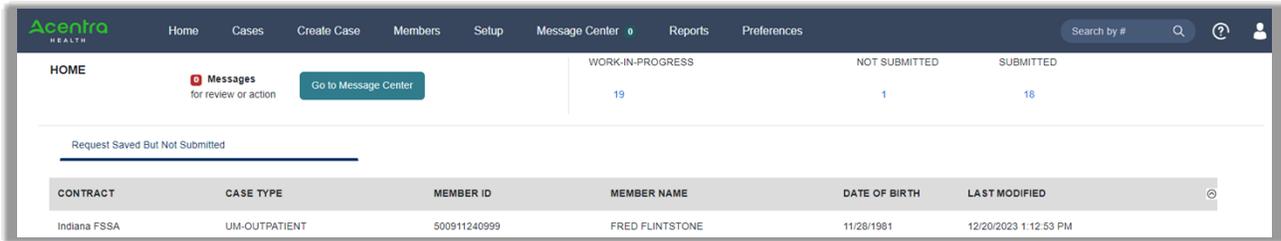
You will be required to complete Multi-Factor Authentication (MFA) during registration. This is a one time process. Future login will be under the Customer/Provider side of the login screen.





System Navigation

Upon successful login, you will be taken to the Atrezzo Provider Portal Home Page. The navigation bar will remain in place regardless of location and user role, which allows for quick and easy navigation from any screen.



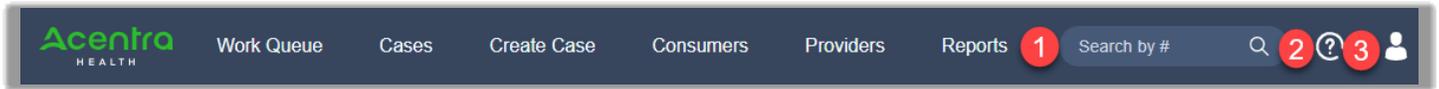
The legend below gives a brief overview of each area within Atrezzo. For a more detailed description, and for all available workflows, click the hyperlink.

Home	This is the default page upon successful login and will enable you to view submitted cases and any pending submissions.
Cases	This section will enable you to search cases based on specific parameters. To ensure efficient search results, try selecting specific information in each drop down to narrow search results.
Create Case	This section will enable you to create a new request using the Create Case Wizard.
Consumers	This section will enable you to search for Consumer (Member/Beneficiary) specific information utilizing the Consumer ID or last name and date of birth. Consumer specific data will be rendered based on information entered.
Setup	Visible to Provider Administrator users only This section will enable Provider Administrators to manage, edit, and add provider users for the facility and add additional provider groups.
Message Center	This section will enable you to view messages from the clinical review team regarding specific consumers and/or cases.
Reports	This section will display all available reports for those who have access. User specific reports will be listed on this page, no search required.
Preferences	Visible to Provider Administrator users only This section will enable you to set preferred diagnosis, procedure codes or preferred servicing providers. This will allow for quicker request submission.



General System Features

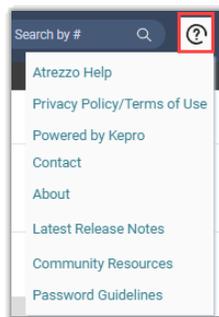
This section highlights the features found on all screens throughout the system and provides information on how to utilize these features for optimal navigation.



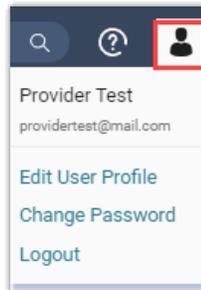
1. The **Search by #** field allows you to quickly search for a Case ID or Authorization Number. Enter the Case ID or authorization number, then hit enter on your keyboard or click outside the search field to be taken to the specified case. (See Searching by Case ID for step-by-step instructions).



2. The **Help** menu will provide access to Atrezzo Help (user guides, FAQ), Community Resources, and Password Guidelines.



3. The **Profile** section will identify the user logged in. Click on the person icon in the upper right corner to open menu options where you can Edit User Profile, Change Password, or Logout.





Home Screen View

Once successfully logged in, you will be taken to the Acentro Home Screen which defaults to display available **Request Saved but Not Submitted**. This will provide a list of Consumers with cases that have been started but are incomplete and have not been submitted for clinical review.

The screenshot shows the Acentro Health Home Screen. At the top, there is a navigation bar with 'Home' highlighted. Below the navigation bar, there are tabs for 'HOME', 'WORK-IN-PROGRESS', 'NOT SUBMITTED', and 'SUBMITTED'. The 'HOME' tab is active, showing a 'Messages for review or action' section with a 'Go to Message Center' button. Below this, there is a section titled 'Request Saved But Not Submitted' with a red arrow pointing to it. A table below shows one record for Fred Flintstone.

CONTRACT	CASE TYPE	MEMBER ID	MEMBER NAME	DATE OF BIRTH	LAST MODIFIED
Indiana FSSA	UM-OUTPATIENT	500911240999	FRED FLINTSTONE	11/28/1981	12/20/2023 1:12:53 PM

To complete the saved case, you can click the edit icon that will appear when hovering over the specified Consumer line.

The screenshot shows the Acentro Health Home Screen with three records in the table. The 'Request Saved But Not Submitted' section is highlighted. The table has columns for CONTRACT, CASE TYPE, CONSUMER ID, CONSUMER NAME, DATE OF BIRTH, and LAST MODIFIED. The third record for Sara Alobaidi has an edit icon (pencil) highlighted with a red box and a red arrow.

CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
CO UM	UM-OUTPATIENT	0933446	SARA ALOBAIDI	04/10/2006	10/1/2021 8:39:46 AM
CO UM	UM-OUTPATIENT	0933446	SARA ALOBAIDI	04/10/2006	10/1/2021 8:30:09 AM
CO UM	UM-OUTPATIENT	0933446	SARA ALOBAIDI	04/10/2006	9/30/2021 9:02:42 AM

The numbers below Work-In-Process, Not Submitted, and Submitted are a total of your organization's cases in that status. Clicking the hyperlinked numbers will bring you to the case search page.

The screenshot shows the Acentro Health Home Screen with the status counts highlighted in red boxes: 38 for Work-In-Progress, 10 for Not Submitted, and 28 for Submitted.

HOME	0 NEW MESSAGES Go to Message Center	WORK-IN-PROGRESS	NOT SUBMITTED	SUBMITTED
		38	10	28



Cases

This section is searchable by Case or Consumer. Select the desired search option at the top.

The screenshot shows the Acentra Health web application interface. At the top, there is a navigation bar with 'Home', 'Cases', 'Create Case', 'Members', 'Setup', 'Message Center', 'Reports', and 'Preferences'. A search bar is on the right. Below the navigation bar, the page title is 'CASE / SEARCH - BY CASE'. Underneath, there is a 'CASES' section with two buttons: 'BY CASE' (highlighted with a red box) and 'BY MEMBER'. Below these buttons is a 'CASE TYPE' dropdown menu with 'Select One' selected.

Searching By Case

To search By Case, select **Case Type** UM from the drop down. Once the Case Type is specified, additional search parameters will appear. To identify specific cases and ensure efficient search results, try selecting specific information in each drop down to narrow search results.

Note: You must enter a submitted or 30-day service date span for search results to render.

This screenshot shows the search interface with several filters applied. The 'BY CASE' button is highlighted with a red box and an arrow. The 'CASE TYPE' dropdown is set to 'UM' and is also highlighted with a red box. Below this, there are three dropdown menus for 'REQUEST STATUS' (Submitted), 'TYPE' (All Types), and 'SERVICE TYPE' (Select One). At the bottom, there are date range filters for 'DATE TYPE' (Select One), 'FROM DATE' (MM/DD/YYYY), 'TO DATE' (MM/DD/YYYY), and 'SEARCH CONTEXT' (All Related Submitting Providers). A 'SEARCH' button is highlighted with a red box and an arrow.

Search results will populate below.

Request	Member	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case Level Member ID / CaseID: / 223630004										
Request 01	TEMP001762021073000000 ANG Test 12/15/1960 West Virginia	Submitted	12/29/2022	Outpatient	N/A	Radiology	12/29/2022 - 12/29/2022	View Procedures	No letters available	Actions



Searching By Consumer

To search By Consumer, you must enter Last Name and DOB or Member ID and click **Search**.

Note: Some contracts will require additional information.

CASE / SEARCH - BY CONSUMER

CASES

BY CASE BY CONSUMER

CONSUMER ID LAST NAME DATE OF BIRTH SEARCH CONTEXT

MM/DD/YYYY All Related Submitting Providers

*Combination of DOB and Last Name or Consumer ID is required

SEARCH

Search results will render below.

NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
ANG Test	12/15/1960	1111 33rd Somewhere,JA	TEMP001982021011200000	Colorado	0

Displaying records 1 to 1 of 1 records

Previous 1 Next

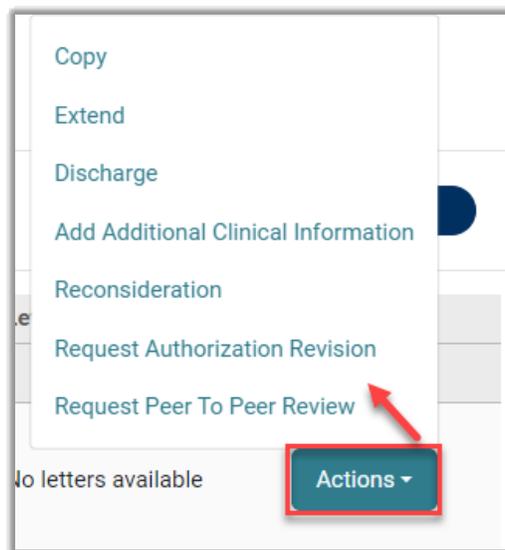
Show 10 Entries



The Consumer Name is a hyperlink which will populate all Submitted and Servicing Request for that consumer.

CONSUMERS / Aimee Train									
CONSUMER NAME	DATE OF BIRTH	ADDRESS	COUNTRY	MEMBER ID					
Aimee Train	12/15/1960	123 Slopes Court	United States	TEMP001982021032400000	CREATE CASE >				
UM CASE (10)									
Submitted Requests					Servicing Requests				
Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No letters available	Actions

Regardless of how you navigate to the request, the **Actions** button on the right side of each request allows you to carry out specific functions such as Copy, Extend, Discharge, Add Additional Clinical Information, Reconsideration, Request Authorization Revision, or Request Peer to Peer Review. Click [here](#) for step-by-step details on using these actions.



Note: Available information in the Actions button will vary by contract and user role permissions.



Clicking a Request hyperlink will bring you into the case where you will have limited functionality.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions

The Consumer Name is a hyperlink that will bring you to the consumer's information page and the status of the case will be visible in the top right corner of the page.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
AIMEE TRAIN	F	12/15/1960 (62 Yrs)	TEMP001982021032400000	Colorado

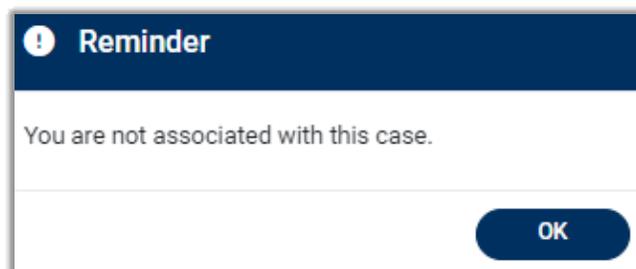
CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
210830015	Outpatient	CO UM	03/24/2021	

Search by Case ID

To search directly for a case, enter the Case ID in the search by # box on the top right of any page, then hit enter on your keyboard or click anywhere outside of the search box.



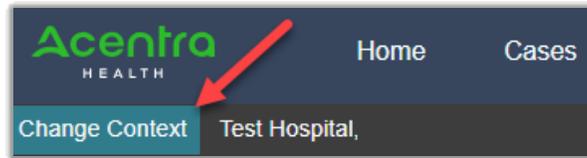
If a message is received indicating you are not associated with the case, be sure you are logged in under the appropriate provider.





Change Context

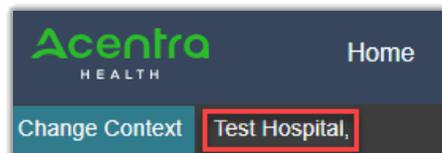
To update which provider/location you are logged in under, click **Change Context** in the upper left corner.



To select a different provider, click the arrow icon to the far right of the preferred selection.

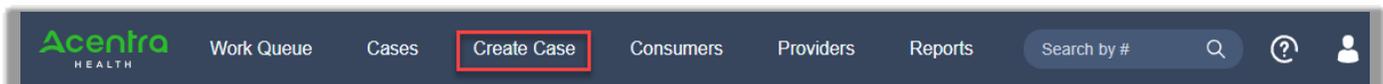
CHANGE PROVIDER CONTEXT			
Name	NPI	Type	Address
Provider Demo	9999999999	0 - Provider	222 Main St Indianapolis IN 46077
NAME	NPI	TYPE	ADDRESS
Demo Facility	9999999999	0 - Acute Hospital	111 Main St Indianapolis IN 46077

The selected provider will be displayed in the banner at the top left of the screen.



Submitting a New Request

The Create Case Wizard will walk you through the steps to create a new inpatient or outpatient request. In the navigation pane, click **Create Case**.





The Create a Case Wizard will load. Select Case Type as UM, enter the appropriate Case Contract and Request Type. Then click **Go to Consumer Information**.

Note: Some options, such as Case Type and Case Contract will pre-populate for certain provider users. The Go To Consumer button will remain grayed out until all required fields are populated.

New UM Case | Temporary Provider | Requesting Provider

Step 1 | Step 2 | Step 3

Case Parameters | Consumer Information | Create Case

Case Parameters / Choose Request Type

Case Type *

UM

Case Contract *

Request Type *

Inpatient Outpatient

Cancel | Go To Consumer Information

Enter required consumer information and click **Search**. You will be required to enter Consumer ID, or Last Name and Date of Birth. Some contracts may require more information to search consumers.

From the results that display, click **Choose**, for the correct consumer.

New UM Case | Requesting Provider | Outpatient

Step 1 | Step 2 | Step 3

Case Parameters | Consumer Information | Create Case

Consumer Information/ Search Consumer/ Results

CONSUMER ID | LAST NAME | FIRST NAME | DATE OF BIRTH

Consumer ID | test | | 09/14/1989

*Combination of DOB and Last Name or Member ID

Cancel | Search

Name	DOB	Address	Consumer ID	Contract	Case Count	Action
Member Test	09/14/1989	123 Somewhere Street	TEMP001302022111400000	Minnesota	5	Choose



If you do not find the consumer you are looking for, you can click **Add Temporary Consumer**, if enabled for your contract.

