Mississippi Advanced Diagnostic Imaging Utilization Management (UM) Provider Manual

Mississippi Division of Medicaid
Utilization Management and Quality Improvement -Advanced Diagnostic Imaging Program

Kepro
Making healthcare work™

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An Introduction to Kepro

Kepro was founded in 1985 at the request of the Centers for Medicare & Medicaid Services (CMS) to serve as Pennsylvania's Quality Improvement Organization (QIO). Today, the organization is one of the largest and most experienced review vendors in the nation, servicing more than 300 clients including Federal, state, and local governments. Kepro offers customized, integrated healthcare solutions across multiple areas:

- Care Management
- Utilization Review
- Quality Oversight
- Assessments, Eligibility and Enrollment

Kepro has extensive experience developing innovative, collaborative models of utilization management, care management, provider relations and quality improvement which emphasize community partnerships, training, and technical assistance. We have served the Centers for Medicare and Medicaid Services (CMS) for 30+ years and 27 state Medicaid agencies for 20+ years. Kepro is responsible for over 1.4 million reviews per year, as the medical necessity, utilization management, and quality improvement contractor for more than 30 different federal and Medicaid agencies across the nation.

Kepro and Confidentiality

Kepro, its subsidiaries, and affiliates are committed to ensuring that our privacy practices comply with industry best practices, and as applicable, all federal and state laws and regulations including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). For a Mississippi Medicaid provider to receive an authorization for services requiring prior authorization review (PAR), the provider must request an authorization from Kepro electronically, using Atrezzo. This web-based, HIPAA compliant, Direct Data Entry (DDE) application enables providers to request services and to submit necessary clinical information supporting the request. Kepro is committed to maintaining the confidentiality of non-public information it creates or receives while providing prior authorization services. Non-public information includes, but is not limited to personally identifiable information, protected health information and business confidential information.

Kepro Mississippi

In September 2021, Kepro completed a successful acquisition of eQHealth Solutions, assuming the contract for the Mississippi Division of Medicaid's Utilization Review and Quality Improvement Program for Advanced Diagnostic Imaging Services. This contract provides utilization review and quality oversight for traditional fee-for-service Medicaid beneficiaries who have been referred for high-cost advanced imaging procedures. In addition, Kepro will administer or participate in:

- Review Criteria selection
- Annual CPT code review

- Quality Program
- Reporting
- Customer Service Line
- Reconsiderations and Appeals
- Fraud & False Claims reporting

Fraud, Waste & Abuse

While assisting the Division of Medicaid to be prudent purchasers of quality healthcare for members, Kepro will continue to monitor high utilization, misuse, waste, fraud, abuse, and/or other trend(s) and report to the Division of Medicaid with a summary of the research conducted on the specific request and industry best practices to provide rationale for recommendations for approval, denial, or further investigation based on Administrative Code Title 23: Medicaid Part 305 Program Integrity.

Call Center and Contact Information

Kepro provides toll-free telephone lines Monday through Friday from 8 a.m. until 5 p.m. Central Standard Time. Staff are specifically trained on Mississippi Medicaid and the advanced imaging program.

Kepro Offices will be closed in observance of the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Day

Telephone Number: 888-204-0502

Fax Number: 888-204-0377

Helpline Number: 866-740-2221

Mailing Address: 232 Market Street Suite 210 Flowood, MS 39232

Website: MSADI.KEPRO.COM

Kepro

Providers will access the Kepro website for:

- General information
- Program updates
- Training Resources and User Guides
- Link to Kepro's Atrezzo Provider Portal

Provider support email address: MSADIHELP@kepro.com for issues related to web portal login, general questions, and support.

Helpful Contact Information

Mississippi Division of Medicaid	**Website:** **https://medicaid.ms.gov**	
Claims Questions • **Claim submissions** • **Billing Questions** • **Member Eligibility** • **Provider Enrollment**	Gainwell Technologies	1-800-884-3222
MississippiCAN	**https://medicaid.ms.gov/programs/managed-care/**	United Healthcare: 877-743-8734 Molina Healthcare: 844-826-4333 Magnolia Healthcare: 866-912-6285
Prior auth for all other services for Medicaid consumers		Alliant Health: 888-224-3067
Change Health Care /Pharmacy Prior Auth		Phone: 877-537-0722

Utilization Review Process

Prior Authorization Requirements and Information

Mississippi Division of Medicaid requires all outpatient hospitals and free-standing radiology/X-ray facility centers to obtain a PAR for non-emergent CT & CTA, MRI & MRA, PET scans and nuclear cardiac imaging. This handbook should be used as a companion to the Mississippi Administrative code and the Medicaid fee schedule.

What is PAR?

Prior Authorization Review (PAR) is a process through which a request for authorization is submitted for medical necessity review before services are rendered to a beneficiary and before a claim is submitted for payment.

What is a Retrospective Review?

An authorization request that is reviewed after the service has been rendered. These reviews may be submitted for two circumstances:

- Retro- Eligibility: The consumer was not eligible for Medicaid at the time of service but has since been given eligibility covering the actual date of service.
    - In these cases, the provider has ninety (90) days from the date the eligibility is added in the Fiscal Agent's system to enter a review request.

- Retro – Urgent: The imaging service was deemed urgent by the ordering provider.
    - In these cases, delay could seriously jeopardize the life or health of the beneficiary or their ability to regain maximum function based on a prudent layperson's judgment, or
    - In the opinion of the practitioner with knowledge of the member's condition, delay of services would subject the member to severe pain that cannot be adequately managed with requested imaging procedure. MS Admin Code Title 23, Part 220, Radiology Services Rule 1.2.E.2 ac

Scope of Service

Kepro performs Advanced Imaging reviews for the following:

- Computed Tomography (CT) scans and Computed Tomography Angiography (CTA)
- Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA)
- Position Emission Tomography (PET) scans
- Nuclear Cardiac Imaging Studies

Codes that Require a Prior Authorization Review (PAR) from Kepro

The list of CPT codes that require prior authorization can be found on msadi.kepro.com

Supporting information can be found in the Mississippi Administrative Code (Admin. Code) Title 23 Division of Medicaid as well as the published fee schedules and billing manuals provided by the Fiscal Agent.

CPT code 71271 Low Dose CT for Lung Cancer Screening

Effective January 1, 2021, CPT 71271 requires prior authorization and is limited to one screening per state fiscal year (July 1 – June 30). Specific billing rules apply. Please refer to the Medicaid Billing Manual for guidance.

*CPT codes 76376 and 76377 are non-covered services under the Medicaid program, however, they are reviewed and approved under EPSDT. A Special billing requirement letter is sent to the servicing provider outlining steps for the provider to receive payment for service.

Medicaid Members Requiring Prior Authorization

Kepro provides UM services for **fee-for service** Medicaid recipients only. A PAR is **not** required from Kepro for the following:

- Recipients enrolled in Mississippi Coordinated Access Network (MississippiCAN) (*Please contact the CCO Provider for authorizations)
- Recipients in category of eligibility (COE) 099, Children's Health Insurance Plan (CHIP)
- Recipients in category of eligibility (COE) 029, Family Planning Waiver
- Recipients with no Medicaid coverage for the date of service
- Recipients who are covered by Medicare, Medicare Advantage Plans, or private insurance in addition to Medicaid.

EPSDT

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is a federally mandated service which provides preventative and comprehensive health services to children from birth to 21 who are eligible for Medicaid. EPSDT reviews for medical necessity must demonstrate medical necessity and other policy and rules such as timeliness, completeness of request and documentation, duplication, less costly alternatives. MS Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with Part 223 of Title 23, without regard to service limitation and with prior authorization. (Administrative Code 220, Rule 1.6)

Provider Responsibilities

Providers are responsible for checking member eligibility each time the beneficiary appears for service. Providers must access the member's eligibility and service limitations through the eligibility verification process **before** submitting a prior authorization request to Kepro.

Eligibility can be verified through Gainwell Technologies.

PAR Submission – General Requirements

Providers are highly encouraged to utilize the Atrezzo web-portal for all PAR submissions. All PAR submissions will require providers to provide:

- the consumer ID, name, and DOB.
- the servicing provider's NPI AND MS Medicaid number (if different than the requesting/ ordering provider),
- Advanced imaging CPT codes being requested,
- ICD10 code for the diagnosis,
- Proposed date of service (or actual if Retrospective)
- clinical information to support medical necessity.

*When entering a prior authorization request (PAR), it is important to note that the servicing provider is the billing provider.

Provider Requirements

Servicing Provider (Billing Provider)	Outpatient hospitals and free-standing radiology/X-ray facility centers with a valid MS Medicaid number
Ordering Physician	Physician, Physician Assistant, Nurse Practitioner with a valid MS Medicaid number *Providers without a valid MS Medicaid number cannot order an Imaging Procedure for a MS Medicaid member

In the event a provider is **temporarily** unable to log into the portal, the **Kepro's PAR Request Form** should be utilized.

Supporting Documentation: The following documentation is required when a prior authorization is requested.

- Copy of physician's order
- Recent clinical office notes (that substantiate medical necessity). This may include results of a clinical evaluation, treatment history related to diagnosis, current treatment plan and previous imaging related to diagnosis.
- **Please do not send patient registration pages, insurance documentation or radiology consents. These documents do not support medical necessity and slows down the review process.**

PAR request should be submitted in compliance with Mississippi Division of Medicaid rules for prior authorization - this means before services are rendered and with enough advanced notice for the review to be completed. Retrospective requests may be accepted when a member's eligibility is determined after the date that the service is performed.

Timelines

Review Type	**PAR submission**	**Response Time by Kepro after receipt of completed review**
Precertification	At least 3 business days prior to planned service date	2 business days
Retrospective Urgent	Within 3 business days from the date of service	5 business days
Retrospective Eligibility	Within 90 days of eligibility added to Fiscal Agent's system	5 business days
Reconsiderations	Within 30 days of denial notice	10 business days

Requests for Additional Information

Requests for Additional Information will be initiated by Kepro if/when there is not substantial supporting documentation to complete a review or if documentation is unclear or additional questions are raised during the clinical review. When Kepro pends a review for additional information, you will have three (3) business days to provide the requested information for prior authorization requests and ten (10) business days for retrospective requests. If a physician reviewer pends the request for additional information, you will have one (1) business day to respond.

If a provider fails to respond to an additional information request within the allotted time frame, the review will be suspended. A review will remain suspended for forty-five (45) days before a Technical Denial is issued. If additional information is received during the forty-five (45) days, the review team will unsuspend the case and continue the review process.

Supporting Documentation: It is important you provide the answers to any questions asked by the review team or provide the requested supporting documentation with your response. Supporting documentation may include but is not limited to office visit notes or imaging results.

Clinical Review Criteria.

Kepro uses American College of Radiology Appropriateness Criteria, or InterQual® unless there is State developed/approved criteria that supersedes all other criteria.

Provider Options Following Adverse Decisions

Request a Reconsideration

What is a reconsideration? A reconsideration is a 2nd look at a review after services were denied. The Medicaid Consumer, or his or her legally appointed representative acting on behalf of the Consumer, and/or Provider may request Kepro to look at the review a 2nd time if a review was denied for not meeting medical necessity. ***Note:** A Technical Denial does not qualify for reconsideration. Provider's may submit a new PA request if applicable.

When to submit a Reconsideration- Reconsideration requests must be submitted to Kepro within **30 days of the initial denial.**

How to request reconsideration? Reconsideration requests should be submitted to Kepro within the Atrezzo Provider Portal System by:

- Completing Member ID and/or Case ID search
- Accessing the existing denied case within Atrezzo Provider Portal
- Enter request for reconsideration within the Clinical notes section
- Upload additional supporting clinical documents
- The member/consumer may submit via phone or fax

If the denial is upheld, which means the clinical information did not meet Medical Necessity Criteria, the consumer may exercise their appeal rights as outlined in the Denial notification letter.

Forms

In the event the provider is unable to access the web portal temporarily, the following forms may be used:

MS Advanced Imaging Precertification Form

MS Advanced Imaging Reconsideration Form

Atrezzo - Kepro's Provider Web Portal

What is Atrezzo? Atrezzo is a person-centered, web-based care management solution that transforms traditional, episodic-based care management into proactive and collaborative population healthcare management. Providers and Kepro staff will use this system for the utilization review process for the Mississippi Advanced Diagnostic Imaging Review program.

Atrezzo is a web-based system that works across numerous internet browsers; however, **Chrome** is preferred, and system functionality is enhanced using this platform.