New UM Case | Denver Provider | CO UM | -
Requesting Provider | Inpatient | -

Step 1 Case Parameters | Step 2 Consumer Information | Step 3 Create Case

Consumer Information/ Search Consumer/ Results

CONSUMER ID | LAST NAME | FIRST NAME (MIN 1ST LETTER) | DATE OF BIRTH

| test | | 12/15/1960

*Combination of DOB and Last Name or Member ID

Cancel | Search

Name	DOB	Address	Consumer ID	Contract
ANG Test	12/15/1960	1111 33rd Somewhere,IA	TEMP001982021011200000	Colorado

Showing 10 of 1

Not finding what you're looking for? **Add temporary consumer**

Back

The Contract Information will autopopulate. Enter at least the required fields for Consumer Details, Contact Information, and Other Information. Then Click **Create Temporary Consumer** to be taken to the Create Case confirmation page.

CONTRACT INFORMATION

CONTRACT * | PLAN *

Colorado | Colorado

CONSUMER DETAILS

PREFIX | FIRST NAME * | MIDDLE NAME | LAST NAME * | SUFFIX

Select One | | | test | Select One

GENDER *

Male Female

DATE OF BIRTH * | LANGUAGE

12/15/1960 | Select One

CONTACT INFORMATION

Use Facility Address

ADDRESS LINE 1 * | ADDRESS LINE 2 | CITY * | COUNTRY *

| | | Canada United States

STATE/PROVINCE * | COUNTY * | POSTAL CODE *

Select One | Select One |

PHONE NUMBER

|

OTHER INFORMATION

SSN (XXX-XX-XXXX)

|

SELF PAY | MEDICAID ID/SUBSCRIBER ID

| |

PRIVATE INSURANCE | OTHER ID

| |

MEDICARE HICN | MEDICARE MBI

| |

Cancel | **Create Temporary Consumer**



If any previous requests have been created for this consumer, they will display below under either the Submitted Requests or the Servicing Requests tab. **Submitted Requests** are those you have created and submitted.

The screenshot shows the 'Submitted Requests' tab selected. The table below lists two cases with their respective requests.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210820018									
Request 01	Submitted	3/23/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Denied: 1 View Procedures	No Letters available	Actions
- Case: 210830017									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/1/2021 - 4/1/2021	Denied: 1 View Procedures	1 Letter View Letters	Actions

Servicing Requests are those another provider or facility created but your organization is listed as the servicing provider.

The screenshot shows the 'Servicing Requests' tab selected. The table below lists two cases with their respective requests.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 211020028									
Request 01	Submitted	4/12/2021	Outpatient	N/A	113 - Speech Therapy	4/14/2021 - 4/22/2022	Approved: 3 View Procedures	1 Letter View Letters	Actions
- Case: 211020026									
Request 01	Submitted	4/12/2021	Outpatient	N/A	112 - Occupational Therapy	4/14/2021 - 4/28/2022	Denied: 3 View Procedures	3 Letters View Letters	Actions

In either tab, you can click on each request hyperlink to ensure it is not a duplicate.

This screenshot is identical to the previous one, but with red boxes highlighting the 'Request 01' hyperlinks in the first two rows of the table.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 211020028									
Request 01	Submitted	4/12/2021	Outpatient	N/A	113 - Speech Therapy	4/14/2021 - 4/22/2022	Approved: 3 View Procedures	1 Letter View Letters	Actions
- Case: 211020026									
Request 01	Submitted	4/12/2021	Outpatient	N/A	112 - Occupational Therapy	4/14/2021 - 4/28/2022	Denied: 3 View Procedures	3 Letters View Letters	Actions



Once you are sure the case you're creating is not a duplicate, click **Create Case**.

Step 1 Case Parameters Step 2 Consumer Information Step 3 Create Case

Consumer Information/ Search Consumer/ Consumer Cases

Submitted Requests Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 211020028									
Request 01	Submitted	4/12/2021	Outpatient	N/A	113 - Speech Therapy	4/14/2021 - 4/22/2022	Approved: 3 View Procedures	1 Letter View Letters	Actions
- Case: 211020026									
Request 01	Submitted	4/12/2021	Outpatient	N/A	112 - Occupational Therapy	4/14/2021 - 4/28/2022	Denied: 3 View Procedures	3 Letters View Letters	Actions

Cancel Create Case

Your case has been created, but more information is required to be submitted. Requesting provider information will automatically fill and cannot be updated. Servicing provider information will default to match and can be updated by using the **Update** or **Remove** links. You can also add attending physicians clicking the **Add Attending Physician** button. Once the provider information is accurate, click **Go to Service Details**.

Note: Available physician/facility information will vary by contractual requirements for submission. If the wrong requesting provider is listed, you must cancel the case, and [change context](#) to ensure you are logged in under the appropriate provider group.

New UM Case Denver Provider CO UM ANG Test (F)
Requesting Provider Outpatient 12/15/1960

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments Step 10 Communications Step 11 Submit Case

Additional Providers/ Provider/Facility

Add Attending Physician

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	Denver Provider	9999999		9999999999	123 Temporary Road , Denver, CO US 99999		(999) 999-9999	(555) 555-5555	
Servicing	Denver Provider	9999999		9999999999	123 Temporary Road , Denver, CO US 99999		(999) 999-9999		Update Remove

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

Add a Note Cancel Go to Service Details



Below the provider information, you will see a button to **Add a Note**. Click this to add a note associated with the provider information.

Additional Providers/ Provider/Facility

Add Attending Physician

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	Denver Provider	9999999		9999999999	123 Temporary Road , Denver, CO US 99999		(999) 999-9999	(555) 555-5555	
Servicing	Denver Provider	9999999		9999999999	123 Temporary Road , Denver, CO US 99999		(999) 999-9999		Update Remove

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

Add a Note Cancel Go to Service Details

In the pop-up window enter your note and click **Add Note**.

Add a note

Note Type *

External

Note *

Notes cannot be modified or deleted after being saved.

Cancel Add Note

You will notice that the Add a Note button now says, **View Notes**. Once you are done adding notes and additional providers, click **Go to Service Details**.

Additional Providers/ Provider/Facility

Add Attending Physician

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	Denver Provider	9999999		9999999999	123 Temporary Road , Denver, CO US 99999		(999) 999-9999	(555) 555-5555	
Servicing	Denver Provider	9999999		9999999999	123 Temporary Road , Denver, CO US 99999		(999) 999-9999		Update Remove

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

View Notes (1) Cancel Go to Service Details



In the Service Details tab, enter appropriate Place of Service and Service Type. Available options will vary based on service type and contract requirements. Then click **Go to Diagnosis**.

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments Step 10 Communications

Service Details/Enter Service Details

Place Of Service

Service Type *

View Notes (1) Cancel Go to Diagnoses

In the Diagnoses tab, select the appropriate Code Type and enter at least 3 characters into the search box. (**Note:** Search can be completed by diagnosis code or description.) Select the appropriate codes to populate them in the list below and then drag and drop to identify the primary diagnosis. Once all diagnoses are added, click **Go to Requests**.

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments Step 10 Communications Step 11 Submit Case

Diagnosis/Add Diagnosis

Code Type *

Search

Select a Diagnosis Code

Please enter 3 or more characters

Order	Rank	Code	Description	Source	Created By	Deactivate
1		R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	Manual		Remove

Showing 10 of 1 Previous Page 1 of 1 Next

Add a Note Cancel Go to Requests

In the Requests tab, select appropriate options for each field and then click **Go to Procedures**.

NOTE: Notification date and time will auto populate and are not editable.

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments Step 10 Communications Step 11 Submit Case

Requests/Request Details

Request Type *

FIPS Code

Notification Date * 01/20/2023

Notification Time * 01:10 PM

Add a Note Cancel Go to Procedures



Select the appropriate Code Type and enter at least 3 characters into the search box. (**Note:** search can be completed with procedure code or description.) Select the appropriate codes to populate a request for that procedure. Repeat to add all necessary codes.

Once all procedures have been added, click each procedure code box to enter additional required information (indicated by an *). Required options will vary by contract and procedure code.

NOTE: Inpatient cases will automatically enter the LOS line that will need to be completed. Not all inpatient requests will require additional procedure codes.



Once all procedure codes are fully filled out, you have two options.

If you have no Questionnaires to fill out, no attachments to add, or communications to enter, you can click **Jump to Submit**. This will bring you to the end of the process – click [here](#) to skip to the Submit step.

The screenshot shows a multi-step process interface. The top navigation bar includes steps from 'Create Case' to 'Submit Case'. The current step is 'Requests'. The main form area is titled 'Requests/Request 01/Procedures' and contains a search bar, a 'Code Type' dropdown set to 'CPT', and a search input field. Below this is a list of 'LOS (Un-Submitted)' items with 'N/A' values. The main content area is titled 'LOS Length of Stay' and includes fields for 'Unit Qualifier', 'Requested Start Date' (03/07/2023), 'Requested End Date' (03/10/2023), 'Requested Duration' (3), and 'Requested Rate'. At the bottom right, there are three buttons: 'Jump to Submit' (highlighted with a red box and a red arrow), 'Cancel', and 'Go to Questionnaires'.

If you have questionnaires, attachments, or communications to add, click **Go to Questionnaires**.

The screenshot shows a similar form interface but for 'Request 01'. The top navigation bar is the same. The main form area is titled 'Request 01' and shows 'Un-Submitted' status with '1/0' items. Below this is a list of 'LOS (Un-Submitted)' items with dates '07/18/2023 - 07/22/2023'. The main content area is titled 'LOS Length of Stay' and includes fields for 'Unit Qualifier', 'Requested Start Date' (07/18/2023), 'Requested End Date' (07/22/2023), 'Requested Duration' (5), and 'Requested Rate'. At the bottom right, there are three buttons: 'Jump to Submit', 'Cancel', and 'Go to Questionnaires' (highlighted with a red box and a red arrow).



All required questionnaires will populate in the Questionnaires tab. Click **Take** to complete.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3749716	Checklist	* Radiology	Kepro	01/19/2023 08:03:51 AM			0	Take

Showing 10 of 1

Previous Page 1 of 1 Next

[Add a Note](#) [Jump to Submit](#) [Cancel](#) [Go to Attachments](#)

NOTE: Questionnaires are added based on procedure code and contractual requirements. Not all submissions will require questionnaires; some codes may require multiple questionnaires.

Questionnaires will open in a new browser tab, answer all questions in all sections by choosing the correct radio button or drop down. Some Questionnaires have multiple sections and have a **Next** button at the bottom to navigate between the sections.

Case 203350007 | JOHN DOE (M) | WV Medical | WXMBR0000598487 | Create Questionnaire / ST

01/29/1965 (58 Yrs) | UM | Member ID

ST

- Medical Necessity
- Medical History
- Medical Necessity

1 . Are Physician's Order Attached .

Yes No

2 . If member is under age 21, does member have an Individual Education Plan (IEP) that includes these services? .

Select One

Questionnaire Disclaimers .

[RETURN TO CASE](#) Autosaved [NEXT >](#) [MARK AS COMPLETE >](#)



Ensure when completing a questionnaire that all sections have a green check mark before clicking **Mark as Complete** at the bottom of the page to return to the case wizard.

Note: Once complete, the questionnaire can no longer be edited.

Case | **ANG Test (F)** | CO UM | TEMP001982021011200000 | Create Questionnaire / Wheelchair and CRT
12/15/1960 (62 Yrs) | UM | Member ID

Wheelchair and CRT

General

1. Are the Procedure Codes entered for review in this request related to a CRT repair? *

Yes No

< RETURN TO CASE

MARK AS COMPLETE >

Below the questionnaires you will see a button to **Add a Note**. Click this to add a note associated with the questionnaire step.

Step 3 Create Case | Step 4 Additional Providers | Step 5 Service Details | Step 6 Diagnoses | Step 7 Requests | Step 8 Questionnaires | Step 9 Attachments

Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By
R01	3751520	Checklist	* Wheelchair and CRT	Kepro

Showing 10 of 1

Add a Note

In the pop-up window enter your note and click **Add Note**.

Add a note

Note Type *

External

Note *

Notes cannot be modified or deleted after being saved.

Cancel Add Note



You will notice that the Add a Note button now says, **View Notes**.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By
R01	3751520	Checklist	* Wheelchair and CRT	Kepro

Showing 10 of 1

View Notes (1)

Once all questionnaires are complete you have the options to Jump to Submit or Go to Attachments. **Jump to Submit** This will bring you to the Submit Case step – click [here](#) to skip to the Submit step.

To add supporting clinical documentation, click **Go to Attachments**.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3751520	Checklist	* Wheelchair and CRT	Kepro	03/07/2023 04:19:18 PM	A Provider	03/07/2023 04:23:05 PM	5	View

Showing 10 of 1

View Notes (1)

Jump to Submit Cancel **Go to Attachments**

To upload documentation, click **Upload a Document**.

Attachments/Documents

No documents have been added yet.

Upload a document

Select appropriate 1) Document Type, 2) add your documents by dragging and dropping or clicking Browse, and then 3) click **Upload**.



NOTE: All uploaded documents will have a max file size. If document is too large, it will need to be reduced for uploading.

Upload a document

Max File Size: **4 MB**
Allowed File Types: **doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps**

REQUEST *
R01

Document Type * **1**
Select One

Drag And Drop Or Browse Your Files. **2**

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.

3

Once all supporting documentation is added, either click **Jump to Submit** or **Go to Communications**.

Step 3 Create Case | Step 4 Additional Providers | Step 5 Service Details | Step 6 Diagnoses | Step 7 Requests | Step 8 Questionnaires | Step 9 Attachments | Step 10 Communications | Step 11 Submit Case

Attachments/Documents

Request	File Name	Document Type	Received On	Action
R01	Test.docx	Physician Order	3/7/2023 4:28:44 PM	Remove

Showing 10 of 1



To add additional information click **Add a Note**.

Step 3 **Create Case** Step 4 **Additional Providers**

Communications/Notes

No notes have been added yet.

Add a note

Enter note into the Note field and click **Add Note** to save. Notes cannot be modified or deleted once saved.

Add a note

Note Type *

External

Note *

Notes cannot be modified or deleted after being saved.

Cancel **Add Note**

After documentation is completed, click **Go to Submit**.

Step 3 **Create Case** Step 4 **Additional Providers** Step 5 **Service Details** Step 6 **Diagnoses** Step 7 **Requests** Step 8 **Questionnaires** Step 9 **Attachments** Step 10 **Communications**

Communications/Notes

Additional Information Here

ExternalNotes * 01/23/2023 01:53:24 PM ** External

Cancel **Go to Submit**



The Review page will display cards of all information entered.

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments Step 10 Communications Step 11 Submit Case

Submit Case/ Review

Additional Providers Requesting Denver Provider Facility Denver Provider Update Providers	Service Details Admit Date 03/07/2023 Service Type 364a - OOS Inpatient Update Service Details	Diagnoses 1 Diagnoses H05.421 Update Diagnoses	Requests Notification Date 03/07/2023 Request Type Prior Auth Update Requests	1 Procedure LOS Update Procedures
Questionnaires 0 Questionnaires View Questionnaires	Attachments 0 Documents Update Documents	Communications 0 Notes Update Notes		

If needed, click **Update** on the appropriate card to edit a specific section.

Additional Providers Requesting Denver Provider Facility Denver Provider Update Providers	Service Details Admit Date 03/07/2023 Service Type 364a - OOS Inpatient Update Service Details	Diagnoses 1 Diagnoses H05.421 Update Diagnoses	Requests Notification Date 03/07/2023 Request Type Prior Auth Update Requests	1 Procedure LOS Update Procedures
Questionnaires 0 Questionnaires View Questionnaires	Attachments 0 Documents Update Documents	Communications 0 Notes Update Notes		



Once the information is correct, click **Submit** to complete the case and submit it.

Additional Providers	Service Details	Diagnoses	Requests
Requesting Denver Provider Facility Denver Provider Update Providers	Admit Date 03/07/2023 Service Type 364a - OOS Inpatient Update Service Details	1 Diagnoses H05.421 Update Diagnoses	Notification Date 03/07/2023 Request Type Prior Auth Update Requests
Questionnaires	Attachments	Communications	
0 Questionnaires View Questionnaires	0 Documents Update Documents	0 Notes Update Notes	Cancel Submit

Review the disclaimer and click **Agree**.

Disclaimer

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

Once you click **Agree**, a case number will be assigned and you will be taken to that case.

Cancel **Agree**



If no errors or warnings are noted, the case will be submitted. A Case ID will be generated which is a unique numerical identifier that can be used for identification purposes and status updates.

HINT: For easy status updates, make note of the Case ID.

The case page will provide the status along with an overview of the submitted request.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID
MEMBER TEST	F	09/14/1989 (33 Yrs)	TEMP001302022111400000
CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE SRV
230260017	Outpatient		01/26/2023

SUBMITTED

UM-OUTPATIENT

CASE SUMMARY **ACTIONS** **COPY** **EXTEND** **EXPAND ALL**

Consumer Details		Location: 123 Somewhere Street Anywhere Minnesota;	▼	
Provider/Facility		Requesting : Provider Test/9999999994 Servicing : ROTECH /1346220969	▼	
Clinical		Service Type : 032 - DME Request Type : Prior Auth	Notification Date : 01/26/2023 Notification Time : 12:58 PM	▼
Questionnaires			▼	
Attachments		Document-4	Letters- 0	▼
Communications			Most Recent Note date:	▼

NOTE: For information on the types of messages received, see the [Informational Error/Warning Messages](#) section under *Tips & Tricks*.



Consumer Search

To search by Consumer (Member/Beneficiary), click Consumer on the navigation pane.



The Consumer default screen will appear providing options to search for a Consumer. This process is the same as searching the Consumer when creating a case. You must enter a Consumer ID or last name and date of birth. **Note:** Required fields will vary by contract and user permissions.

Search results will render below. To view the requests for this consumer, click on the Consumer Name hyperlink.

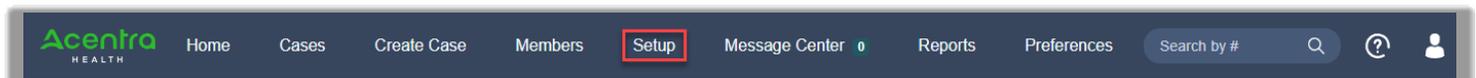
NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
John Doe	08/15/1961		TEMP001942020121100000		2

Setup

This section will only be visible to the Provider Group Administrator and Provider Administrator user roles. Setup will be used to add new users, edit users, add additional provider groups, and manage provider group assignments.

Add New User

As a Provider Group Administrator, users within your facility can be added and managed locally once the group account has been registered. To begin, click **Setup** in the navigation pane.





Always stay within the Manage Provider Groups tab/section to add users. Click the caret on the far right to expand the group section. Then click **Add New User**.

SETUP / MANAGE PROVIDER GROUPS

SETUP REGISTER NEW PROVIDER +

Manage Provider Groups (1) Manage Users (7)

Provider Colorado NPI : 9999999999 // 123 Temporary Road ^

NPI	PROVIDER TYPE	ADDRESS	
9999999999		123 Temporary Road	

AVAILABLE USERS FROM YOUR GROUP

Select Any ADD ADD NEW USER v

Create username and complete the contact information, click **Create**.

ACCOUNT INFORMATION

USER NAME *

CONTACT INFORMATION

FIRST NAME * LAST NAME * EMAIL * CONFIRM EMAIL *

ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE/PROVINCE

POSTAL CODE PHONE FAX *

Note: Providers in receipt of Faxed Determination Letters: Official Communication of service authorization will be sent to the fax number entered above.

CREATE >

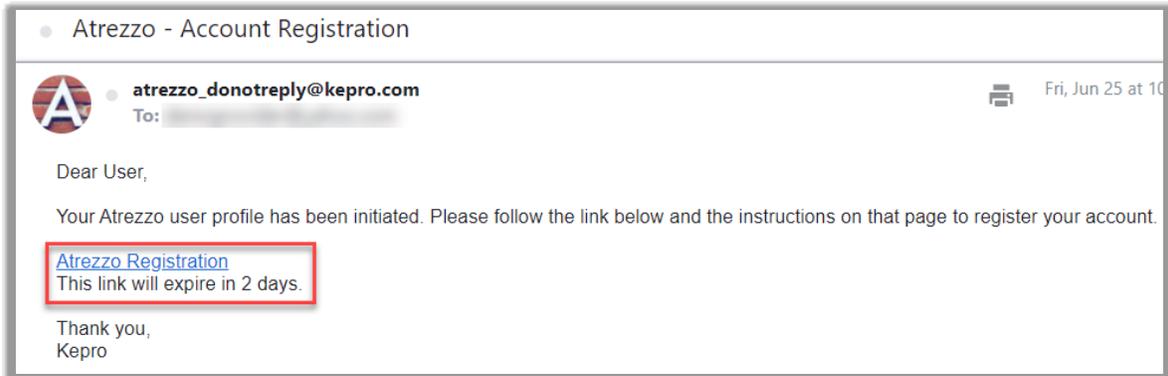


The user role will default to **Provider Staff Account**. This is the general account user. To change the user role, under Mange Provider Groups, select the Role the user should have. All accesses with Admin listed will have the ability to add and manage user roles for the assigned provider group.

Provider Staff Account	This general user role can enter prior authorization requests into the portal and view determination letters, obtain status updates, and messages within the UM review team as needed.
Provider Group Admin	This administrator role can add and manage users for all the providers in the group. Includes Provider Staff Account access.
Provider Admin	This role can add and manage users but only for the provider they are associated with. Includes Provider Staff Account access.
Provider Group Admin + Reports	This role can add and manage users for all the providers in the group and will have access to reports. Includes Provider Staff Account access.
Provider Admin + Reports	This role can add and manage users but only for the one provider they are associated with and will have access to reports. Includes Provider Staff Account access.



The new user will receive an email with a link to complete the MFA registration process. The user must click the link in the email within 2 days, then follow the MFA registration process to complete the access request.



Manage Users

The Manage Users tab allows you to update a user's contact information, reset multifactor authentication registration, deactivate, and delete users.

Click the caret associated with the appropriate user to expand available options.

USER NAME	EMAIL	FAX	
trainer1	email@yahoo.com	(555) 123-9875	

ASSOCIATED PROVIDER	PROVIDER TYPE	CONTRACT	ADDRESS	SELECT ROLE
Aurora Provider	None Listed	Colorado	123 Temporary Road Aurora CO 99999	PROVIDER GROUP Provider Admin
Denver Provider	None Listed	Colorado	123 Temporary Road Denver CO 99999	PROVIDER GROUP Provider Admin



To delete a user, you can click the Trashcan Icon and confirm the deletion in the pop-up window. This will completely remove this user from the system.

USER NAME	EMAIL	FAX
trainer1	email@yahoo.com	(555) 123-9875

Click the Pencil Icon to edit the user's information. All your changes will be autosaved unless you click **Cancel**. Notice that you can deactivate a user without deleting them by unchecking the **Active User** box.

SETUP / MANAGE USERS / Daffy Duck

Daffy Duck

ACCOUNT INFORMATION

USER NAME * AZURE USERNAME:

ACTIVE USER

RESET REGISTRATION

CONTACT INFORMATION

FIRST NAME * LAST NAME * EMAIL * CONFIRM EMAIL *

ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE/PROVINCE

POSTAL CODE PHONE FAX *

Note: Providers in receipt of Faxed Determination Letters: Official Communication of service authorization will be sent to the fax number entered above.

CANCEL



Clicking **Reset Registration** will require you to confirm that you want to remove all associations with the multi-factor authentication account. Note that this cannot be undone.

The screenshot shows the Acentra Health portal interface. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Members', and 'Setup'. The main content area is titled 'SETUP / MANAGE USERS / Solo Cup' and shows a user profile for 'Solo Cup'. Under 'ACCOUNT INFORMATION', the 'USER NAME' is 'prov3' and the 'AZURE USERNAME' field is empty. The 'ACTIVE USER' checkbox is checked. A blue button labeled 'RESET REGISTRATION' is highlighted with a red box. A confirmation pop-up window from 'portal-uat.kepro.com' is overlaid on the right, with the text: 'portal-uat.kepro.com says This will remove all associations with the multi-factor authentication account and cannot be undone. Are you sure?'. The 'OK' button in the pop-up is also highlighted with a red box.

The user will receive a system generated email with a new link to complete the MFA registration process. Click **Ok** to close the pop-up window confirming the reset.

Note: This option is often used for users who do not click the link in the initial email within the 2 days prior to expiration, or for users with a non-personal email address (i.e., casemgmt@facility.com) who need to create new login credentials and complete the MFA process.

The screenshot shows a 'Reminder' pop-up window with a dark blue header containing an exclamation mark icon and the word 'Reminder'. The main content area is white and contains the text 'Registration Reset Successfully'. At the bottom right, there is a blue button labeled 'OK' which is highlighted with a red box.



From the Manage Users tab, you can remove an associated provider from a user by clicking the trashcan icon and change their user role by selecting a new option from the Provider Group drop-down. All changes are autosaved.

USER NAME: trainer1 | EMAIL: email@yahoo.com | FAX: (555) 123-9875

AVAILABLE PROVIDER GROUPS NOT YET ASSOCIATED: Select Any | PROVIDER GROUP ROLE: Select One | ADD

ASSOCIATED PROVIDER	PROVIDER TYPE	CONTRACT	ADDRESS	SELECT ROLE
Aurora Provider	None Listed	Colorado	123 Temporary Road Aurora CO 99999	PROVIDER GROUP: Provider Admin (dropdown) [Trash Icon]
Denver Provider	None Listed	Colorado	123 Temporary Road Denver CO 99999	PROVIDER GROUP: Provider Admin (dropdown) [Trash Icon]

Add New Provider Group

Provider Group Administrators can manage multiple facilities or locations under the same login credentials. After the original account has been created, click **Register New Provider** in the Setup menu.

SETUP / MANAGE PROVIDER GROUPS

SETUP | REGISTER NEW PROVIDER +

Manage Provider Groups (1) | Manage Users (7)



Enter the NPI and Provider Registration Code. Click **Find Provider**. Select the provider to confirm and click **Select**. **Note:** Please contact the dedicated contract support center for the registration code.

Acentra
HEALTH

Register a New Provider

PROVIDER NPI: *
999999991

PROVIDER REGISTRATION CODE: *
23458266

Colorado - Pueblo Provider - - 123 Temporary Road null - Pueblo CO

FIND PROVIDER

SELECT >

The provider will then be added to the list of providers under Manage Provider Groups. To add additional users to this Provider Group, expand the desired Provider Group and follow the steps to Add New User.

SETUP REGISTER NEW PROVIDER +

Manage Provider Groups (2) Manage Users (2)

Centennial Provider	NPI : 9999999990 / / 123 Temporary Road	▼
Jane Smith MD	NPI : 9999999999 / / 123 Temporary Road	▼



Message Center

The Message Center is a central location for all new, unread messages about cases you are associated with. The number of new messages can be seen in the navigation bar at the top. In the image below, you can see 1 unread message waiting.

Click **Message Center** to view the message.

Note: To send initial messages, you must be inside a specified case, rather than in the Message Center. The Message Center is to view and respond to messages for all cases that you are associated with.

CASE ID	REQUEST	FROM	SUBJECT	TO	SENT ON
233530003	R01	Test Provider	RE: Test message	Test Provider	1/5/2024 12:24:12 PM

To open/view the message, click the caret in the right had corner of the selected message. To view the case, click **Go to Case**. From within the Message Center, you can reply to the message by entering your message and clicking **Send**.

CASE ID	REQUEST	FROM	SUBJECT	TO	SENT ON
230530021	R01	Kepro	Requested Information	Provider Test	2/23/2023 1:19:59 PM

Message: Additional information being requested.

GO TO CASE >

Reply

SUBJECT *
RE: Requested Information

MESSAGE *

please do not send additional clinical information through these messages. Additional clinical information should be added to the clinical information section of the request.

CANCEL **SEND >**



Note: Once a message is read, it will no longer be visible in the Message Center; however, it can be viewed within the case under Communications and Messages.

CASE ID: 223190005 | CATEGORY: Outpatient | CASE CONTRACT: CO UM | CASE SUBMIT DATE: 11/15/2022

UM-OUTPATIENT | CASE SUMMARY | ACTIONS - | COPY | EXTEND | EXPAND ALL

- Consumer Details: Location: 123 Slopes Court Durango Colorado;
- Provider/Facility: Requesting : Denver Provider/9999999999; Servicing : Denver Provider/9999999999
- Clinical: Service Type : 117b - Imaging Studies; Request Type : Prior Auth; Notification Date : 11/15/2022; Notification Time : 09:22 AM
- Questionnaires: Complete: 2, Incomplete: 0
- Attachments: Document-0; Letters- 0
- Communications: (highlighted with a red box and an upward arrow icon)
- Notes: (downward arrow icon)
- Messages: New Message 0 (highlighted with a red box and an upward arrow icon)

MESSAGES | ADD NEW MESSAGE

REQUEST	TO	FROM	SENT ON	SUBJECT
R01	Denver Provider	Kepto	2/23/2023 12:46:52 PM	Test Message 1
R01	Denver Provider	Kepto	2/23/2023 12:47:13 PM	Test Message 2

Reports

Not all users will have access to reports and availability will vary by user role and contract requirements. To view available reports, click **Reports**. The report name will be a hyperlink and open the desired report in a new tab within the internet browser.