Access & Registration

All provider entities will designate a **Provider Group Administrator** for their facility. The Provider Group Administrator will register the Provider Group Account using the National Provider Identifier (NPI) and Medicaid ID for the facility. The administrator will then add and manage all other users for the Provider Portal. This will allow the group administrator to control access in the event an employee is no longer employed with the facility or clinic.

The Provider Portal is accessible at https://portal.kepro.com.(Helpful hint: Bookmark the Provider Portal URL for future reference.)

Provider Group Administrator Registration

Upon initial login, the **Provider Group Administrator** should follow the below steps to complete registration.

Multi-Factor Authentication (MFA) Registration

All users will be required to complete Multi-Factor Authentication registration to access the provider portal. This registration is a one-time process.

Multi-Factor Authentication (MFA) Summary

Single-Factor authentication (username/password) is not sufficiently secure when handling sensitive Personal Health Information or Personally Identifiable Information. Multi-Factor authentication is required to properly secure access to sensitive information.

What is MFA?

Multi-Factor authentication (MFA) is an authentication method that requires users to verify identity using multiple independent methods. Instead of just asking for a username and password, MFA implements additional credentials like a pin sent via email or text, or a verification call made to a pre-registered phone number.

How Multi-Factor Authentication Works

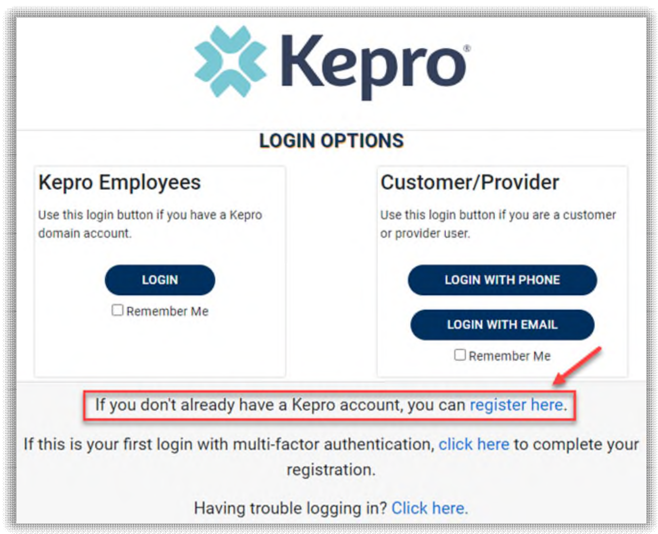
The goal of MFA is to provide a multi-layered defense system. This helps ensure that the users who access your system are who they say they are. Even if one factor is compromised, there are still more barriers to breach.

For example, to log in to a secure program, a user would need to type a password and enter another number from a text, phone call or email. Only the correct password combined with the correct number from the additional authentication factor would give a user access.

Provider & MFA Registration

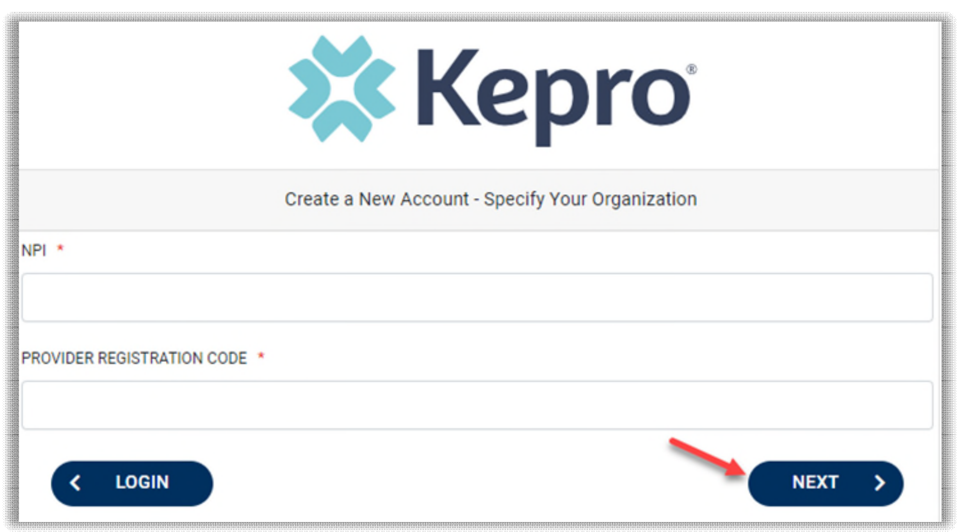
The below instructions will guide you through registering for the Atrezzo Provider Portal and completing the Multi-Factor Authentication (MFA) Registration. Both registration and MFA registration are a one-time process. Each provider will need to designate a Provider Group Administrator who will be responsible for registering the account and adding additional users.

From the login screen, click the link to **Register for a Kepro Account**.

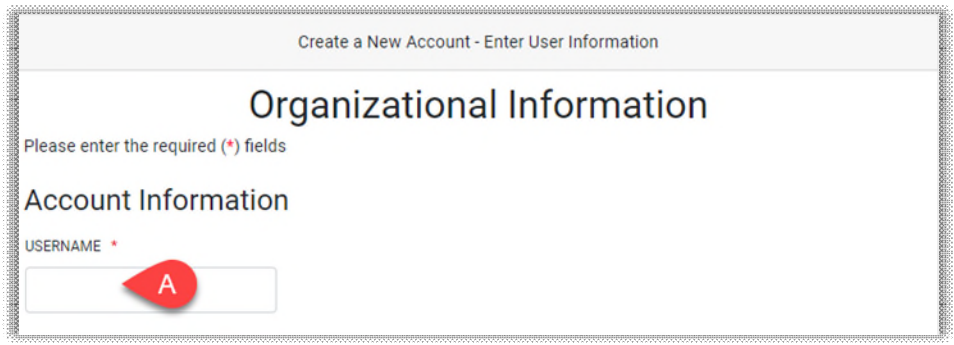


Enter your facility NPI and Registration Code. The Registration Code is your Medicaid ID, then click **Next**.

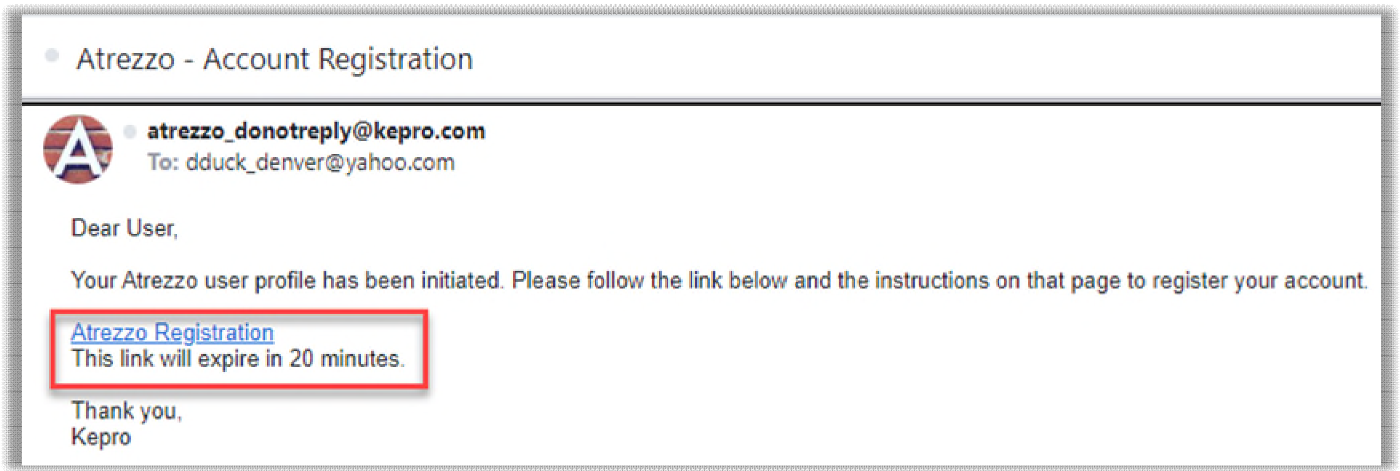
NOTE: If you do not have an NPI, use the **Medicaid ID** in both NPI and Registration Code fields.



Create Username, and enter all required fields under Contact Information, then click **Next**.



A message will display confirming the Registration is complete. To complete the Multi-Factor Authentication registration, you must click the link in your email within **20 minutes**.

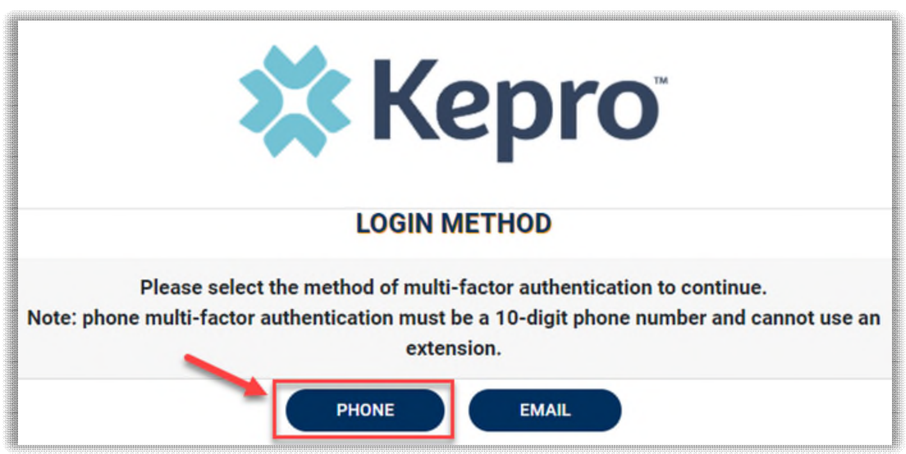


Select the best multi-factor authentication method for you. A phone registration will require a direct line with 10-digits; extensions are not supported.

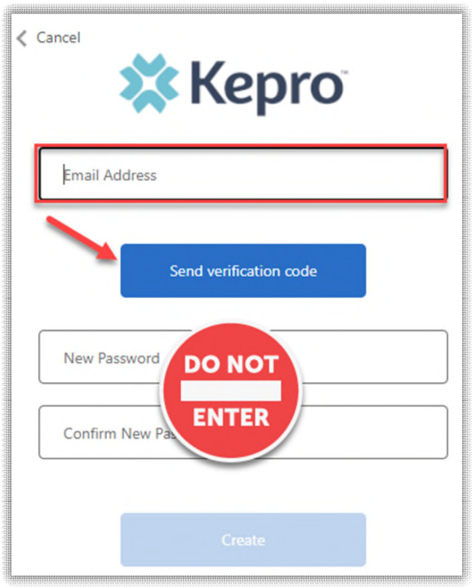
NOTE: When choosing an authentication method, you will be required to enter an email address for both options. Only choose the Email option if you do not have access to a direct phone line (landline or mobile).

Phone Verification

Click the **PHONE** button

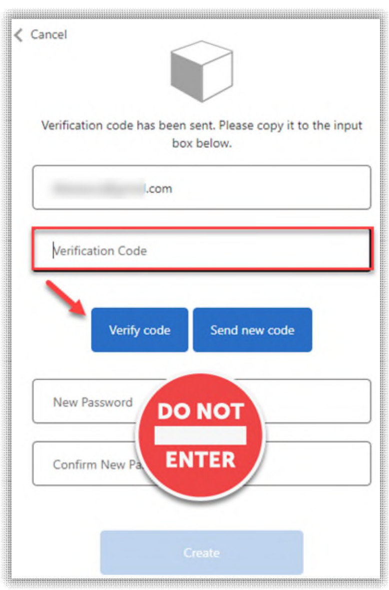


Enter your work email address, then click **Send Verification Code**. A 6-digit code will be sent to your email.



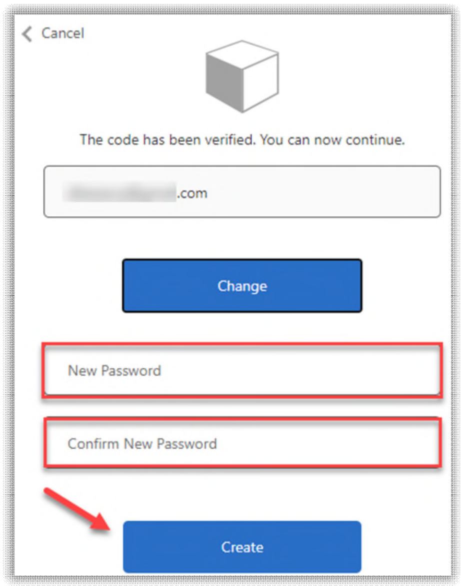
IMPORTANT: Do **NOT** enter anything in the Password section (this is not needed at this step).