Acentra Health | Home | Cases | Create Case | Members | Setup | Message Center 0 | **Reports** | Preferences | Search by # | ? | User Icon

REPORTS

CONTRACT NAME	REPORT NAME	REPORT CATEGORY	REPORT DESCRIPTION
Administrative	Fax Activity ←	Administrative	Fax Activity
Administrative	ReviewerProductivity Clinical Review History	Operational Productivity	ReviewerProductivity Clinical Review History

Displaying records 1 to 2 of 2 records | Previous | 1 | Next | Show 10 Entries



Some reports will require additional information before they are populated. In the image below, we need to provide the Start Date, Status, Time period, and End Date before clicking **View Report**.

Kepro

1=Weekly; 2=Monthly; 3=Quarterly; 4=Yearly; 5 Daily <Select a Value>

Start Date End Date

Status

View Report

Once displayed, click the **Save** icon and select the format you prefer to download a draft, if needed.

Kepro

1=Weekly; 2=Monthly; 3=Quarterly; 4=Yearly; 5 Daily 1

Start Date 2/27/2023 End Date 3/5/2023 11:59:59 PM

Status Approved

Page Width Find | Next

Word
Excel
PowerPoint
PDF
TIFF file
MHTML (web archive)
CSV (comma delimited)
XML file with report data
Data Feed

CO HCPF Provider Report

Requests submitted or certified between 02/27/2023 and 03/05/2023
or appeals completed between 02/27/2023 and 03/05/2023
NPI: 9999999999

Total records: 1

KEPRO Case ID	Submit Date	Member First Name	Member Last Name	Member ID	Request Type	Procedure Code	Procedure Name	Service Start Date	Reason	Modifier	Date of Determination
230600003	3/1/2023	ANG	Test	TEMP00198202 1011200000	Prior Auth	97110	THERAPEUTIC EXERCISES	3/1/2023	Approved - Meets Criteria	96	3/1/2023



Click the **Printer** icon to bring up the Page size and Page orientation options.

KePRO

1=Weekly; 2=Monthly; 3=Quarterly; 4=Yearly; 5 Daily | 1

Start Date: 2/27/2023 | End Date: 3/5/2023 11:59:59 PM

Status: Approved

Page Width | [Printer Icon] | Find | Next

CO HCPF Provider Report

Requests submitted or certified between 02/27/2023 and 03/05/2023
or appeals completed between 02/27/2023 and 03/05/2023
NPI: 9999999999

Total records: 1

KEPRO Case ID	Submit Date	Member First Name	Member Last Name	Member ID	Request Type	Service Type	Procedure Code	Procedure Name	Reason	Modifier	Date of Determination
230600003	3/1/2023	ANG	Test	TEMP00198202 1011200000	Prior Auth	Physical Therapy	97110	THERAPEUTIC EXERCISES	Approved - Meets Criteria	96	3/1/2023

Select appropriate options and click **Print** to print the report.

Print [Close]

We'll create a printer-friendly PDF version of your report.

Page size:
Letter (8.5" x 11")

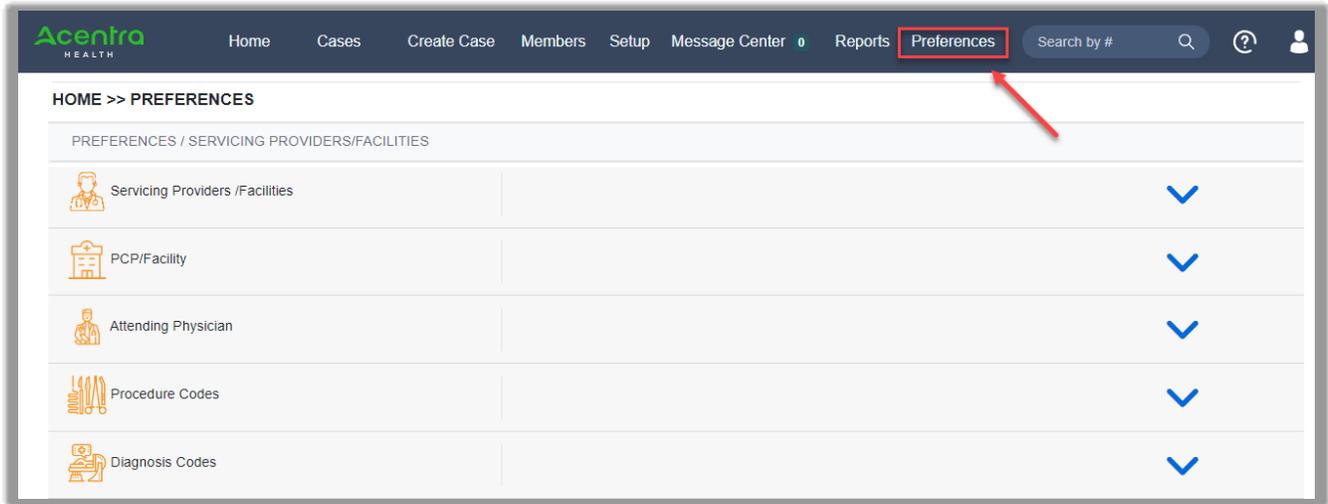
Page orientation:
Portrait

Print Cancel



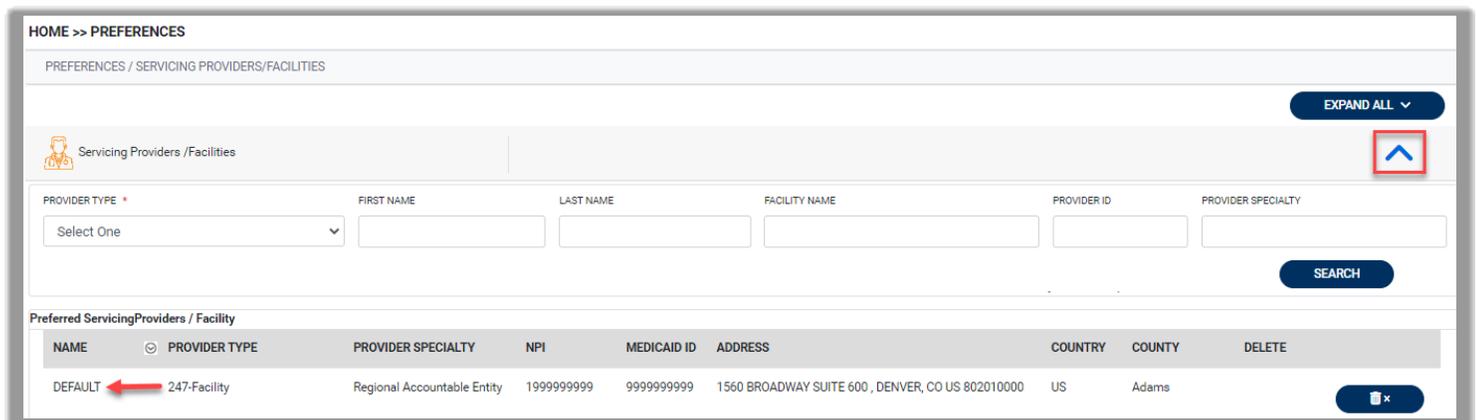
Preferences

This section will only be visible to the Provider Group Administrator and Provider Administrator user roles. Setting preferences will provide quick easy access to information used most often when submitting requests.



Servicing Providers/Facilities

Click on the caret next to the Servicing Providers/Facilities ribbon to expand. All previously added preferred servicing providers or facilities will be listed.





To add a new provider or facility, select **Provider Type**, enter at least one search field, and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

PROVIDER TYPE: Facility

FACILITY NAME: hospital

SEARCH

SELECT	FACILITY NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	COUNTY
<input checked="" type="checkbox"/>	HOSPITAL	247-Facility		1700152774		170 WILLIAM STREET , NEW YORK, NY US 100381882	US	
<input checked="" type="checkbox"/>	HOSPITAL	247-Facility		1821205840		605 AUSTIN DR , DESOTO, TX US 751156605	US	

NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	COUNTY	DELETE
HOSPITAL	247-Facility		1700152774		170 WILLIAM STREET , NEW YORK, NY US 100381882	US		
HOSPITAL	247-Facility		1821205840		605 AUSTIN DR , DESOTO, TX US 751156605	US		

To remove a preferred entry, click the trashcan icon next to the entry and confirm deletion.

HOME >> PREFERENCES

PREFERENCES / SERVICING PROVIDERS/FACILITIES

EXPAND ALL

Servicing Providers / Facilities

PROVIDER TYPE: Select One

SEARCH

NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	COUNTY	DELETE
DEFAULT	247-Facility	Regional Accountable Entity	1999999999	9999999999	1560 BROADWAY SUITE 600 , DENVER, CO US 802010000	US	Adams	



PCP/Facility

Click on the caret next to the PCP/Facility ribbon to expand. All previously added preferred PCPs or facilities will be listed.

NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	COUNTY	DELETE
Jane Smith MD	246-Provider		999999999	9999999	123 Temporary Road , Temp City, CO US	US		
Provider Demo	246-Provider		999999999	999999999	222 Main St , Indianapolis, IN US 46077	US	Marion	

To add a new PCP or facility, select **Provider Type**, enter at least one search field, and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

SELECT	FIRST NAME	LAST NAME	PROVIDER SPECIALTY	NPI	MEDICAID ID	COUNTRY	COUNTY
<input checked="" type="checkbox"/>	DEFAULT	247-Facility	199999999	999999999	1560 BROADWAY SUITE 600 , DENVER, CO US 802010000	US	Adams
<input type="checkbox"/>	Demo Indiana Facility	247-Facility	999999999	999999999	111 Main St , Indianapolis, IN US 46077	US	Marion
<input type="checkbox"/>	Demo Manual Entry Facility	247-Facility	999999999	999999999	123 , City, WV US 12349	US	
<input type="checkbox"/>	Denver Hospital	247-Facility	999999999	9999999	123 Temporary Road , Temp City, CO US 99999	US	

Displaying records 1 to 10 of 23 records

Previous 1 2 3 Next
Show 10 Entries

NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	COUNTY	DELETE
DEFAULT	247-Facility	Regional Accountable Entity	199999999	999999999	1560 BROADWAY SUITE 600 , DENVER, CO US 802010000	US	Adams	
Jane Smith MD	246-Provider		999999999	9999999	123 Temporary Road , Temp City, CO US 99999	US		
Provider Demo	246-Provider		999999999	999999999	222 Main St , Indianapolis, IN US 46077	US	Marion	



To remove a preferred entry, click the trashcan icon next to the entry and confirm deletion.

Preferred PCP/Facility									
NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	COUNTY	DELETE	
DEFAULT	247-Facility	Regional Accountable Entity	1999999999	9999999999	1560 BROADWAY SUITE 600 , DENVER, CO US 802010000	US	Adams		
Jane Smith MD	246-Provider		9999999999	99999999	123 Temporary Road , Temp City, CO US 99999	US			
Provider Demo	246-Provider		9999999999	9999999999	222 Main St , Indianapolis, IN US 46077	US	Marion		

Attending Physician

Click on the caret next to the Attending Physician ribbon to expand. All previously added preferred physicians will be listed.

Attending Physician ^

PROVIDER ID: FIRST NAME: LAST NAME: PROVIDER SPECIALTY:

SEARCH

Preferred Attending Physician

NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	DELETE
Jane Smith MD	246-Provider		9999999999	99999999	123 Temporary Road , Temp City, CO US 99999	



To add a new physician, enter at least one search field and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

Attending Physician

PROVIDER ID: 999999999

FIRST NAME: [] LAST NAME: [] PROVIDER SPECIALTY: []

SEARCH

SELECT	FIRST NAME	LAST NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY
<input checked="" type="checkbox"/>	Jane	Smith MD	246-Provider		999999999	999999	123 Temporary Road , Temp City, CO US 99999	US
<input type="checkbox"/>	Provider	Demo	246-Provider		999999999	999999999	222 Main St , Indianapolis, IN US 46077	US
<input type="checkbox"/>	Temp	National Elevator	246-Provider		999999999	12345	19 Campus Blvd. Suite 200, Newtown Square, PA US	US
<input type="checkbox"/>	Temp	Provider	246-Provider		999999999	9999990	123 Temporary Road , Biloxi, MS US 99999	US

Displaying records 1 to 10 of 25 records

Previous 1 2 3 Next
Show 10 Entries

Preferred Attending Physician

NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	DELETE
Jane Smith MD	246-Provider		999999999	999999	123 Temporary Road , Temp City, CO US 99999	US	

To remove a preferred entry, click the trashcan icon next to the entry and confirm deletion.

NAME	PROVIDER TYPE	PROVIDER SPECIALTY	NPI	MEDICAID ID	ADDRESS	COUNTRY	DELETE
Jane Smith MD	246-Provider		999999999	999999	123 Temporary Road , Temp City, CO US 99999	US	



Procedure Codes

Click on the caret next to the Procedure Codes ribbon to expand. All previously added preferred procedure codes will be listed.

The screenshot shows the 'Procedure Codes' interface. At the top, there is a ribbon with a blue caret icon. Below the ribbon, there are three search filters: 'CODE TYPE' with a dropdown menu showing 'Select One', 'CODE STARTS WITH' with an empty text box, and 'DESCRIPTION' with an empty text box. A blue 'SEARCH' button is located to the right of these filters. Below the search filters, there is a section titled 'Preferred Procedure Codes' containing a table with one row: 'K0824' with the description 'Pwc gp 2 hd seat/back'. A red arrow points to a trash icon next to this entry.

To add a new procedure code, select your **Code Type**, enter at least one search field, and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

The screenshot shows the 'Procedure Codes' interface with search results. The 'CODE TYPE' dropdown is set to 'CPT' and the 'CODE STARTS WITH' text box contains '97110'. A red arrow points to the '97110' text. The 'SEARCH' button is highlighted with a red box. Below the search filters, there is a table with the following columns: 'SELECT', 'CODE', and 'DESCRIPTION'. The table contains one row: a checked checkbox, '97110', and 'THERAPEUTIC EXERCISES'. Below the table, there is a pagination control showing 'Displaying records 1 to 1 of 1 records' and 'Previous 1 Next' with a 'Show 10 Entries' dropdown. At the bottom, there is a section titled 'Preferred Procedure Codes' containing a table with two rows: '97110' with the description 'THERAPEUTIC EXERCISES' and 'K0824' with the description 'Pwc gp 2 hd seat/back'. Each row has a trash icon next to it.



To remove a preferred entry, click the trashcan icon next to the entry and confirm deletion.

Preferred Procedure Codes		
97110	THERAPEUTIC EXERCISES	 x
K0824	Pwc gp 2 hd seat/back	 x

Diagnosis Codes

Click on the caret next to the Procedure Codes ribbon to expand. All previously added preferred diagnosis codes will be listed.