Enter the verification code sent to the email address entered; then click **Verify Code**.

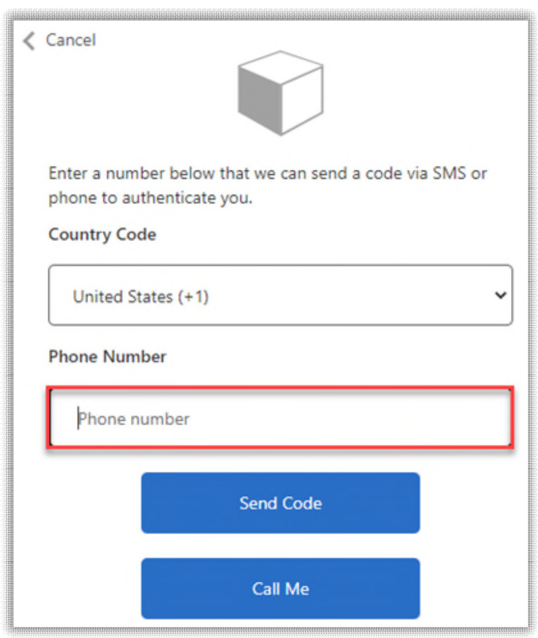


IMPORTANT: Do **NOT** enter anything in the Password section (this is not needed at this step).

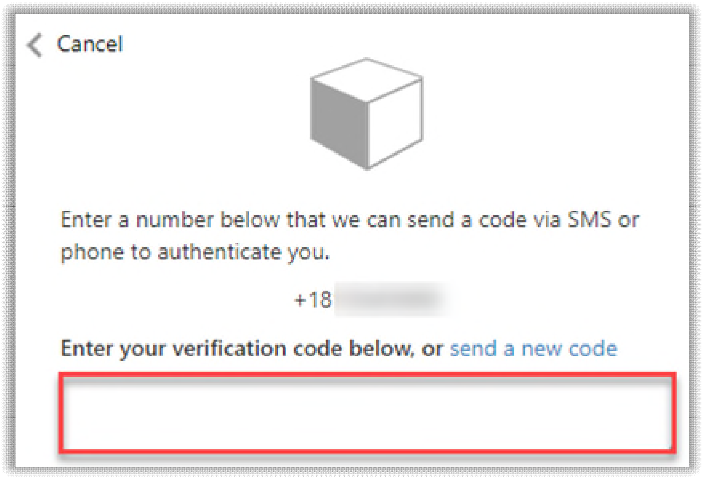
After email verification is complete, enter a new password, confirm the password, and click **Create**. This is creating a password for the Multi-Factor Authentication Registration.



Enter your phone number and select **Send Code** or **Call Me**.

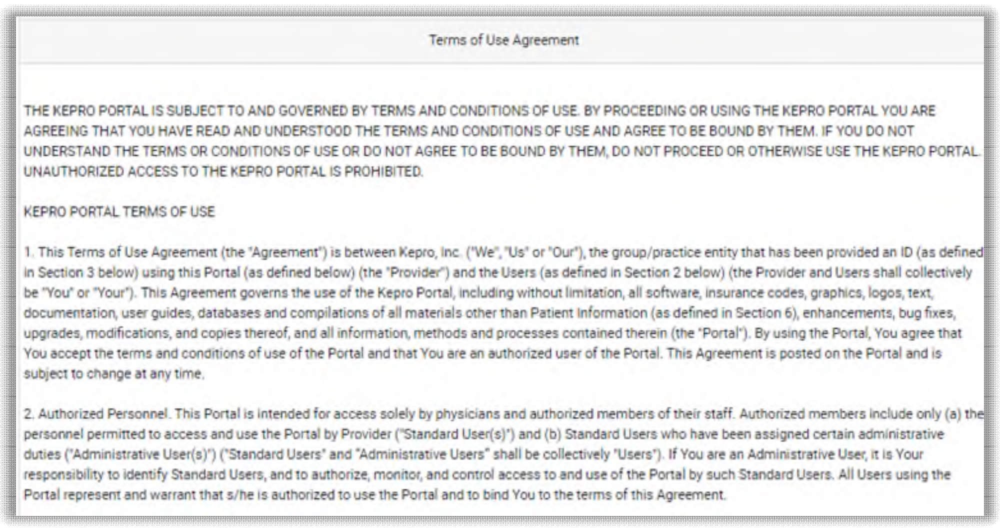


When phone call is selected, you will receive a phone call on the registered phone number and will be prompted to press the # key to complete authentication.



For SMS text authentication, enter the verification code received.

As a new user, you will need to read and agree to the Terms of Use.



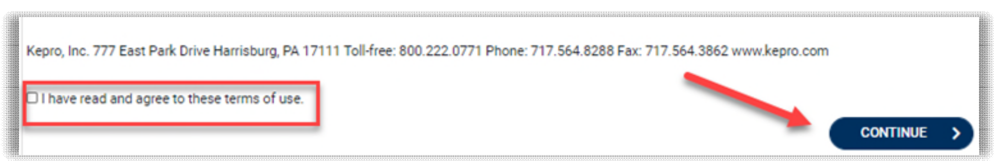
Terms of Use Agreement

THE KEPRO PORTAL IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE. BY PROCEEDING OR USING THE KEPRO PORTAL YOU ARE AGREEING THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF USE AND AGREE TO BE BOUND BY THEM. IF YOU DO NOT UNDERSTAND THE TERMS OR CONDITIONS OF USE OR DO NOT AGREE TO BE BOUND BY THEM, DO NOT PROCEED OR OTHERWISE USE THE KEPRO PORTAL. UNAUTHORIZED ACCESS TO THE KEPRO PORTAL IS PROHIBITED.

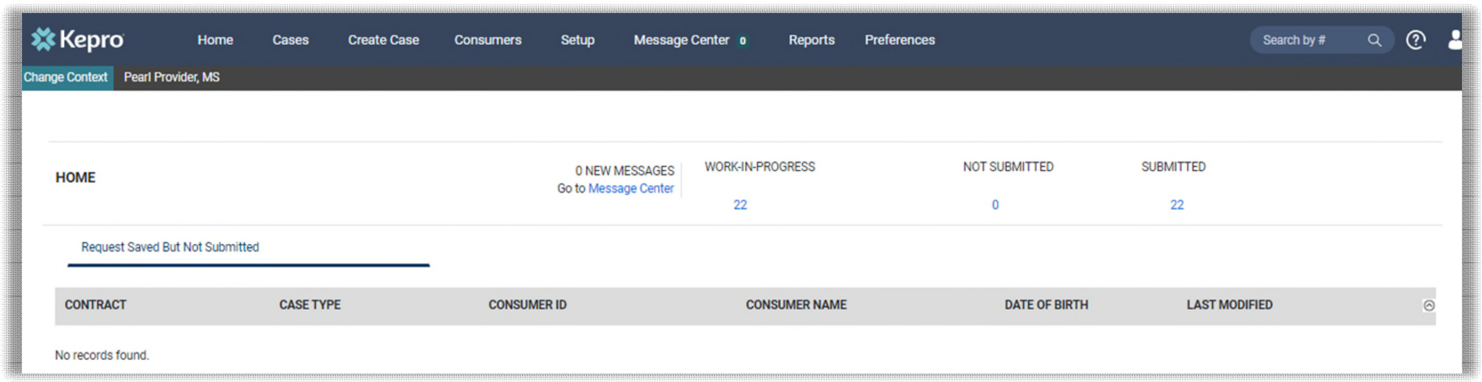
KEPRO PORTAL TERMS OF USE

1. This Terms of Use Agreement (the "Agreement") is between Kepro, Inc. ("We", "Us" or "Our"), the group/practice entity that has been provided an ID (as defined in Section 3 below) using this Portal (as defined below) (the "Provider") and the Users (as defined in Section 2 below) (the Provider and Users shall collectively be "You" or "Your"). This Agreement governs the use of the Kepro Portal, including without limitation, all software, insurance codes, graphics, logos, text, documentation, user guides, databases and compilations of all materials other than Patient Information (as defined in Section 6), enhancements, bug fixes, upgrades, modifications, and copies thereof, and all information, methods and processes contained therein (the "Portal"). By using the Portal, You agree that You accept the terms and conditions of use of the Portal and that You are an authorized user of the Portal. This Agreement is posted on the Portal and is subject to change at any time.

2. Authorized Personnel. This Portal is intended for access solely by physicians and authorized members of their staff. Authorized members include only (a) the personnel permitted to access and use the Portal by Provider ("Standard User(s)") and (b) Standard Users who have been assigned certain administrative duties ("Administrative User(s)") ("Standard Users" and "Administrative Users" shall be collectively "Users"). If You are an Administrative User, it is Your responsibility to identify Standard Users, and to authorize, monitor, and control access to and use of the Portal by such Standard Users. All Users using the Portal represent and warrant that s/he is authorized to use the Portal and to bind You to the terms of this Agreement.

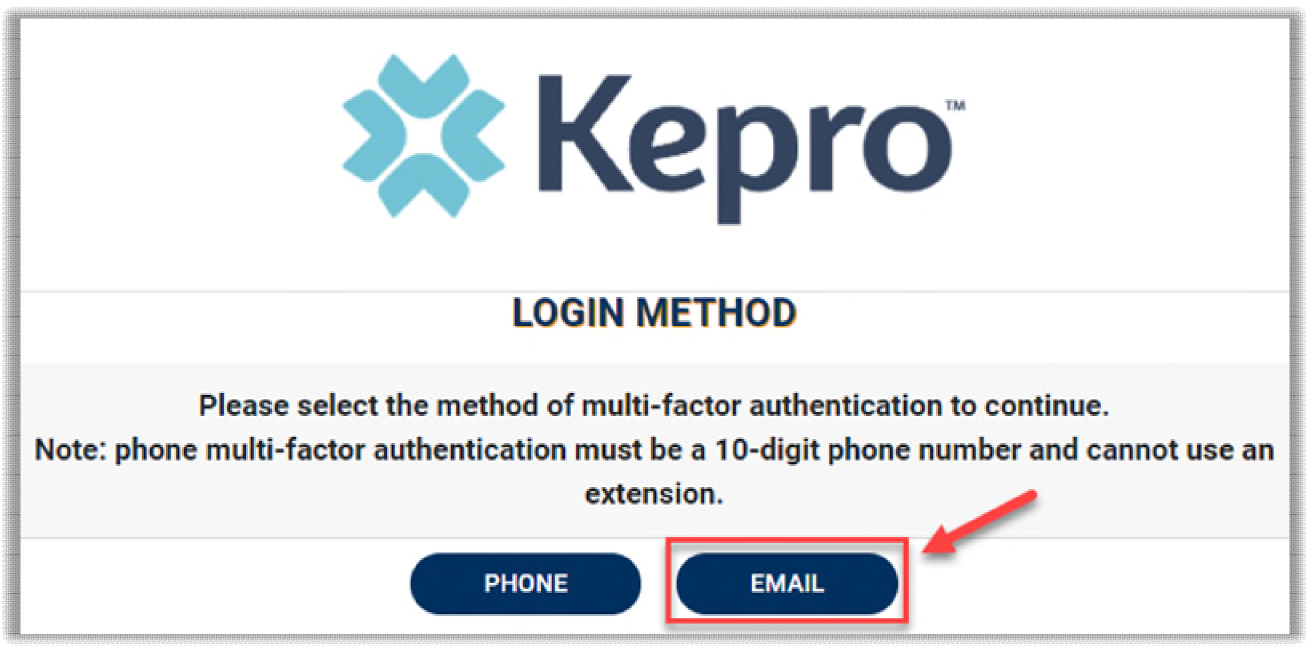


The system will automatically authenticate and display the home page.