 Diagnosis Codes 

CODE STARTS WITH: DESCRIPTION:

SEARCH

Preferred Diagnosis Codes

E66	OVERWEIGHT AND OBESITY	 x	
-----	------------------------	---	---



To add a new diagnosis code, enter at least one search field and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

SELECT	CODE	DESCRIPTION
<input type="checkbox"/>	G71.0	MUSCULAR DYSTROPHY
<input type="checkbox"/>	G71.00	MUSCULAR DYSTROPHY UNSPECIFIED
<input type="checkbox"/>	G71.01	DUCHENNE/BECKER MUSCULAR DYSTROPHY
<input type="checkbox"/>	G71.02	FACIOSCAPULOHUMERAL MUSC DYSTROPHY

Displaying records 1 to 10 of 17 records

Previous 1 2 Next
Show 10 Entries

Preferred Diagnosis Codes

E66	OVERWEIGHT AND OBESITY	
-----	------------------------	--

To remove a preferred entry, click the trashcan icon next to the entry and confirm deletion.

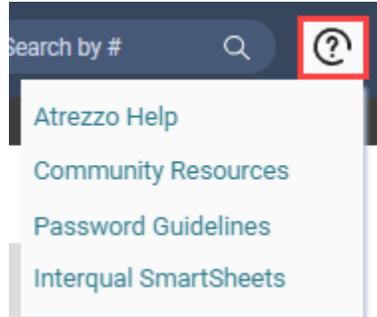
Preferred Diagnosis Codes		
E66	OVERWEIGHT AND OBESITY	



Help Guide

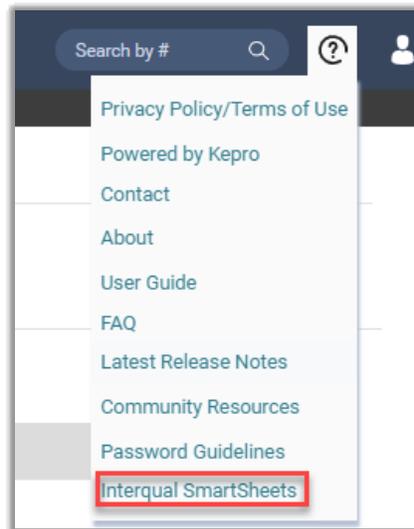
Clicking the Help icon will open a menu of options including the User Guide, FAQ, Latest Release Notes, and Password Guidelines. These items are updated regularly and may change over time.

NOTE: Not all items are visible to all users.



InterQual SmartSheets

InterQual SmartSheets provides a concise format of InterQual Criteria that help facilitate communication between payers and providers. To open it, click **InterQual SmartSheets** link from the Help icon drop down menu.





Upon opening, you will need to review and agree to the confidentiality agreement.

Home Cases Create Case Consumers Setup Message Center Reports Preferences

Disclaimer: Change Healthcare Interqual® SmartSheets Confidentiality Agreement.

Pursuant to the proprietary nature of the InterQual® SmartSheets, and to the agreement between Change Healthcare and Kepro, as an authorized user on the Kepro C3WV Medical Provider Portal I hereby agree to the following:

1. Access and use of the criteria/content found via this Provider Portal is non-transferable, non-exclusive, and is for the sole purpose of providing care for WV Medicaid members.
2. Access to the criteria/content found via this Provider Portal is limited to:
 - a. Employees and agents of this provider
 - b. Only to be used to the extent necessary to review/evaluate clinical content relevant to the provider's specialty area or related to the care of a specific member's condition.
3. Provider will protect the confidentiality of the information contained in and provide by the criteria/content and to which it has access to under this Agreement, by using at least the degree of care and security it uses to protect its own confidential information.
4. Provider acknowledges and agrees that any unauthorized disclosure or distribution of the confidential information may result in irreparable injury to Kepro or Change Healthcare, entitling the injured entity to obtain immediate injunctive relief in addition to any other legal remedies available.
5. Provider will not modify, translate, decompile, disclose, create, or attempt to create any derivative work of the criteria/content.
6. Provider acknowledges that the criteria/content is in no way intended to prescribe, designate, or limit medical care to be provided or procedures to be performed. Provider accepts responsibility for and acknowledges that it will exercise its own independent judgment in its use of the criteria/content and will be solely responsible for such use. Provider agrees to indemnify and hold Kepro, its affiliates, officers, agents, licensors, or other partners, and employees, harmless from any claim, demand or damages, including reasonable attorneys' fees, arising out of Provider's use of the criteria/content or from its violation of the intellectual property rights or confidentiality obligations contained in this Agreement.
7. Provider acknowledges that the criteria/content, including all applicable rights to patents, copyrights, trademarks and trade secrets inherent therein and appurtenant thereto, are the sole and exclusive properties of third parties, including Kepro's licensors, who have licensed such rights to Kepro. Provider agrees that no rights in the criteria/content are hereby conveyed to Kepro except to the extent that Provider has the right to access the criteria/content.
8. THE CRITERIA/CONTENT ARE PROVIDED TO PROVIDERS "AS IS," "WITH ALL FAULTS," AND "AS AVAILABLE." In addition, Kepro's licensors will not for any reason be deemed a party to this Agreement, and Provider will look solely to Kepro for the performance of any obligations due Provider hereunder.
 - a. Kepro, ITS AFFILIATES, AGENTS, AND LICENSORS CANNOT AND DO NOT:
 - i. WARRANT THE ACCURACY, COMPLETENESS, CURRENTNESS, NONINFRINGEMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OF THE MATERIALS, INFORMATION AND SERVICES AVAILABLE THROUGH THE WEBSITE, OR
 - ii. GUARANTEE THAT THE MATERIALS, INFORMATION OR SERVICES WILL BE ERROR-FREE, OR CONTINUOUSLY AVAILABLE, OR FREE OF VIRUSES OR OTHER HARMFUL COMPONENTS.
 - iii. Kepro has the right to modify or terminate Provider's access to the Software at any time or for any reason, including, but not limited to Provider's violation of any terms of this Agreement.

AGREE > DISAGREE

The system will populate a list of available SmartSheets. Click the title hyperlink to open a PDF in a new tab.

Interqual SmartSheets

- [2 Lead Transcutaneous_Electrical_Nerve_Stimulation_\(TENS\).pdf](#)
- [Acute_Coronary_Syndrome_\(ACS\).pdf](#)
- [AnemiaBleeding.pdf](#)
- [Arthroscopy_Surgical_Hip.pdf](#)
- [Arthroscopy_Surgical_Knee.pdf](#)
- [Arthroscopy_Surgical_Shoulder.pdf](#)
- [Bone_Growth_Stimulators_Noninvasive.pdf](#)
- [Cholecystectomy_Laparoscopic.pdf](#)
- [COPD.pdf](#)
- [CT FOOT Imaging_Extremity.pdf](#)
- [CT Imaging_Chest_Non-cardiac.pdf](#)
- [Custom Fabricated Orthoses_Lower_Extremity_Knee_.pdf](#)
- [Diabetes_Mellitus.pdf](#)
- [Discectomy_Lumbar_2015.pdf](#)
- [Endarterectomy_Carotid_2015.pdf](#)
- [Fusion_Cervical_Spine_2015.pdf](#)
- [Fusion_Thoracic_Spine_2015.pdf](#)
- [General Use Seat Wheelchair_Cushions_or_Seating_System.pdf](#)
- [General_Trauma.pdf](#)
- [4 Lead Transcutaneous_Electrical_Nerve_Stimulation_\(TENS\).pdf](#)
- [Aerosol_Delivery_Devices.pdf](#)
- [Arthroscopy_Surgical_Hip_2015.pdf](#)
- [Arthroscopy_Surgical_Knee_2015.pdf](#)
- [Arthroscopy_Surgical_Shoulder_2015.pdf](#)
- [Bipap_Noninvasive_Airway_Assistive_Devices.pdf](#)
- [Cholecystectomy_Laparoscopic_2015.pdf](#)
- [Cholecystitis.pdf](#)
- [CPAP_Noninvasive_Airway_Assistive_Devices.pdf](#)
- [CT Imaging_Brain.pdf](#)
- [CTA_Imaging_Abdomen_and_Pelvis.pdf](#)
- [Deep_Vein_Thrombosis.pdf](#)
- [Diabetic_Ketoacidosis.pdf](#)
- [E2402_Wound_Vac_Therapy_\(NPWT\)_Pump.pdf](#)
- [Extra_Heavy_Duty_Wheelchairs_Manual.pdf](#)
- [Fusion_Lumbar_Spine_2015.pdf](#)
- [General Use Back Wheelchair_Cushions_or_Seating_System.pdf](#)
- [General_Medical.pdf](#)
- [Heart_Failure.pdf](#)



From there you can review the document. Click the download button to download a copy to your downloads folder.

Imaging, Knee | 1 / 18 | 100% | [Zoom In] [Zoom Out]

InterQual® | 2015.2 Imaging Criteria
Imaging, Knee
MRI, Knee

2015.2 Imaging Criteria

PATIENT: Name _____ DOB _____ ID# _____ GROUP# _____
Facility _____ Service Date _____

PROVIDER: Name _____ Fax# _____ Phone# _____
Signature _____ Date _____ NPI/ID# _____

ICD-9: _____
CPT@: _____
HCPCS: _____

Subset: Imaging, Knee^(1, 2, 3, 4, 5, 6)
Requested Service: MRI, Knee
Age: Age ≥ 18

INSTRUCTIONS: Choose one of the following options and continue to the appropriate section

- 10. Acute knee pain secondary to trauma
- 20. Chronic knee complaints, unknown etiology
- 30. Suspected avascular necrosis (osteonecrosis), tibial plateau or femoral condyle
- 40. Suspected Baker cyst
- 50. Suspected cruciate ligament injury

To print, click the printer icon.

Imaging, Knee | 1 / 18 | 100% | [Zoom In] [Zoom Out]

InterQual® | 2015.2 Imaging Criteria
Imaging, Knee
MRI, Knee

2015.2 Imaging Criteria

PATIENT: Name _____ DOB _____ ID# _____ GROUP# _____
Facility _____ Service Date _____

PROVIDER: Name _____ Fax# _____ Phone# _____
Signature _____ Date _____ NPI/ID# _____

ICD-9: _____
CPT@: _____
HCPCS: _____

Subset: Imaging, Knee^(1, 2, 3, 4, 5, 6)
Requested Service: MRI, Knee
Age: Age ≥ 18

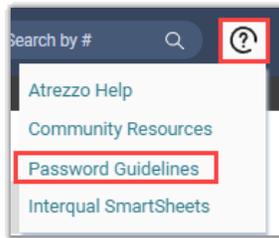
INSTRUCTIONS: Choose one of the following options and continue to the appropriate section

- 10. Acute knee pain secondary to trauma
- 20. Chronic knee complaints, unknown etiology
- 30. Suspected avascular necrosis (osteonecrosis), tibial plateau or femoral condyle
- 40. Suspected Baker cyst
- 50. Suspected cruciate ligament injury



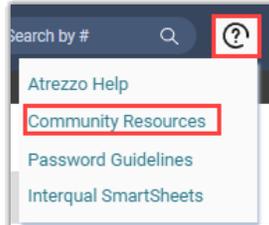
Password Guidelines

Clicking Password Guidelines will open a PDF into a new tab. Here you will see the stipulations for a password in Atrezzo. Your password must be a minimum of 14 characters and include an upper-case letter, a lower-case letter, one number and one special character.

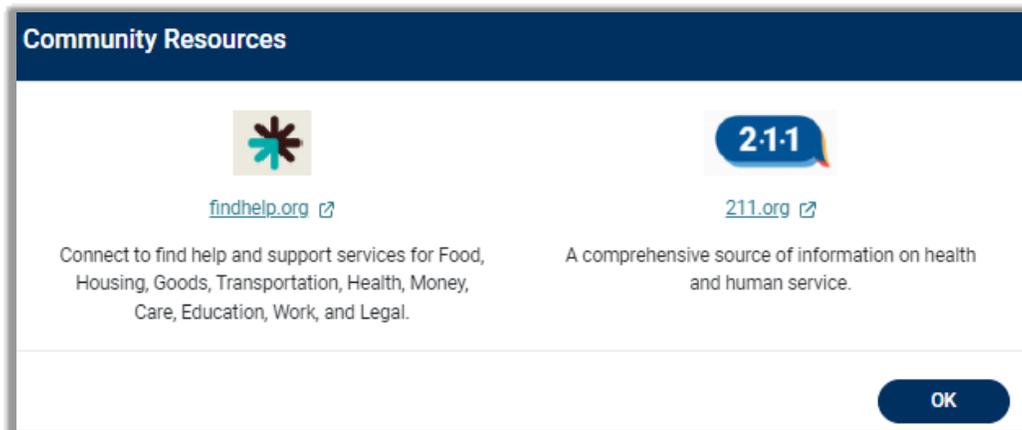


Community Resources

The Community Resources tab will guide you to outside resources for members if needed.



A pop-up window will display available resources. Click the resource hyperlink to be taken to that website outside the Atrezzo system.





How to Complete a 'Request Saved but Not Submitted'

After logging in, the Home page will display any "Requests Saved but Not Submitted." These are requests that have been started but are incomplete. These are viewable to the submitting provider but have not been sent for review.

HOME		0 NEW MESSAGES Go to Message Center	WORK-IN-PROGRESS 109	NOT SUBMITTED 9	SUBMITTED 100
Request Saved But Not Submitted					
CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
CO UM	UM-INPATIENT	TEMP001982023030700000	Test Test	12/15/1960	3/7/2023 10:30:27 AM
CO UM	UM-OUTPATIENT	TEMP001982021032300000	Amy Train	12/15/1960	3/7/2023 10:24:39 AM
CO UM	UM-INPATIENT	TEMP001982023030700000	Test Test	12/15/1960	3/7/2023 9:56:29 AM

To complete the saved request, hover over the request line and click the edit (pencil) icon.

Request Saved But Not Submitted					
CONTRACT	CASE TYPE	MEMBER ID	MEMBER NAME	DATE OF BIRTH	LAST MODIFIED
Indiana FSSA	UM-OUTPATIENT	300093469999	ADULT CASETEST	12/12/1920	7/19/2023 5:01:21 PM
Indiana FSSA	UM-INPATIENT	300093469999	ADULT CASETEST	12/12/1920	7/18/2023 10:32:59 AM



The case creation page will display instead of the Create Case Wizard. To continue adding required information, expand the **Clinical** ribbon and review Service Details, Diagnosis, and Procedure sections to identify information necessary to submit request.

The screenshot shows a web interface for case creation. At the top, there are tabs for 'UN-SUBMITTED', 'Outpatient', and 'CO UM'. Below this is a 'CASE SUMMARY' section with an 'EXPAND ALL' button. The main content area is divided into several sections: 'Consumer Details' (Location: 123 Somewhere Street Anywhere Colorado), 'Provider/Facility' (Requesting: Denver Provider/9999999999, Servicing: Denver Provider/9999999999), 'Clinical' (Service Type: 111 - Physical Therapy, Request Type: Prior Auth, Notification Date: 03/07/2023, Notification Time: 11:21 AM), 'Service Details', 'Diagnosis' (Other General Symptoms And Signs), 'Procedures(Request)', and 'Questionnaires'. Each section has a blue downward arrow on the right. The 'Clinical' section's arrow is highlighted with a red box and a red upward arrow. Other sections have red arrows pointing to their respective blue downward arrows.