Email Verification

Click the **EMAIL** button



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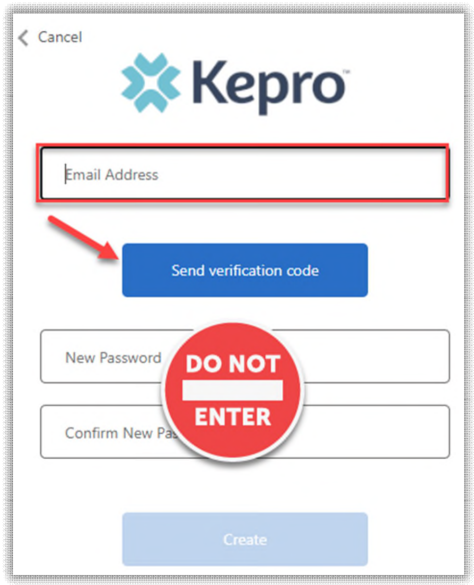

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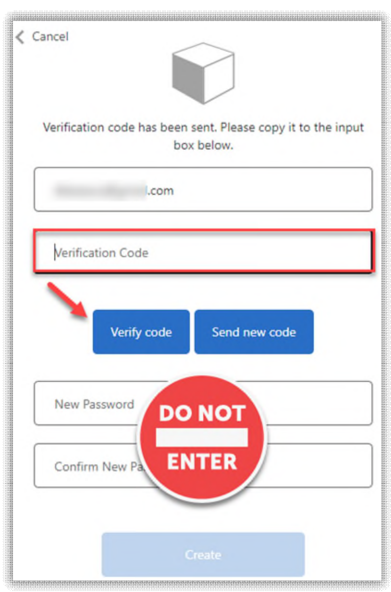
Enter the verification code sent to the email address entered; then click **Verify Code**.



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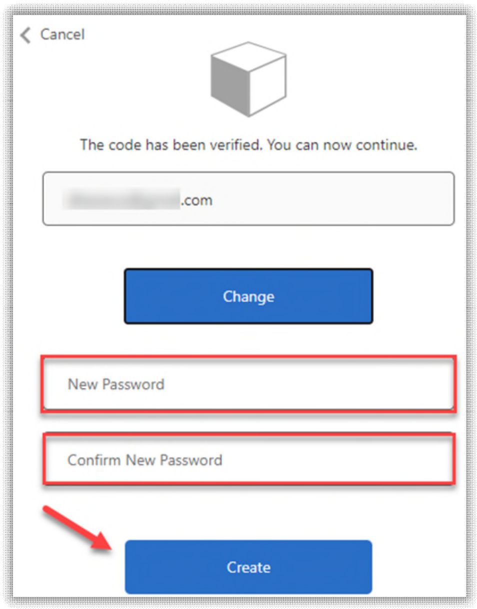
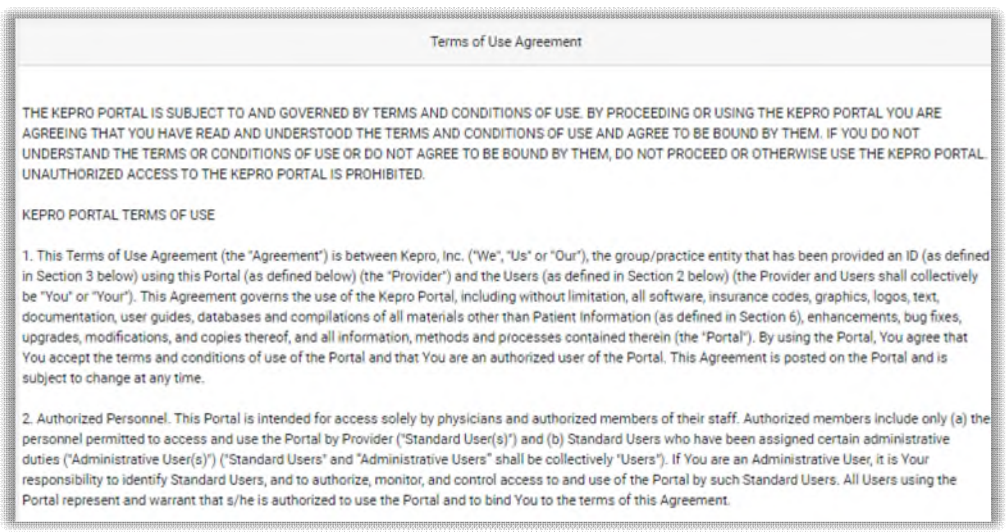


As a new user, you will need to read and agree to the Terms of Use.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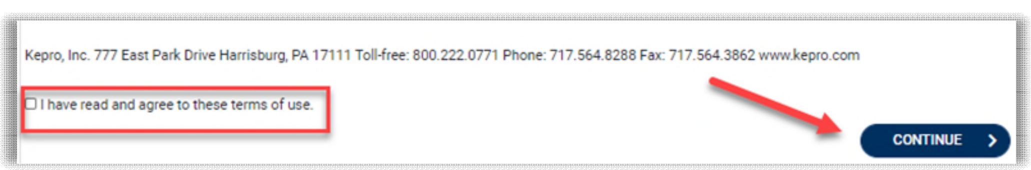
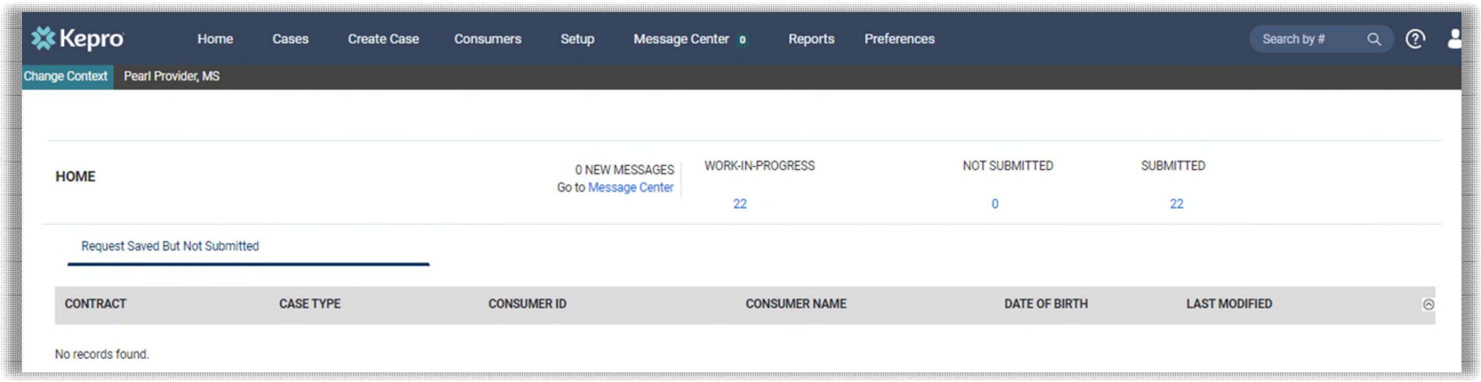


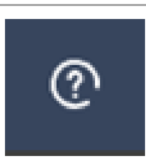
The system will automatically authenticate and display the home page.



System Navigation

The navigation pane will remain in place regardless of navigation through the system. This functionality allows for quick and easy navigation from any screen.

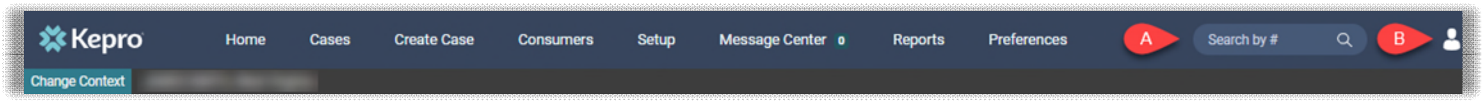
Utilize the below legend for a brief overview of each area within Atrezzo. For a more detailed description, and for all available workflows, click the icon hyperlink.

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 identify specific cases and ensure efficient search results, try selecting specific information in each dropdown to narrow search results.
Create Case	This section will enable you to create a new case for a Consumer (Member). Additional fields appear based on selections made.
Consumers	This section will enable you to search for Consumer (Member) specific information utilizing the Consumer ID or last name and date of birth. Consumer specific data will render 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.
Message Center 0	This section will enable users to communicate directly with the team at Kepro regarding specific Consumers (Members) 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.
	This section will display available information including User Guides, FAQs, Latest Release Notes, Community Resources, and Password Guidelines.

General System Features

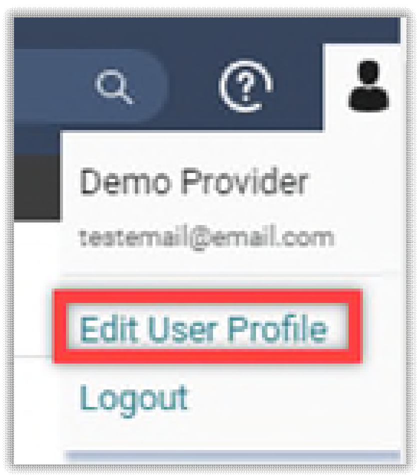
This section will highlight the features found on all screens throughout the system and provide information on how to utilize these features for optimal navigation. The ability to search and view profile information will appear on all pages throughout the system, regardless of navigation.

After successful login, the system will default to the Home Screen. See below for the features present on all pages throughout the system to assist with navigation.



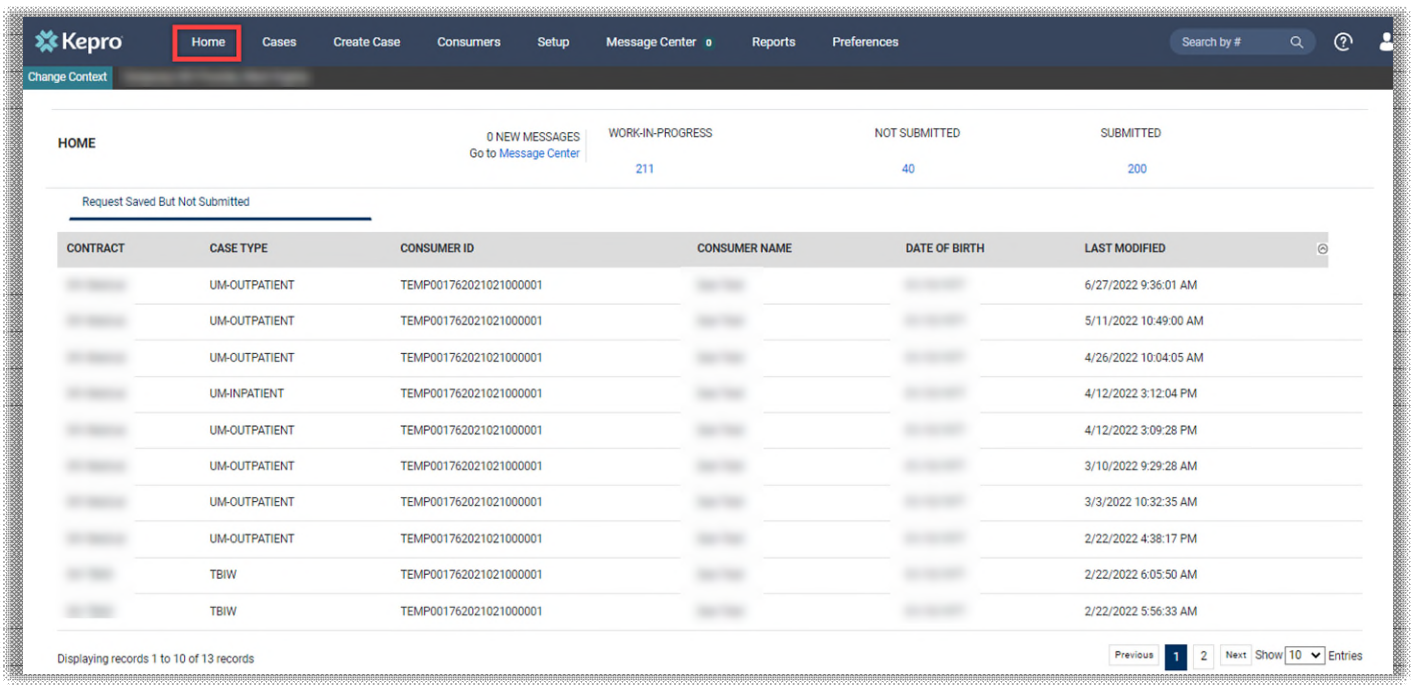
A. To search a Case # or Authorization #, enter specified information in this box and hit enter, or click outside the search box; see Searching by Case ID for step-by-step instructions.

B. This 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 or Logout.

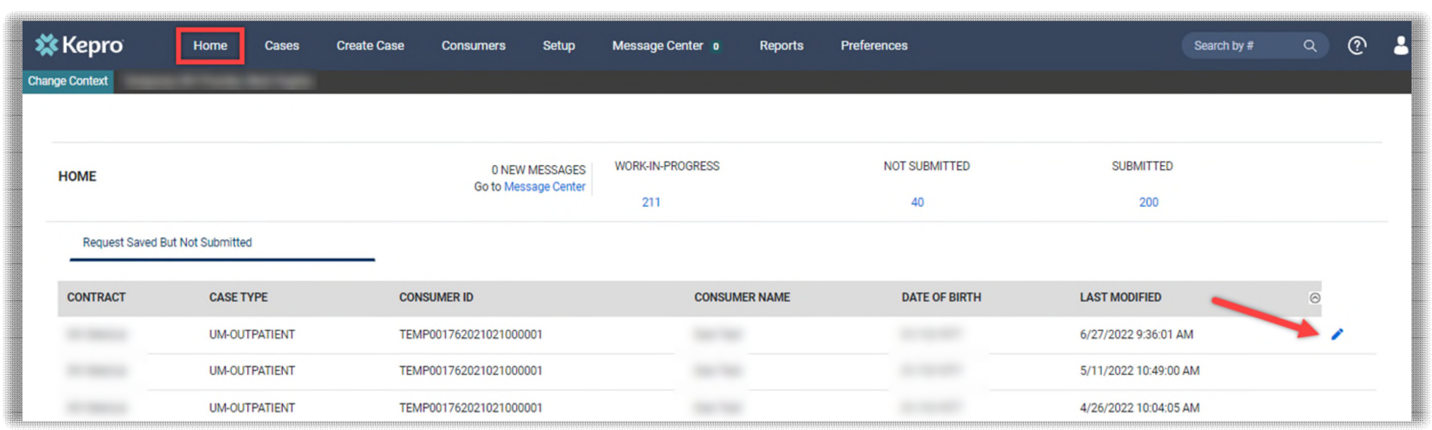


Home Screen View

Once successfully logged in, the user will be taken to the Atrezzo Home Screen which will default 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 to Kepro.



To complete an un-submitted case, click the edit icon that will appear when hovering over the specified Consumer (Member) line. For complete details, see [Completing a Saved by not Submitted Request](#).

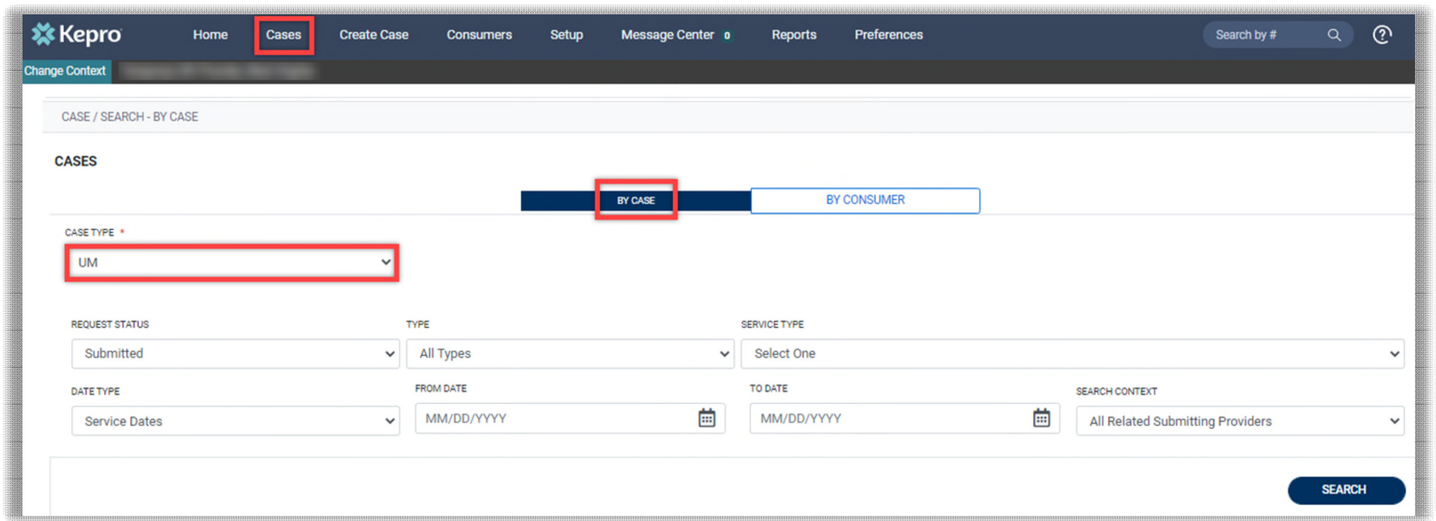


Finding Cases after Submission

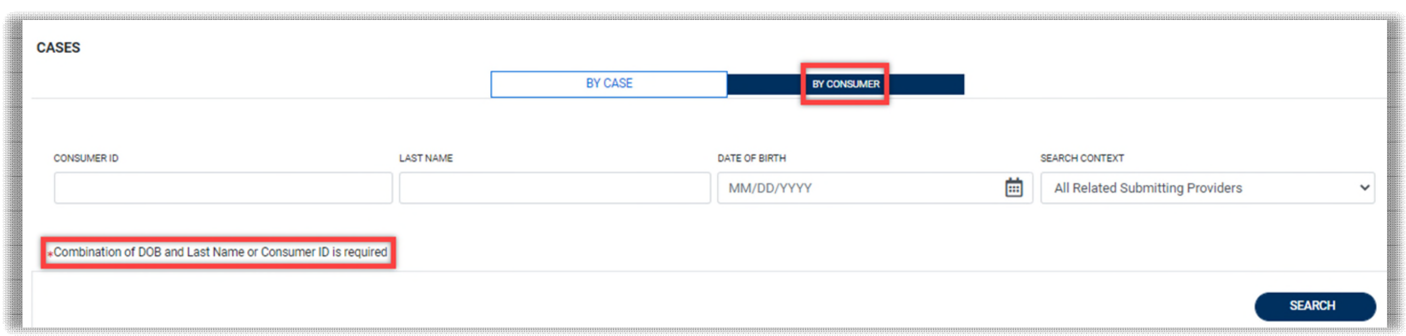
This section will identify the steps to search for cases based on selected search parameters. This section is searchable by Case or Consumer. Select the specific search on the top.

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 service date span for search results to render.*



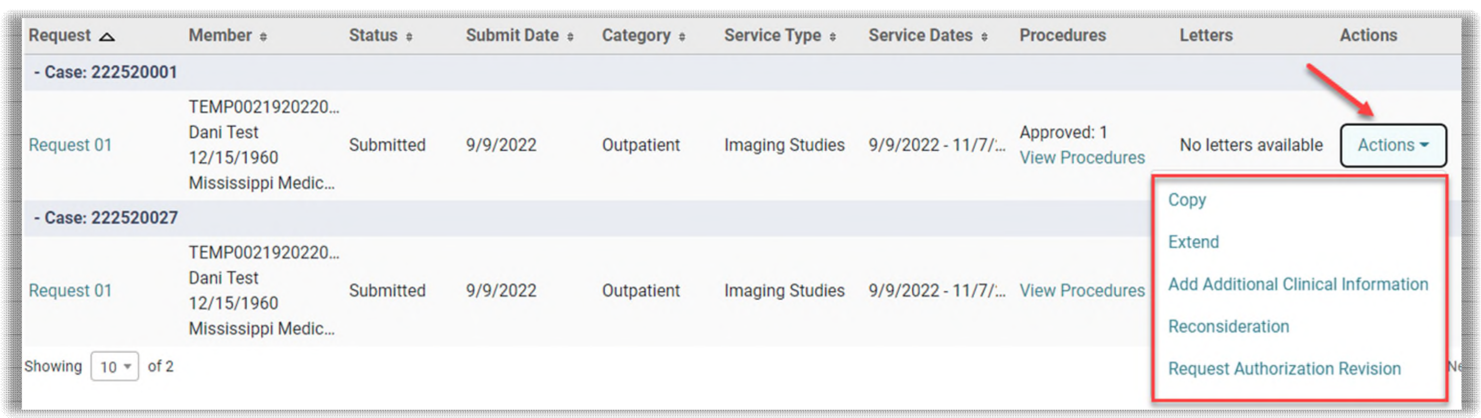
To search By Consumer, enter the required Member information. For results to render, user must enter Last Name and DOB or Member ID.



Search results will render below. The Request # is a hyperlink which will open the specified Case page.

Request	Member	Status	Submit Date	Category	Service Type	Service Dates	Procedures	Letters	Actions
- Case Level Member ID / CaseID: 00100139257 / 220610012									
Request 01		Submitted	3/2/2022	Inpatient	Acute Medical	3/1/2022 - 3/25/2022	Approved: 1 View Procedures	No letters available	Actions
Request 02		Submitted	3/31/2022	Inpatient	Acute Medical	3/7/2022 - 3/10/2022	View Procedures	No letters available	Actions
- Case Level Member ID / CaseID: / 220660001									
Request 01	TEMP001762020120...	Submitted	3/7/2022	Outpatient	Hospice	3/7/2022 - 6/4/2022	View Procedures	No letters available	Actions
- Case Level Member ID / CaseID: / 220730002									
Request 01	TEMP001762021021...	Submitted	3/14/2022	Outpatient	Physical Therapy	3/14/2022 - 6/11/20...	Approved: 3 View Procedures	No letters available	Actions
- Case Level Member ID / CaseID: / 220750002									
Request 01	TEMP001762020080...	Submitted	3/16/2022	Outpatient	Home Health	3/16/2022 - 5/14/20...	Approved: 1 View Procedures	No letters available	Actions
- Case Level Member ID / CaseID: / 220760003									
Request 01	TEMP001762020080...	Submitted	3/17/2022	Outpatient	Occupational The	3/17/2022 - 5/15/20...	Approved: 1 View Procedures	No letters available	Actions

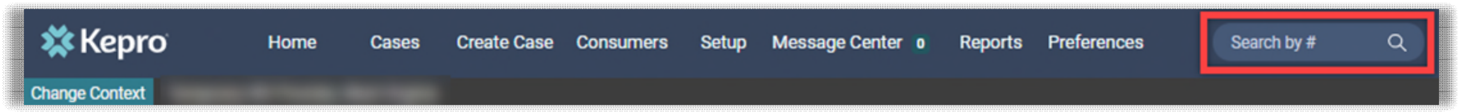
From the search result menu, additional actions can be completed by clicking the **Actions** button. These actions include: [Add Additional Clinical Information](), [Reconsideration](), and [Request Authorization Revision]().



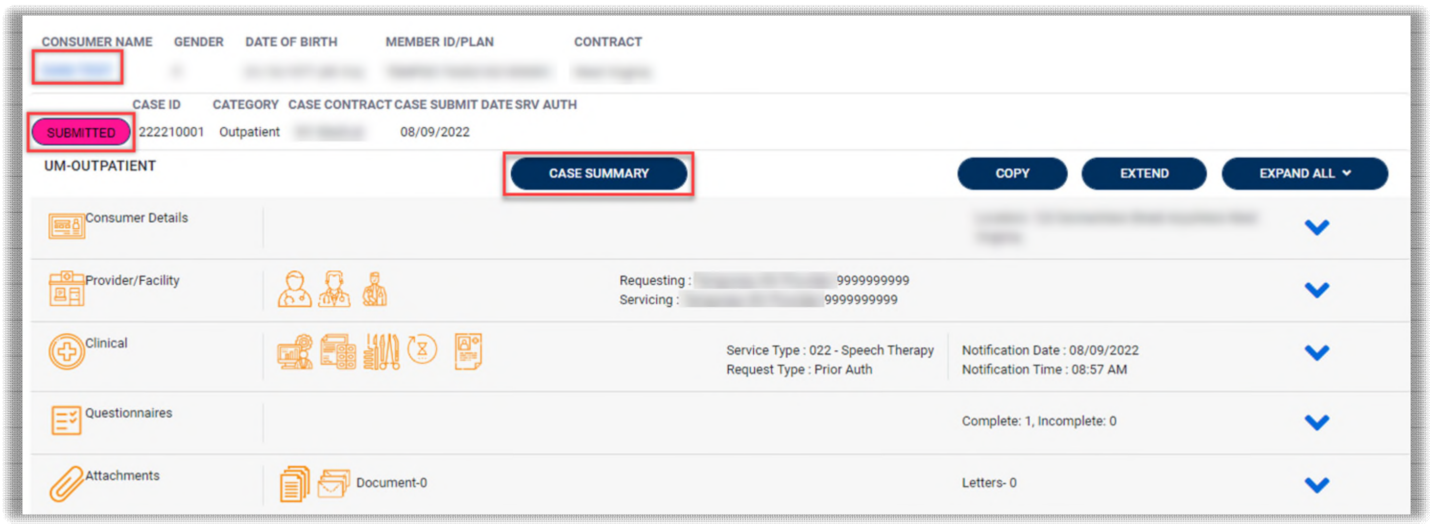
Request	Member	Status	Submit Date	Category	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 222520001									
Request 01	TEMP0021920220... Dani Test 12/15/1960 Mississippi Medic...	Submitted	9/9/2022	Outpatient	Imaging Studies	9/9/2022 - 11/7/...	Approved: 1 View Procedures	No letters available	Actions
- Case: 222520027									
Request 01	TEMP0021920220... Dani Test 12/15/1960 Mississippi Medic...	Submitted	9/9/2022	Outpatient	Imaging Studies	9/9/2022 - 11/7/...	View Procedures		

Searching by Case ID

To search directly for a case, enter the Case ID or Authorization number in the search box on the top left of any page, then press Enter on the keyboard or click anywhere outside the search box.