If uncertain what required information is missing, clicking Submit will generate an error/information pop up which will identify what information is missing. Review the pop up and click **OK** to continue.

The screenshot shows a pop-up window titled 'Atrezzo' with a close button (X) in the top right corner. The text inside reads: 'The following errors/warnings were encountered:'. Below this, a list of missing information is displayed: 'Missing Information: Diagnosis Code(s)', 'Missing Information: Primary Diagnosis Code', 'Missing Information: Service Type', 'Missing Information: Request Type', 'Missing Information: Length of Stay - Start Date', 'Missing Information: Length of Stay - End Date', and 'Missing Information: Admit Date'. At the bottom of the window is a blue 'OK' button, which is pointed to by a red arrow.



The case creation page will display a red exclamation point which will identify which sections where required information is missing. Expand each section with a red exclamation point displayed.

Once required information is added, the red exclamation indicator will disappear, and the case can be submitted.

To add a note, expand the **Communications** ribbon, then expand **Notes** and click **Add Note**. Select **Request** and add your **Note**. Then click **Save**.





To access questionnaires in the unsubmitted case, expand the Questionnaires ribbon. Click on the hyperlink questionnaire name to open it in a new tab.

QUESTIONNAIRE										
ASSESSMENT INFORMATION				CREATED INFORMATION			COMPLETED INFORMATION		ACTION	
REQUEST	ID	NAME	TYPE	BY	ON	BY	ON	DELETE		
R01	3737321	MT BRCA1 or BRCA2	Checklist	Kepro	09/12/2022 07:25:42 AM	Kepro	09/12/2022 07:26:04 AM			

Complete the questionnaire as appropriate. Use this [link](#) to see details on completing a questionnaire.

Case 210970119 | **PETER AMBUUL (M)** | CO UM | P041950 | Create Questionnaire / MT BRCA1 or BRCA2
12/15/2011 (11 Yrs) | UM | Member ID

MT BRCA1 or BRCA2

BRCA gene analysis testing

1 . Was the member assigned gender female at birth? *

Yes No

1.2.1 . Does the member have a personal history of male breast cancer? *

Yes No

[RETURN TO CASE](#) Autosaved [MARK AS COMPLETE](#)



Once the case is complete, click **Submit** at the bottom of the page. Once it has been submitted, it will no longer appear on the Home page under “Requests Saved but Not Submitted.”

The screenshot shows a web interface for a case summary. At the top, there are tabs for 'UN-SUBMITTED', 'Outpatient', and 'CO UM'. Below this is a 'CASE SUMMARY' section with an 'EXPAND ALL' dropdown. The main content area is divided into several rows, each with an icon and text:

- Consumer Details:** Location: 123 Somewhere Street Anywhere Colorado;
- Provider/Facility:** Requesting: Denver Provider/9999999999, Servicing: Denver Provider/9999999999
- Clinical:** Service Type: 111 - Physical Therapy, Request Type: Prior Auth, Notification Date: 03/07/2023, Notification Time: 11:21 AM
- Questionnaires:**
- Attachments:** Document-0
- Communications:** Most Recent Note date:03/07/2023

 At the bottom left is a 'CANCEL REQUEST' button, and at the bottom right is a 'SUBMIT' button highlighted with a red box and a red arrow pointing to it. A disclaimer is visible above the buttons: "I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits."

How to View Status of a Submitted Request

Once a request has been submitted, there are different ways the status can be reviewed. A status check can be completed with a Case ID or Consumer Name and DOB. Below you will find step by step instructions for each method.

The UM case will display the case status at the top.

<u>Unsubmitted</u>	This identifies a case that has been started but has not been submitted. You will only see this status if you enter a case from the Request Saved but Not Submitted section of the Home page. Once all information is entered, the case will move to Submitted status pending clinical review.
<u>Submitted</u>	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.
<u>Active Review</u>	This identifies a case that is being reviewed by a clinical reviewer. Once the case is completed, you will receive an email of a status change.
<u>Completed</u>	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 (i.e., approved, denied, partial approval, etc.). To see the details of the determination, please see How to View a Determination Letter.



View Status by Case ID

To view the status of a request using a Case ID, enter the Case ID in the search box on the top right of any page, then hit enter on your keyboard or click anywhere outside of the search box.

The screenshot shows the top navigation bar with links for Setup, Message Center (0), Reports, and Preferences. A search box labeled "Search by #" is highlighted with a red box. Below the navigation bar, a summary of messages is shown: 0 NEW MESSAGES (with a link to Message Center), WORK-IN-PROGRESS (38), NOT SUBMITTED (10), and SUBMITTED (28).

The status will be listed at the top along with the auth number, if available, under SRV AUTH. For cases that display as Completed, you can review the details by opening the Case Summary.

The screenshot shows a case summary for a completed case. The consumer name is ANG TEST, gender is F, date of birth is 12/15/1960 (62 Yrs), member ID is TEMP001982021011200000, and contract is Colorado. The case ID is 222450005, category is Outpatient, case contract is CO UM, and case submit date is 09/02/2022. The SRV AUTH field is highlighted with a red box. The status is COMPLETED, indicated by a yellow badge and a red arrow. A CASE SUMMARY button is visible. Below the case details, there are sections for Consumer Details, Provider/Facility (with icons of three providers), and Clinical.



Case Summary

The Case Summary will provide an overview of the case whether in active review or completed. You will be able to view all notes, letters, and documentation within one location. Click Case Summary at the top of the case to open in a new browser tab.

GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
M	01/01/1978 (45 Yrs)	TEMP002272023012000000	Indiana Medicaid

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
230200008	Outpatient	Indiana FSSA	01/20/2023	

[CASE SUMMARY](#)

Details

The Case Summary will open in a new tab. Scroll through the document to review the details. All information pertaining to the case is located here. All documents, questionnaires, and letters are hyperlinks. You can access this information directly from the case summary.

Appeals				
Appeal#	Request Info	Status	Kepro Date Received	Results
01	Case	Completed	05/08/2023	Appeal Overturned - Other
02	Case	Completed	05/08/2023	Appeal Overturned - Other

Questionnaires					
Request	Questionnaire ID	Name Type	Status Score	Created Date/Time	Completed Date/Time

Documents				
Request	File Name	Document Type	Received On	Modified On

Letters				
Request	File Name	Fax Status Mailed Date/Time	Date Created	Modified On
R01	PA-UMApproval-230200008-01.pdf		6/6/2023 12:10:30 PM	6/6/2023 12:29:15 PM
R01	PA-UMDenial-230200008-01.pdf		6/6/2023 12:11:12 PM	6/6/2023 12:29:15 PM



The summary can be printed by clicking the printer icon in the top right corner of the page and selecting print preferences. When finished close the tab to return to the case.

Case Summary: 230200008

Consumer Information

Name	DOB	MemberID	Contract	Eligibility Program
Location	Gender	SubscriberID		StartDate - EndDate
[REDACTED]	01/01/1978 M	TEMP002272023012000000	[REDACTED]	

Case Information

Status	Category	Case Contract	Submit Date	SRV Auth
ACTIVE REVIEW	Outpatient	Indiana FSSA	01/20/2023	

Provider Information
Requesting Provider

Name	ID NPI	Specialty	Address	Phone	Fax
Demo Indiana Facility	9999999999		111 Main St , Indianapolis, IN US 46077	(888) 888-8888	(888) 888-8888

Servicing Provider

Name	ID NPI	Specialty	Address	Phone	Fax
Demo Indiana Facility	9999999999		111 Main St , Indianapolis, IN US 46077	(888) 888-8888	(888) 888-8888

View Status by Member

To view the status of a request by Member, you will search by the individual name. Click Members in the navigation pane and enter Member ID or Last Name and Date of Birth, then click **Search**.

NOTE: Some contracts may require additional fields which will be noted on the search page.

Acentra HEALTH Home Cases Create Case **Members** Setup Message Center 0 Reports Preferences

MEMBERS

MEMBER ID	LAST NAME	FIRST NAME (MIN 1ST LETTER)	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

*Combination of DOB and Last Name or Member ID



The result will render. Click the Member Name hyperlink to view available requests. The case count will identify how many requests have been submitted.

MEMBERS					
MEMBER ID	LAST NAME	FIRST NAME (MIN 1ST LETTER)	DATE OF BIRTH		
500911240999			MM/DD/YYYY		SEARCH
*Combination of DOB and Last Name or Member ID					
NAME	DATE OF BIRTH	ADDRESS	MEMBER ID	CONTRACT	CASE COUNT
FRED FLINTSTONE	11/28/1981	57660 TC202 LACROSSE,IN	500911240999	Indiana Medicaid	2

The member requests will be displayed with a status column. To view the details of the request, click the Request hyperlink to be taken to the case details page.

UM CASE (12)									
Submitted Requests					Servicing Requests				
Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
Request 02	Un-Submitted		Outpatient		117b - Imaging Studies		View Procedures	No letters available	No actions available
- Case: 211020024									
Request 01	Submitted	4/12/2021	Outpatient	N/A	113 - Speech Therapy	4/30/2021 - 4/30/2022	Approved: 3 View Procedures	1 Letter View Letters	Actions

From the member case lists, click View Procedures to see all procedures and status entered in the case in a pop-up window.

Procedures

97110
Approved

03/01/2023 - 03/01/2023
1 / 1

[Close](#)



Clicking View Letters will provide a list of letters associated with the case in a pop-up window. However, the list is not hyperlinked so you will need to go into the case to view the letter. If a determination letter is available, follow the steps on How to View a Determination Letter.

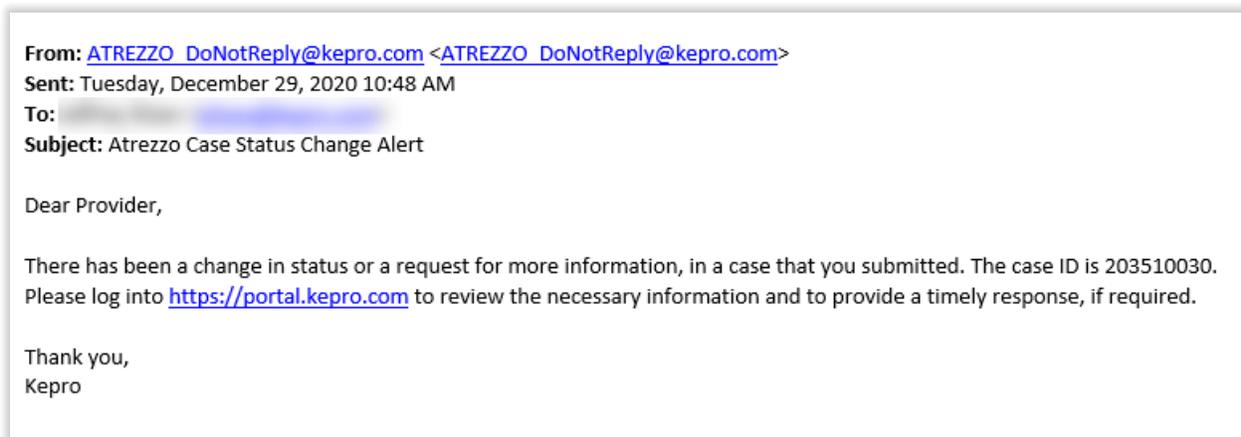
Letters	
File Name	Modified Date
Member_Approval-210830010-01.pdf	04/12/2021

[Close](#)

Email Notification

When a status change has occurred on a submitted 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.

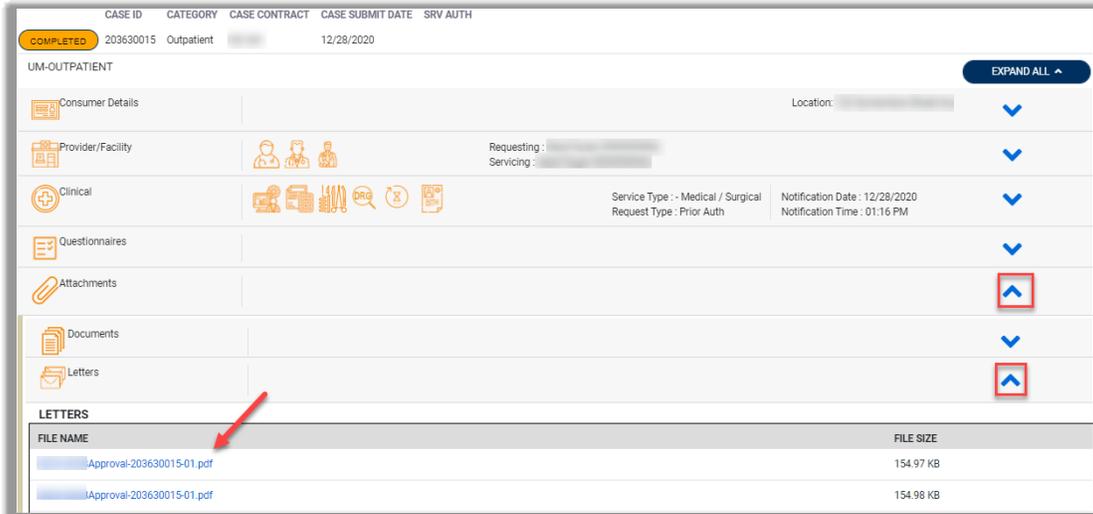
Below is a sample of the email you would receive when a change is made to a submitted request.





How to View a Determination Letter

This section will identify how to view a determination letter once a decision has been entered. Using the case ID or looking up the consumer, open the case detail page. Expand Attachments, then expand Letters. The available determination letters will be hyperlinks.



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 or top banner, you will need to click the file to view the document.



Actions Button Options

All actions carried out after a case has been submitted will be done through the Actions button.



The **Actions** button can be located at the top of the page on the case details page.

CASE ID: 210820018 | CATEGORY: Outpatient | CASE CONTRACT: CO UM | CASE SUBMIT DATE: 03/23/2021 | SRV AUTH: ACTIVE REVIEW

UM-OUTPATIENT | CASE SUMMARY | **ACTIONS -** | COPY | EXPAND ALL

Consumer Details | Location: 123 Somewhere Street Anywhere Colorado;

Provider/Facility | Requesting: Denver Provider/9999999999 | Servicing: RADIOLOGY ASSOCIATES OF DURANGO, PC/1629109111

In the case search results, the **Action** button can be found to the right of the entry in the search results.

BY CASE | BY CONSUMER

CASE TYPE: UM

REQUEST STATUS: All | TYPE: All Types | SERVICE TYPE: Select One

DATE TYPE: Service Dates | FROM DATE: 03/01/2023 | TO DATE: 03/31/2023 | SEARCH CONTEXT: All Related Submitting Providers

SEARCH

Request	Member	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 230660013										
Request 01	TEMP001982023030700000 Test Test 12/15/1960 Colorado	Submitted	3/7/2023	Inpatient	N/A	OOS Inpatient	3/7/2023 - 3/10/2023	View Procedures	No letters available	Actions -



Similarly, the Action button can be found to the right of the request in the consumer search results.