The case page will render. The case status will be displayed. The Consumer (Member) name is a hyperlink. Clicking the Consumer Name will redirect to the Consumer Info Page. Case summary can also be viewed.



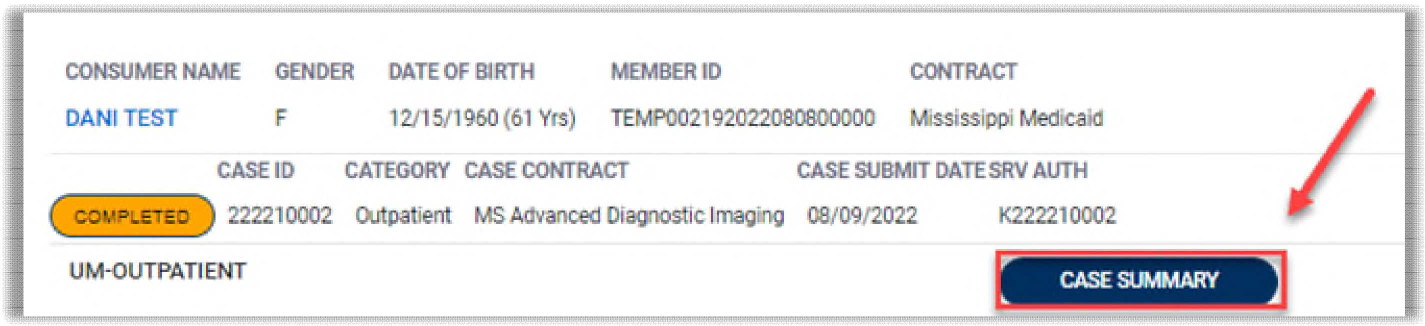
UM Case Status

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

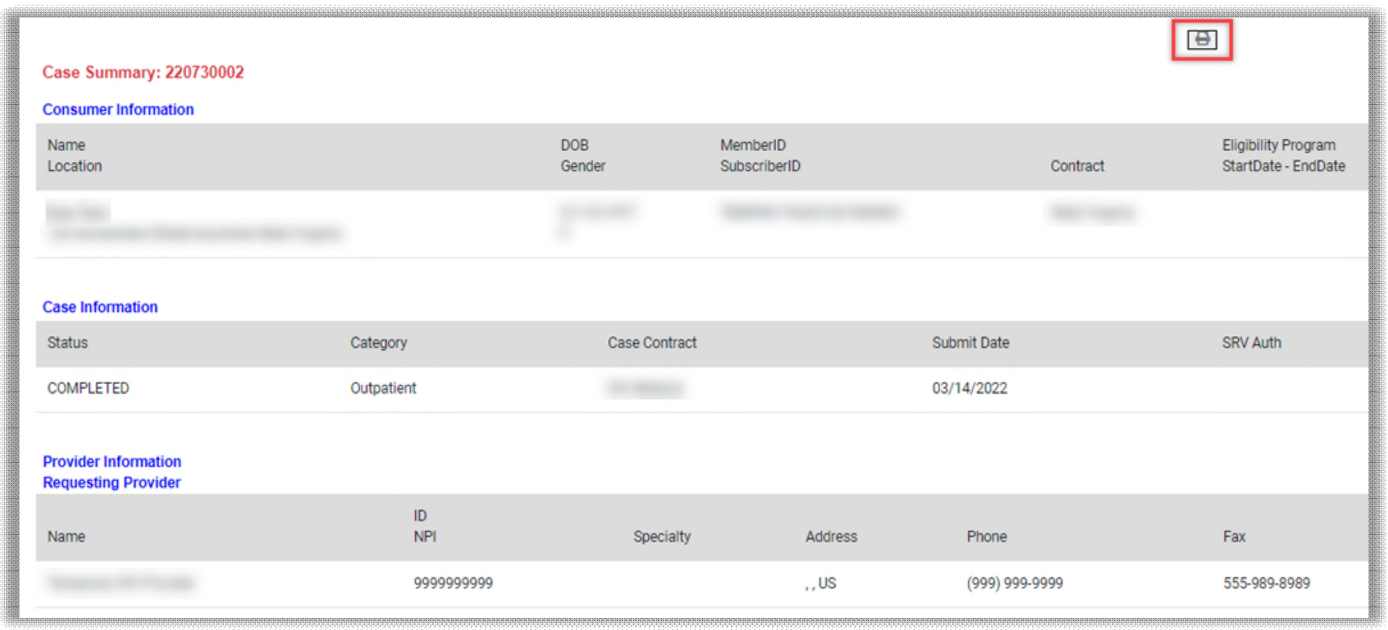
SUBMITTED	This identifies a case that has been submitted but has not yet been reviewed. Once the case is assigned to a clinical reviewer, the status will change to Active Review.
COMPLETED	This identifies a case that has been submitted, reviewed, a determination made, and is complete. A Complete case status does not identify the outcome of the clinical review (i.e., Approved, denied, partial approval, etc.)

Case Summary

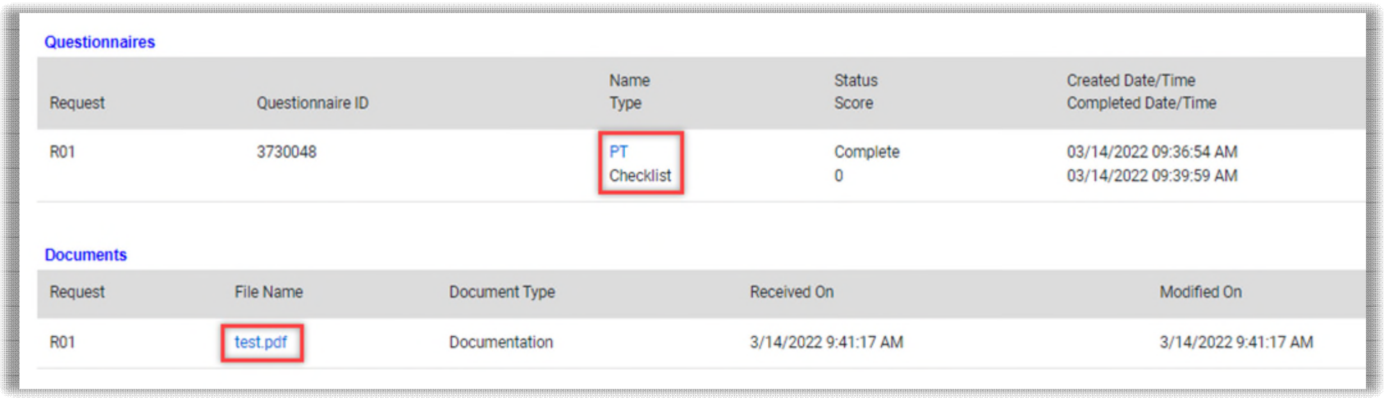
The case summary will give you all the information keyed into the case without having to open each ribbon. To open, click **Case Summary** at the top of the case page.



The case summary can be printed for your records by clicking on the printer icon.



Documents and Questionnaires can be opened by clicking on the hyperlink from within Case Summary. Notes and document attachments cannot be done from Case Summary.



Questionnaires

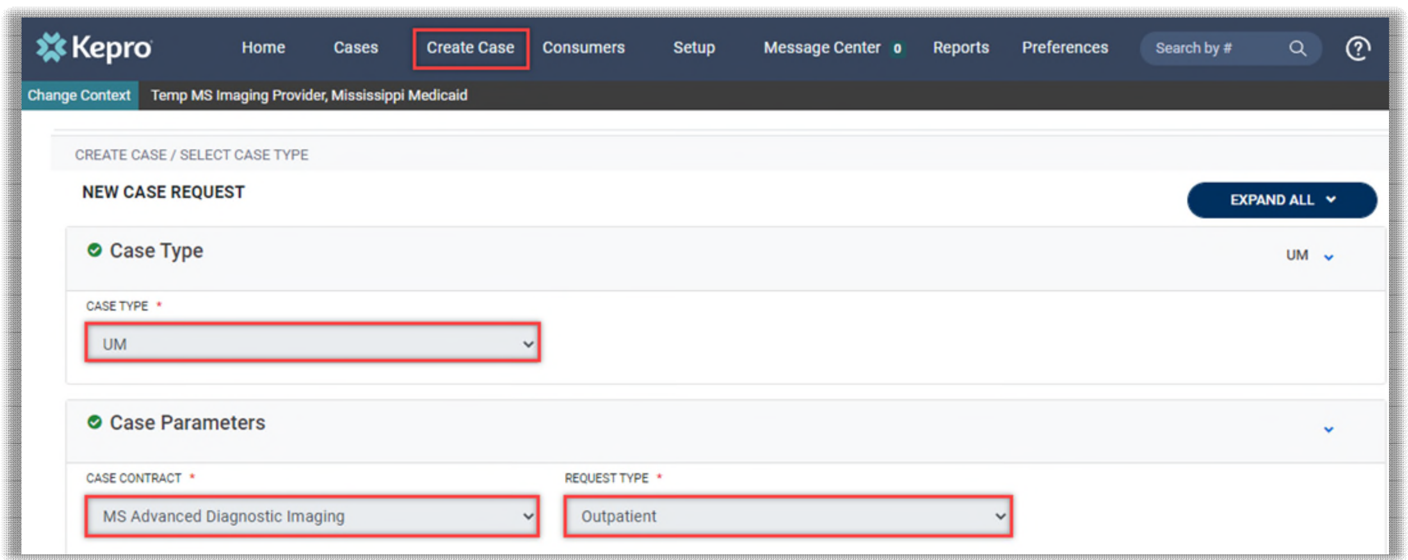
Request	Questionnaire ID	Name Type	Status Score	Created Date/Time Completed Date/Time
R01	3730048	PT Checklist	Complete 0	03/14/2022 09:36:54 AM 03/14/2022 09:39:59 AM

Documents

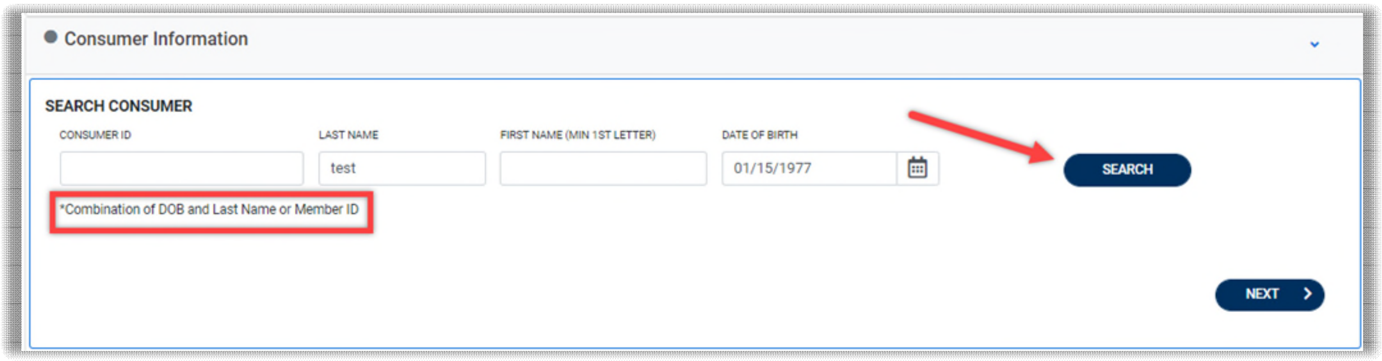
Request	File Name	Document Type	Received On	Modified On
R01	test.pdf	Documentation	3/14/2022 9:41:17 AM	3/14/2022 9:41:17 AM

Submitting a New Request (Create Case)