CONSUMERS / Aimee Train

CONSUMER NAME	DATE OF BIRTH	ADDRESS	COUNTRY	MEMBER ID
Aimee Train	12/15/1960	123 Slopes Court	United States	TEMP001982021032400000

CREATE CASE >

UM CASE (10)

Submitted Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions

Regardless of where you find the Action button, when you click it, you can Copy, Extend, Discharge, Add Additional Clinical Documentation, Reconsideration, Request Authorization Revision, or Request Peer to Peer Review.

Note: Available options will vary by contract and user role permissions.

Copy Request

In cases where the same diagnosis and procedures are necessary for the same consumer, you can copy a request. Locate your request and click **Actions**. Then click **Copy**.

CONSUMERS / Aimee Train

CONSUMER NAME	DATE OF BIRTH	ADDRESS	COUNTRY	MEMBER ID
Aimee Train	12/15/1960	123 Slopes Court	United States	TEMP001982021032400000

CREATE CASE >

UM CASE (10)

Submitted Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No	Extend Discharge Add Additional Clinical Information
- Case: 210830020									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	3/31/2021 - 3/31/2021	Denied: 1 View Procedures	No	Reconsideration Request Authorization Revision
- Case: 210830021									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No	Request Peer To Peer Review



The system will confirm that you wish to copy this case. Click **Yes** to copy.

Information

Do you want to copy this record?

The system will create an unsubmitted case for you to update. The Service Details, Diagnosis, Procedures will auto populate based on the previous case but can be updated as necessary. You will need to expand the **Procedure** ribbon and enter **Requested Start Date**, **Requested End Date**, **Requested Duration**, and **Requested Quantity**.

Procedures(Request)

Request 01

REQUEST TYPE * FIPS CODE NOTIFICATION DATE * NOTIFICATION TIME *

Prior Auth [] 03/08/2023 11:13 AM

70549 MR ANGIOGRAPH NECK W/O&W/DYE

MODIFIER UNIT QUALIFIER

Select One Select One Select One Select One Select One

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

MM/DD/YYYY [] MM/DD/YYYY [] [] [] \$ []

REQUESTED FREQUENCY

Select One



Be sure to also fill out any questionnaires if they are present and attach any necessary documentation before scrolling down to the bottom of the request and clicking the precertification verification and clicking **Submit**.

CASE ID CATEGORY CASE CONTRACT CASE SUBMIT DATE SRV AUTH			
UN-SUBMITTED		Outpatient CO UM	
UM-OUTPATIENT		CASE SUMMARY	EXPAND ALL
Consumer Details			Location: 14469 E MONTANA CIR APT A AURORA Colorado;
Provider/Facility	Requesting : Denver Hospital/9999999999 Servicing : WASHAKIE MEDICAL CENTER/1255368593		
Clinical	Service Type : 117b - Imaging Studies Request Type : Prior Auth	Notification Date : 03/08/2023 Notification Time : 11:19 AM	
Questionnaires			Complete: 1, Incomplete: 0
Attachments	Document-0		
Communications			Most Recent Note date:
<input checked="" type="checkbox"/> I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.			
CANCEL REQUEST		SUBMIT	

For details on submitting a case please see How to complete a “Request Saved but Not Submitted.”



Extend Request

To extend a Request, locate your request and click **Actions**. Then click **Extend**.

CONSUMERS / Aimee Train

CONSUMER NAME	DATE OF BIRTH	ADDRESS	COUNTRY	MEMBER ID
Aimee Train	12/15/1960	123 Slopes Court	United States	TEMP001982021032400000

CREATE CASE >

UM CASE (10)

Submitted Requests Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No	Extend
- Case: 210830020									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	3/31/2021 - 3/31/2021	Denied: 1 View Procedures	No	Discharge Add Additional Clinical Information Reconsideration Request Authorization Revision Request Peer To Peer Review
- Case: 210830021									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No	

The system will confirm that you want to extend this record. Click **Yes** to proceed.

Information

Do you want to extend this record?



The system will create an un-submitted case with some information auto populated from the previous request. Expand the **Clinical** ribbon and scroll down to the **Procedures** ribbon. Notice that there are red alerts in certain sections letting you know that changes to diagnosis, service type, and procedure codes will either not work or will change the prior request.

The screenshot shows the 'Clinical' ribbon with the following sections:

- Service Details:** Service Type: 364a - OOS Inpatient | Request Type: Prior Auth
- Diagnosis:** Other General Symptoms And Signs. A red alert message states: "Changes to these diagnosis will alter diagnosis codes for all requests on this case." A red arrow points to this message.
- Procedures(Request/Review):** A red alert message states: "For the selected services type, procedure codes cannot be added on an extension. If additional procedure codes need to be added to this request, please use Communications - Notes section to provide those details and Kepro staff will update the request for you." A red arrow points to this message.

Below these sections, two requests are listed:

Request 01: Not reviewed: 1	Submitted
Request 02	Un-Submitted

Also notice that there are two requests listed under the **Procedures** ribbon. **Request 01** is the original request. **Request 02** is your extension, and you will need to update information in this section.

The screenshot shows the 'Procedures(Request/Review)' ribbon with the following requests listed:

Request 01: Not reviewed: 1	Submitted
Request 02	Un-Submitted



Under Request 02 ensure that the **Request Type**, **Notification Date** and **Notification Time** are correct. The LOS or procedure **Requested Start Date** will default to the day after the end date of the prior request. Fill in the appropriate **Requested End Date** and **Requested Duration**.

Request 02 Un-Submitted

REQUEST TYPE * FIPS CODE NOTIFICATION DATE * NOTIFICATION TIME *

Prior Auth [] 03/08/2023 11:28 AM

LOS Un-Submitted 03/06/2023 - 03/10/2023

UNIT QUALIFIER

Select One

REQUESTED START DATE * REQUESTED END DATE * REQUESTED DURATION * REQUESTED RATE

03/06/2023 MM/DD/YYYY \$

The Requested End Date field is required. The Requested Duration field is required.

Scroll to the bottom of the case, check the precertification verification, and click **Submit**.

CASE ID CATEGORY CASE CONTRACT CASE SUBMIT DATE SRV AUTH

UN-SUBMITTED Inpatient CO UM

UM-INPATIENT CASE SUMMARY EXPAND ALL

Consumer Details Location: 14469 E MONTANA CIR APT A AURORA Colorado;

Provider/Facility Requesting : Denver Hospital/9999999999 Facility : Denver Hospital/9999999999

Clinical Service Type : Notification Date : 03/08/2023 Request Type : Notification Time : 11:38 AM

Questionnaires

Attachments Document-0

Communications Most Recent Note date:

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

CANCEL REQUEST SUBMIT



When searching for this case in the future, you will see multiple requests in one case (R01, R02, R03, etc.) depending on how many extensions you have requested.

UM CASE (9)									
Submitted Requests					Servicing Requests				
Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 230670003									
Request 01	Submitted	3/8/2023	Inpatient	N/A	364a - OOS Inpatient	2/28/2023 - 3/6/2023	View Procedures	No letters available	Actions
Request 02	Submitted	3/8/2023	Inpatient		364a - OOS Inpatient	3/6/2023 - 3/10/2023	View Procedures	No letters available	Actions
- Case: Pending Case ID									
Request 01	Un-Submitted		Inpatient	N/A			View Procedures	No letters available	No actions available
- Case: Pending Case ID									
Request 01	Un-Submitted		Outpatient	N/A	117b - Imaging Studies		View Procedures	No letters available	No actions available
- Case: 212730011									
Request 01	Submitted	9/30/2021	Outpatient	N/A	117b - Imaging Studies	9/30/2021 - 11/28/2021	Approved: 1 View Procedures	No letters available	Actions

Discharge Request

To add a discharge, locate your request and click **Actions**. Then click **Discharge**.

CONSUMERS / Aimee Train									
CONSUMER NAME	DATE OF BIRTH	ADDRESS	COUNTRY	MEMBER ID					
Aimee Train	12/15/1960	123 Slopes Court	United States	TEMP001982021032400000	CREATE CASE				
UM CASE (10)									
Submitted Requests					Servicing Requests				
Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No View Letters	Copy Extend Discharge
- Case: 210830020									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	3/31/2021 - 3/31/2021	Denied: 1 View Procedures	No View Letters	Add Additional Clinical Information Reconsideration
- Case: 210830021									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No View Letters	Request Authorization Revision Request Peer To Peer Review



The system will bring you into the request. Expand the **Clinical** ribbon and the **Discharge** ribbon. Enter **Discharge Disposition** and update the **Enter Discharge Date**. Add a note regarding the update and click **Submit**.

The screenshot shows a web interface for a clinical request. The 'Discharge' ribbon is expanded. A dropdown menu for 'DISCHARGE DISPOSITION' is open, showing 'Select One'. Below it is a table of procedures with columns for Procedure, Description, Start Date, Requested End Date, and Enter Discharge Date. The 'Enter Discharge Date' field for the first procedure is highlighted with a red box. A red arrow points to the 'DISCHARGE NOTE' text area. The 'SUBMIT' button is highlighted with a red box.

Procedure	Description	Start Date	REQUESTED END DATE *	ENTER DISCHARGE DATE *
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	5/22/2021	08/22/2021	08/22/2021
92526	Treatment of swallowing dysfunction and/or oral function for feeding	5/22/2021	08/22/2021	08/22/2021
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	5/22/2021	08/22/2021	08/22/2021



Add Additional Clinical Documentation

If additional supporting documentation needs to be uploaded after the request has been submitted, you will need to return to the specified request, click **Actions**. Then click **Add Additional Clinical Documentation**.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions -
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No	Copy Extend Discharge Add Additional Clinical Information
- Case: 210830020									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	3/31/2021 - 3/31/2021	Denied: 1 View Procedures	No	Reconsideration Request Authorization Revision
- Case: 210830021									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No	Request Peer To Peer Review

In the pop-up window, add notes as needed. Select appropriate Document Type and drag and drop or browse for your files. Then click **Submit**.

Add Additional Clinical Information

Case 210830010 Aimee Train (F) CO UM
Request 01 12/15/1960 Outpatient

Note

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

Document Type
Select One

Drag And Drop Or Browse Your Files.

CANCEL SUBMIT



Repeat the above steps if needed until all supporting documentation is uploaded. All uploaded documents will be visible in the Documents section for review.

 Attachments ↑

 Documents ↑

DOCUMENTS

REQUEST	 FILE NAME	DOCUMENT TYPE	RECEIVED ON
R01	 test.pdf	Physician Order	1/30/2023 12:11:11 PM
R01	 test (1).pdf	Medical Record	1/30/2023 12:07:13 PM
R01	 test.pdf	Medical Record	1/30/2023 12:07:13 PM



Request a Reconsideration

To request a reconsideration review after an adverse decision in the provider portal, locate your request and click **Actions**. Then click **Reconsideration**.

Note: This action may not be available for all contracts.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No Copy	Extend Discharge
- Case: 210830020									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	3/31/2021 - 3/31/2021	Denied: 1 View Procedures	No Add Additional Clinical Information	Reconsideration
- Case: 210830021									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No Request Authorization Revision	Request Peer To Peer Review

In the pop-up window, add your notes. Any supporting clinical documentation not already submitted should be uploaded at this time. Select appropriate Document Type and drag and drop or browse for your files. Then click **Submit**.

Reconsideration

Case 210830010 | Aimee Train (F) | CO UM
Request 01 | 12/15/1960 | Outpatient

Note

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tiff, xls, xlsx, xps.

Document Type: Select One

Drag And Drop Or Browse Your Files.

CANCEL SUBMIT



Request Authorization Revision

To request an authorization revision in the provider portal, locate your request and click **Actions**. Then click **Request Authorization Revision**.

Note: This action may not be available for all contracts.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No Copy	Extend
- Case: 210830020									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	3/31/2021 - 3/31/2021	Denied: 1 View Procedures	No Add Additional Clinical Information	Reconsideration
- Case: 210830021									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No Request Peer To Peer Review	Request Authorization Revision

In the pop-up window, add your notes. Any supporting clinical documentation not already submitted should be uploaded at this time. Select appropriate Document Type and drag and drop or browse for your files. Then click **Submit**.

Request Authorization Revision

Case 210830010 Aimee Train (F) CO UM
Request 01 12/15/1960 Outpatient

Note

←

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

Document Type
Select One

Drag And Drop Or Browse Your Files.

CANCEL SUBMIT



Request Peer to Peer Review

To request a Peer-to-Peer review in the provider portal locate your request and click **Actions**. Then click **Request Peer-to-Peer Review**.

Note: This action may not be available for all contracts.

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 210830010									
Request 01	Submitted	3/24/2021	Outpatient	N/A	117b - Imaging Studies	3/25/2021 - 3/25/2021	Approved: 1 View Procedures	1 Letter View Letters	Actions
- Case: 210830015									
Request 01	Submitted	3/24/2021	Outpatient	N/A	113 - Speech Therapy	3/29/2021 - 5/27/2021	Denied: 1 View Procedures	No Copy	Extend
- Case: 210830020									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	3/31/2021 - 3/31/2021	Denied: 1 View Procedures	No	Discharge
- Case: 210830021									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No	Add Additional Clinical Information
- Case: 210830022									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No	Reconsideration
- Case: 210830023									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No	Request Authorization Revision
- Case: 210830024									
Request 01	Submitted	3/24/2021	Outpatient	N/A	216 - Reconstructive Surgery	4/14/2021 - 4/14/2021	Denied: 1 View Procedures	No	Request Peer To Peer Review

In the pop-up window, add your notes. Any supporting clinical documentation not already submitted should be uploaded at this time. Select appropriate Document Type and drag and drop or browse for your files. Then click **Submit**.

Request Peer To Peer Review

Case 210830010
Request 01

Aimee Train (F)
12/15/1960

CO UM
Outpatient

Note

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

Document Type
Select One

Drag And Drop Or Browse Your Files.