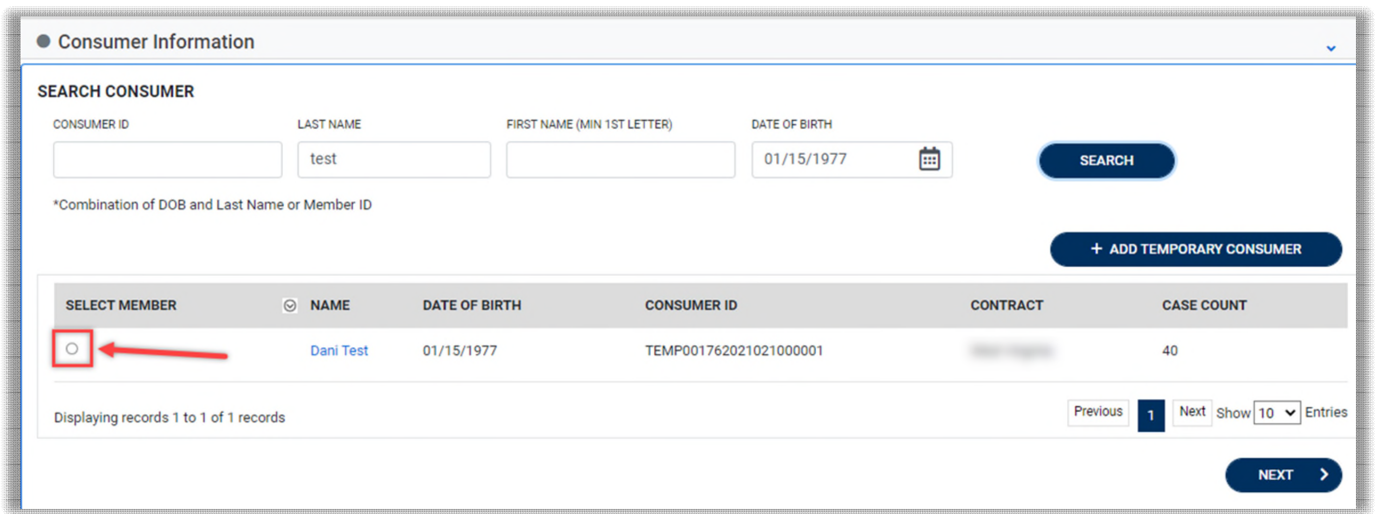
This section will identify the steps to create a request. In the navigation pane, click **Create Case**. The Case Type, Case Contract, and Request Type will automatically default.



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

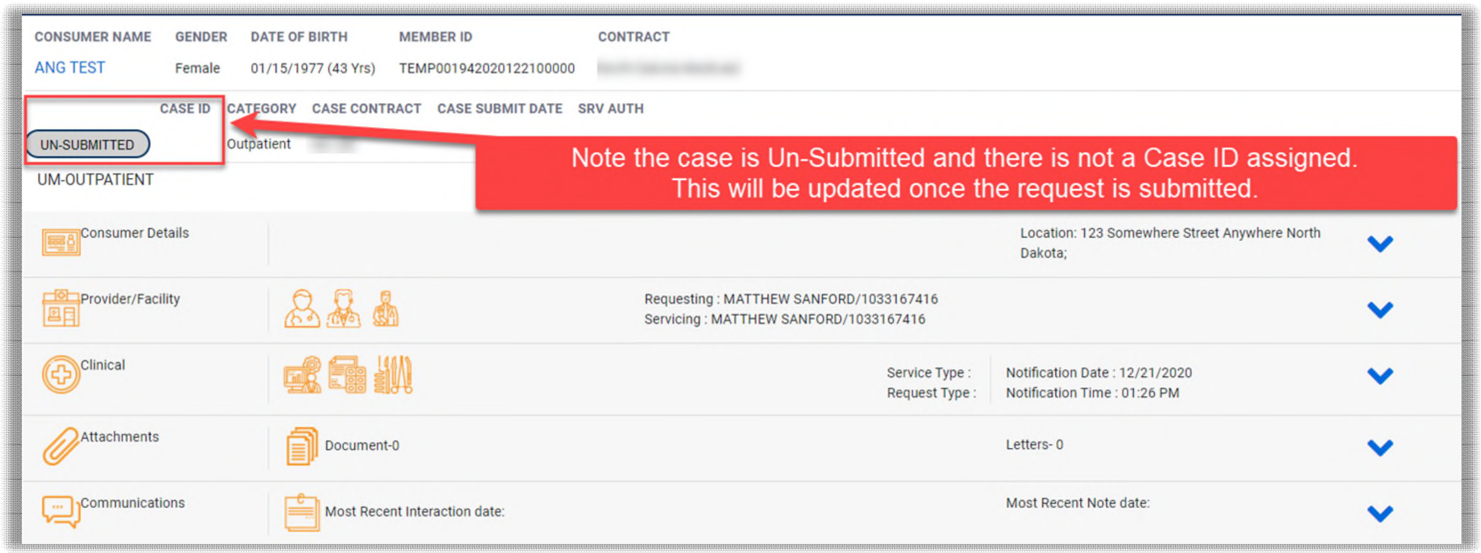


Click the radio button to select the consumer.

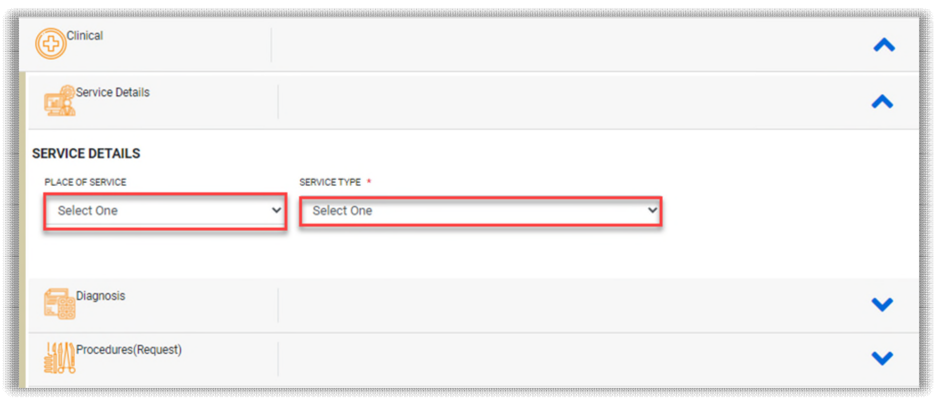


When all sections are completed, click **Create Case**.

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



To complete the submission, select the appropriate **Place of Service** and **Service Type**.



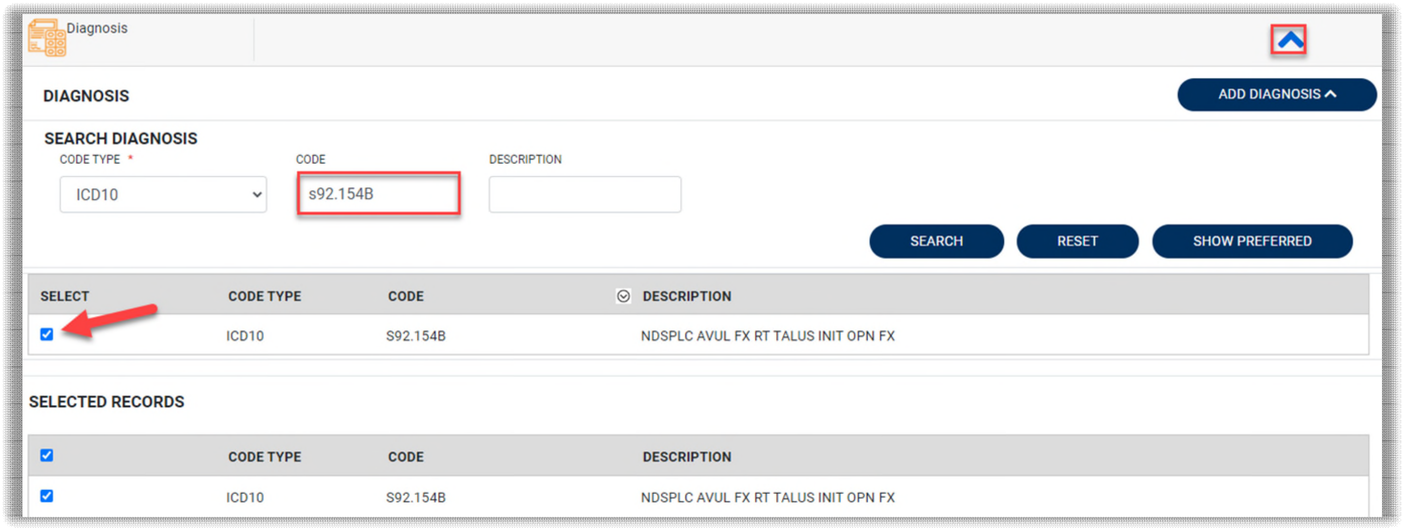
Place of Service Options Include

- Imaging Center
- Office
- Outpatient Hospital

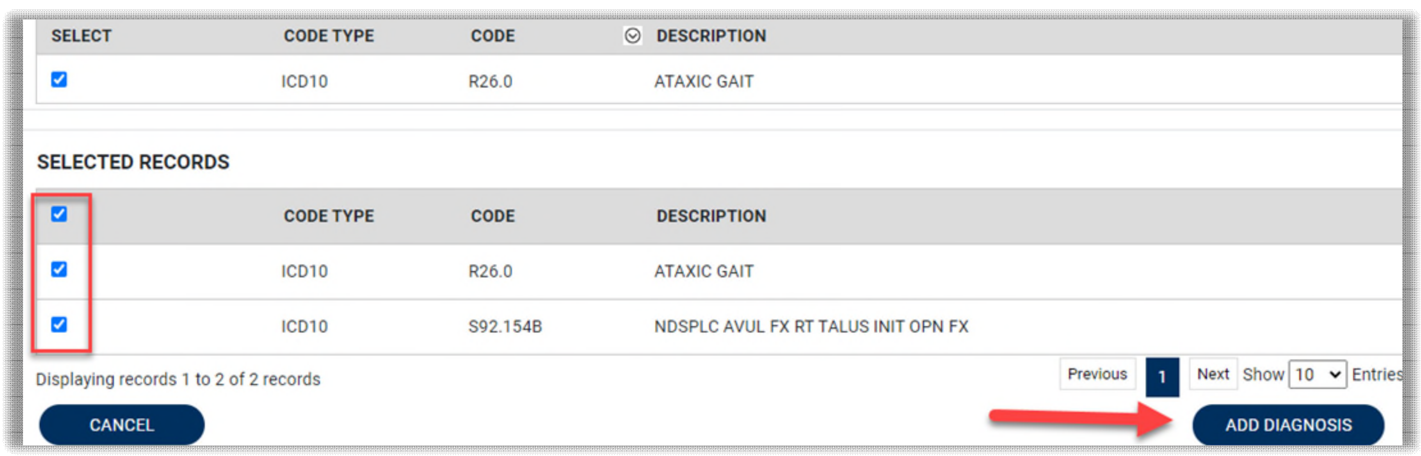
Service Type Include

- Imaging Studies

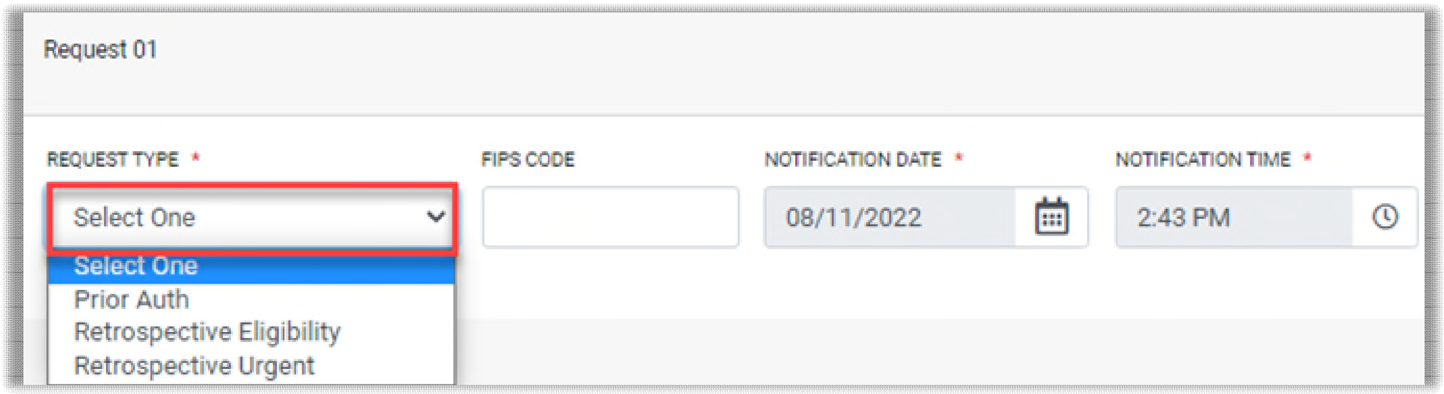
After entering Service Details, scroll down to enter all applicable diagnosis codes. Click **Add Diagnosis** and search by diagnosis code or description. Select the needed diagnosis by clicking the Select Box. The diagnosis will be added to the Selected Records section.