CANCEL SUBMIT

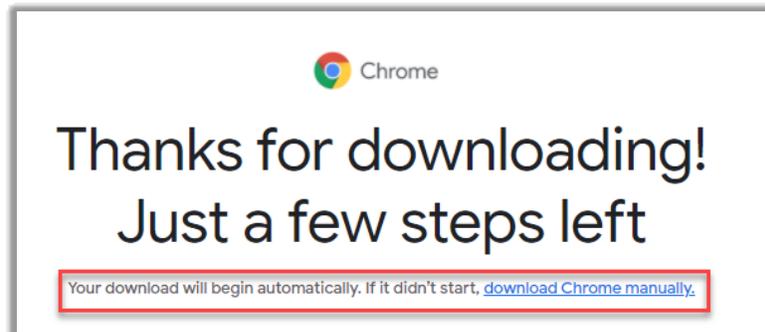
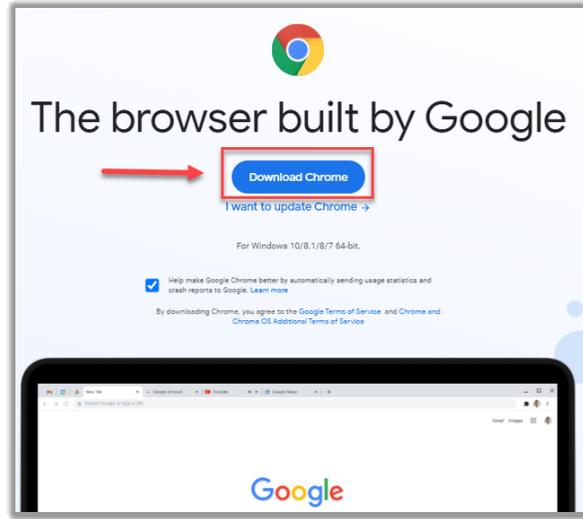


Appendices

How to Add Google Chrome to Computer

Google Chrome is the preferred internet browser for Atrezzo. A user can do a search for “Google Chrome Download” or click [Download](#) to access the available link.

One the Google Chrome Download page, click Download Chrome, then follow the prompts.





STEP 1

Open

Open the ChromeSetup.exe file from the downloads list at the bottom left corner of this window.

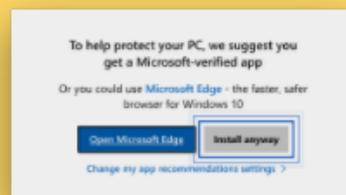
[Can't find your installer?](#)

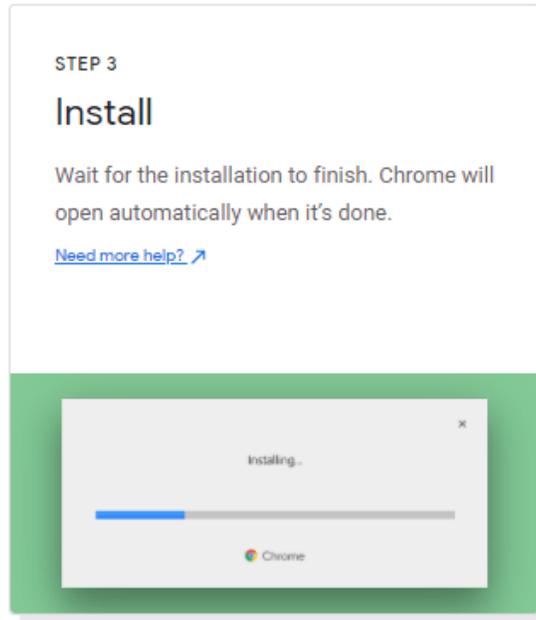


STEP 2

Allow

If prompted, click **"Install anyway"** and **"Yes"** on the system dialogs.



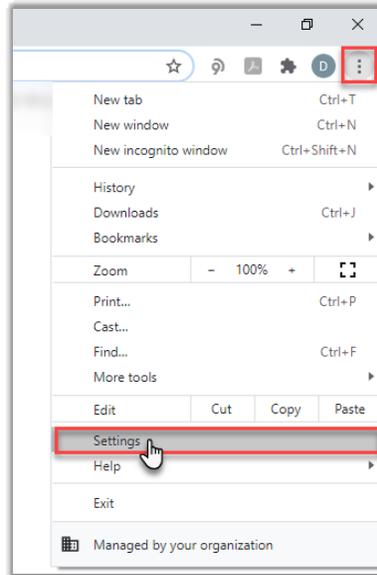


Once installed, Chrome can be set as a default browser for all applications, or you can simply create a shortcut for Atrezzo within the application.

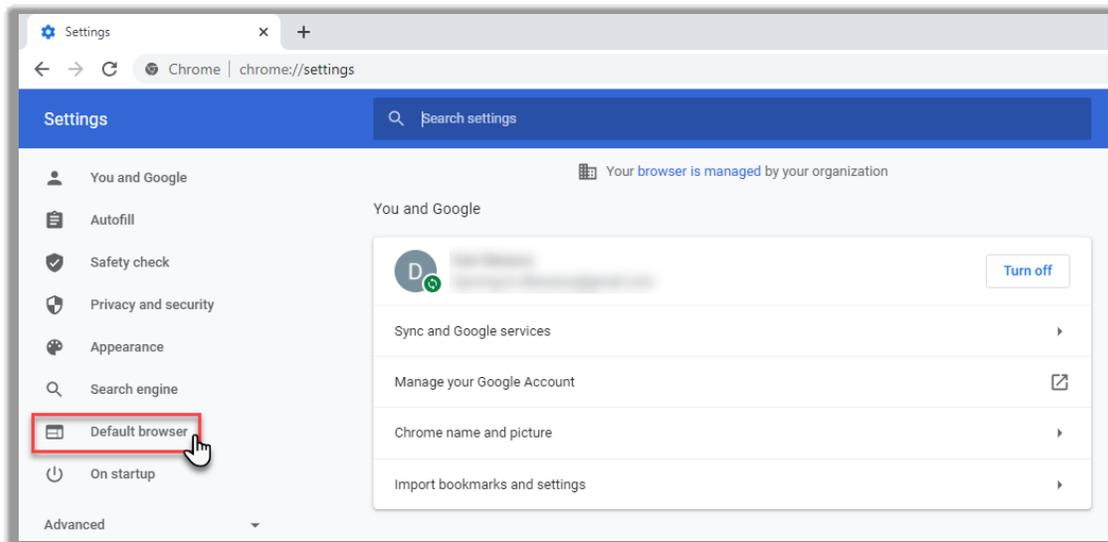


How to set Chrome as Default Browser

To set it as the default browser, click the in the three dots in the upper right-hand corner, select Settings from the drop down.

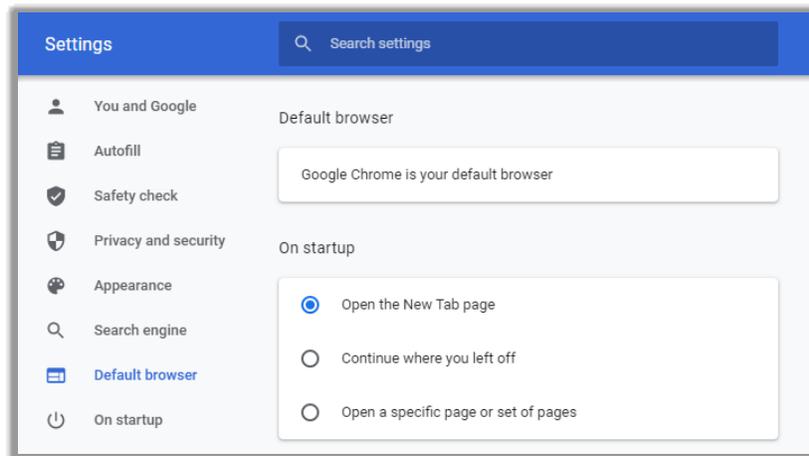


Select Default browser from the menu options on the left side of the page.



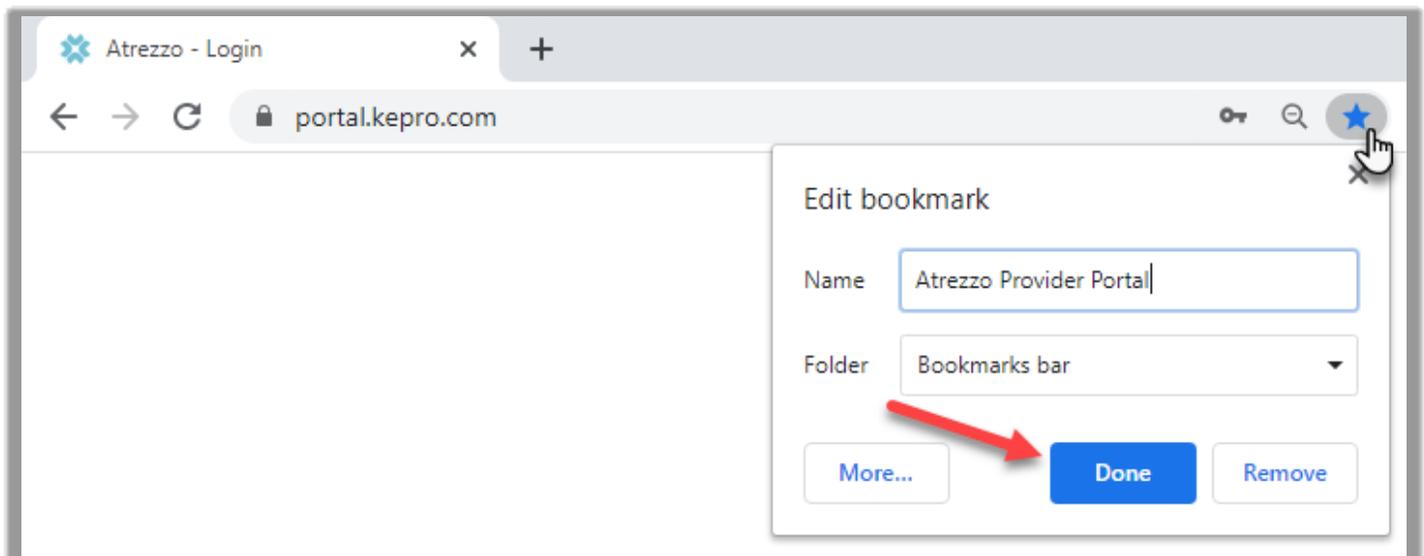


Select Make Default under Default browser.



How to Set Atrezzo Bookmark in Chrome

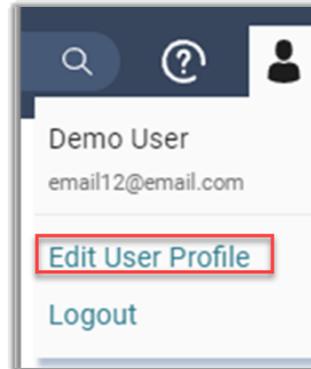
After entering the Atrezzo portal URL <https://portal.kepro.com/> into the browser and click the star in the address bar. Enter the name of the bookmark (be sure to keep the name simple so you remember it), choose a folder or add to the bookmarks bar, and click **Done**. This will set a bookmark for easy navigation and future use.





Updating User Profile

To update user profile information once an account has been created, click on the person icon in the upper right corner. Once the menu opens, click **Edit User Profile**.



Once the profile screen displays, update information and include all required fields, then click **Save**.

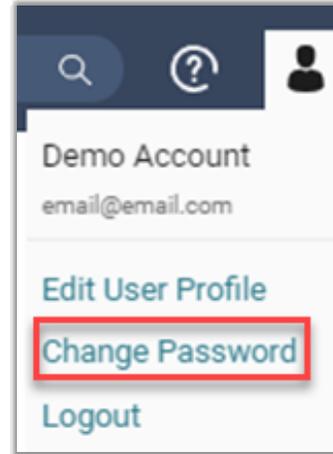
Edit User Profile

UserName	Provider One
FIRST NAME *	<input type="text" value="Provider"/>
LAST NAME *	<input type="text" value="One"/>
EMAIL ADDRESS *	<input type="text" value="testemail@email.com"/>
CONFIRM EMAIL ADDRESS *	<input type="text" value="testemail@email.com"/>
ADDRESS 1	<input type="text"/>
ADDRESS 2	<input type="text"/>
CITY	<input type="text"/>
STATE	<input type="text" value="Alaska"/>
ZIP	<input type="text"/>
PHONE NUMBER	<input type="text" value="111-111-1111"/>
PHONE EXTENSION	<input type="text"/>
Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.	
FAX NUMBER	<input type="text" value="555-123-9876"/>

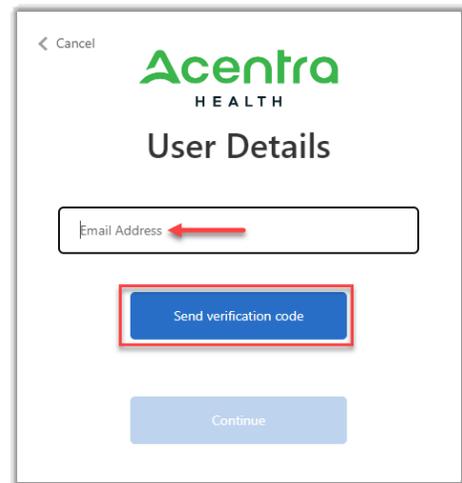


Change Password

To change your password, click the person icon in the upper right corner, then select **Change Password**.



Enter the email address associated with your Atrezzo account and click **Send Verification Code**.





Enter the code from the system generated email and click **Verify Code**.

A screenshot of the Acentra Health mobile application interface. At the top left is a back arrow and the word "Cancel". The Acentra Health logo is centered at the top. Below the logo, the text reads: "Verification code has been sent to your inbox. Please copy it to the input box below." There are two input fields: the first contains the email address "demohospital18@yahoo.com", and the second is labeled "Verification Code" and is highlighted with a red rectangular border. Below the input fields are two blue buttons: "Verify code" and "Send new code". A red arrow points to the "Verify code" button. At the bottom of the screen is a light blue "Continue" button.

Once your email address is verified click **Continue** to change password.

A screenshot of the Acentra Health mobile application interface showing a success message. At the top left is a back arrow and the word "Cancel". The Acentra Health logo is centered at the top. Below the logo, the text reads: "E-mail address verified. You can now continue." There is an input field containing the email address "demohospital18@yahoo.com". Below the input field are two blue buttons: "Change e-mail" and "Continue". A red arrow points to the "Continue" button, which is also highlighted with a red rectangular border.



Enter your new password, confirm the new password, and then click **Continue**.

The system will refresh, and you'll be taken to the home screen.

Informational Error/Warning Messages

This section will identify the different types of informational and error/warning messages that a user may see while using this platform.

Informational Message	Explanation
Servicing Provider Type Not Allowed for Service Type	This message displays when the servicing provider does not match with the requested service type. The servicing provider must be corrected to be a provider that can bill for the requested service type.
Member Ineligible	This message will display when the member does not have active coverage for the requested timeframe.
Requesting Provider Not Allowed	This message displays when the requesting provider does not match with the requested service type or is not appropriate for the service being requested.
Duplication of Services	This message will display when there is a current request for the same services within the same timeframe. You will need to return to the consumer search and locate the submitted/completed request.
Missing Information	The case cannot be submitted until all required information is submitted. Review specific fields with missing information, then click Submit.
Auth Not Required	This message will populate when one or more procedure codes do not require prior authorization.

How to Access Technical Assistance

For technical assistance, please reach out to your dedicated support team for assistance. If uncertain of the contact information, [Atrezzo Help Contact Us](#) will provide available Support Center information.