Once all diagnosis codes are entered, select **ADD DIAGNOSIS**.



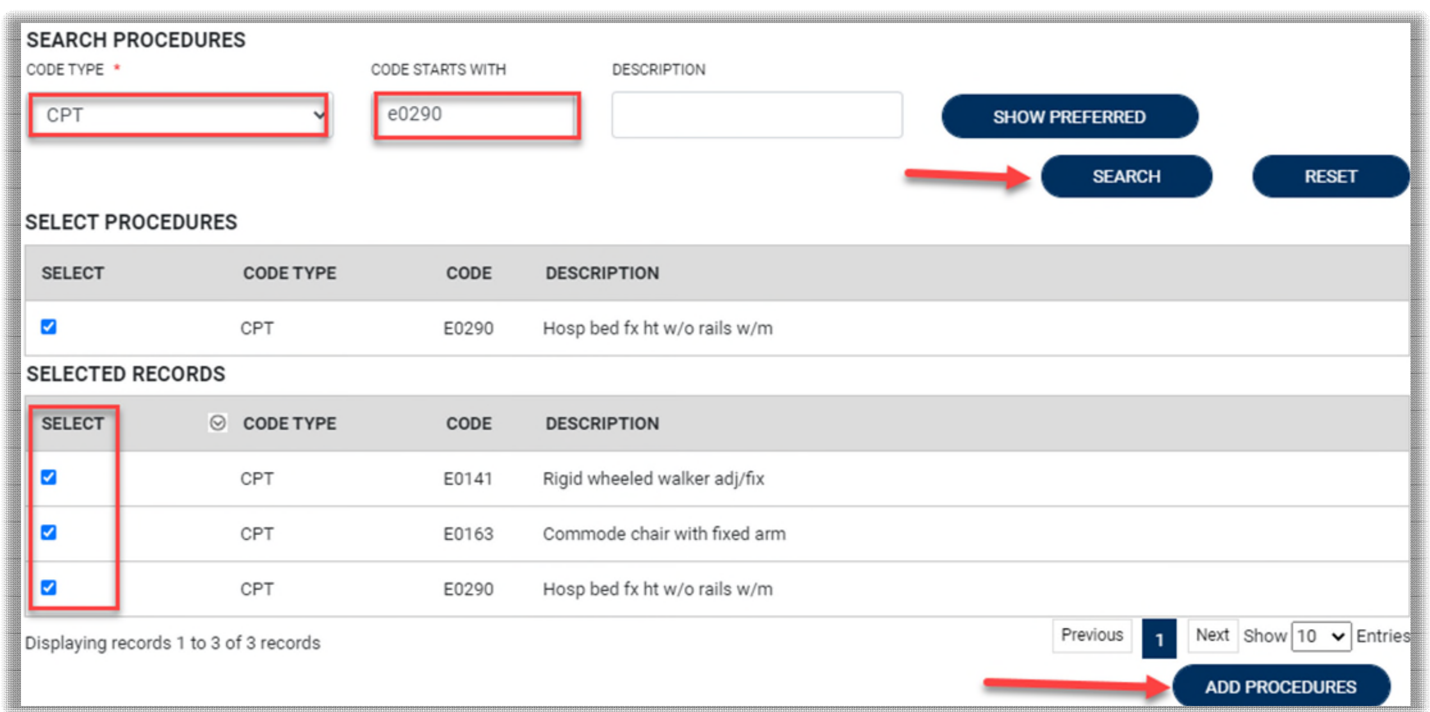
Once all diagnosis codes are entered scroll down to Procedures and enter the **Request Type**.



Retrospective Eligibility – the beneficiary was not eligible for Medicaid at the time the service was performed but has since been granted eligibility by Medicaid covering the DOS.

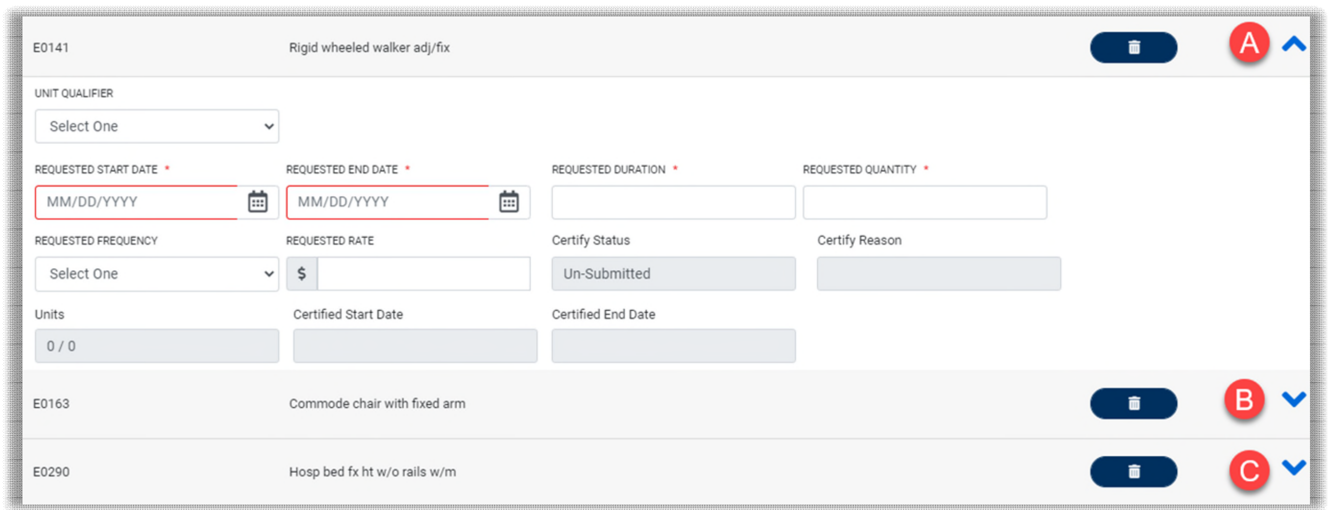
Retrospective Urgent – the provider deemed this an urgent situation and required care immediately (not in an emergency room setting) to diagnose and treat the patient.

Proceed to **Search Procedures.** Enter all applicable procedure codes, this process is similar to adding a diagnosis. Enter CPT or ICD10 Procedure Code or description, then click **Search**. Select the appropriate procedure codes to be added. Once all codes are listed, select **Add Procedure**.



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

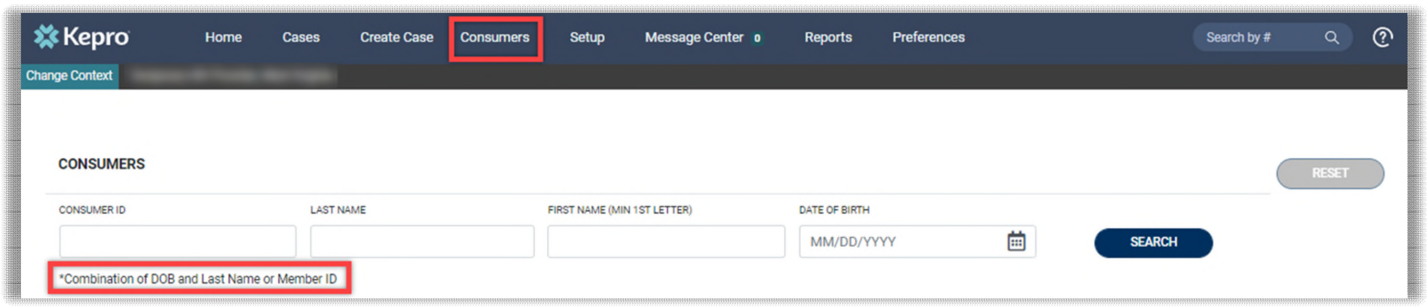
To enter details for each procedure code, expand the line for each code entered and complete required fields. **REMINDER -** Duration can be no more than 60 days. Quantity is 1.



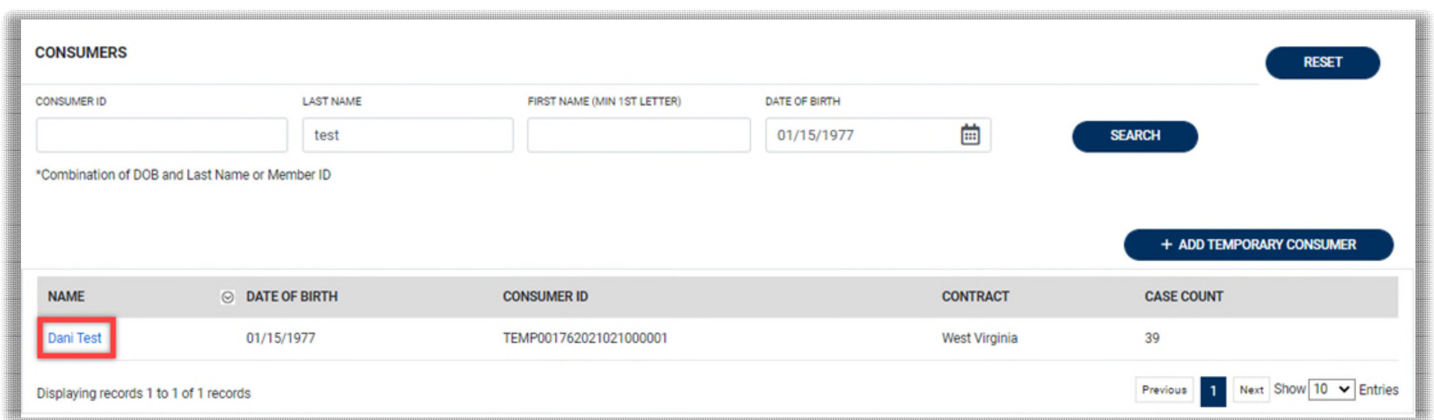
Searching for Members (Consumers)

To search by Member (Consumer), 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.

To search By Consumer, enter the required Member information. For results to render, user must enter Last Name and DOB or Member ID.



Search results will render below. To view the Consumer page, click on the Consumers Name which is a hyperlink.



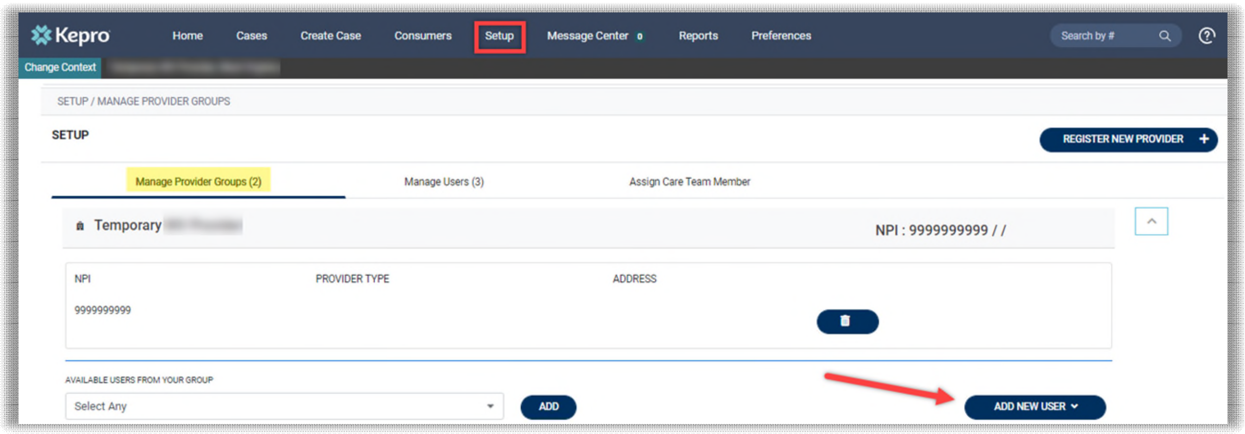
Administrator Functions (Set Up)

This section will identify the steps for Provider Group Administrators to add and manage additional users within the portal. **Only users set up as Provider Administrators will see this tab.** For all other users, the tab will be hidden.

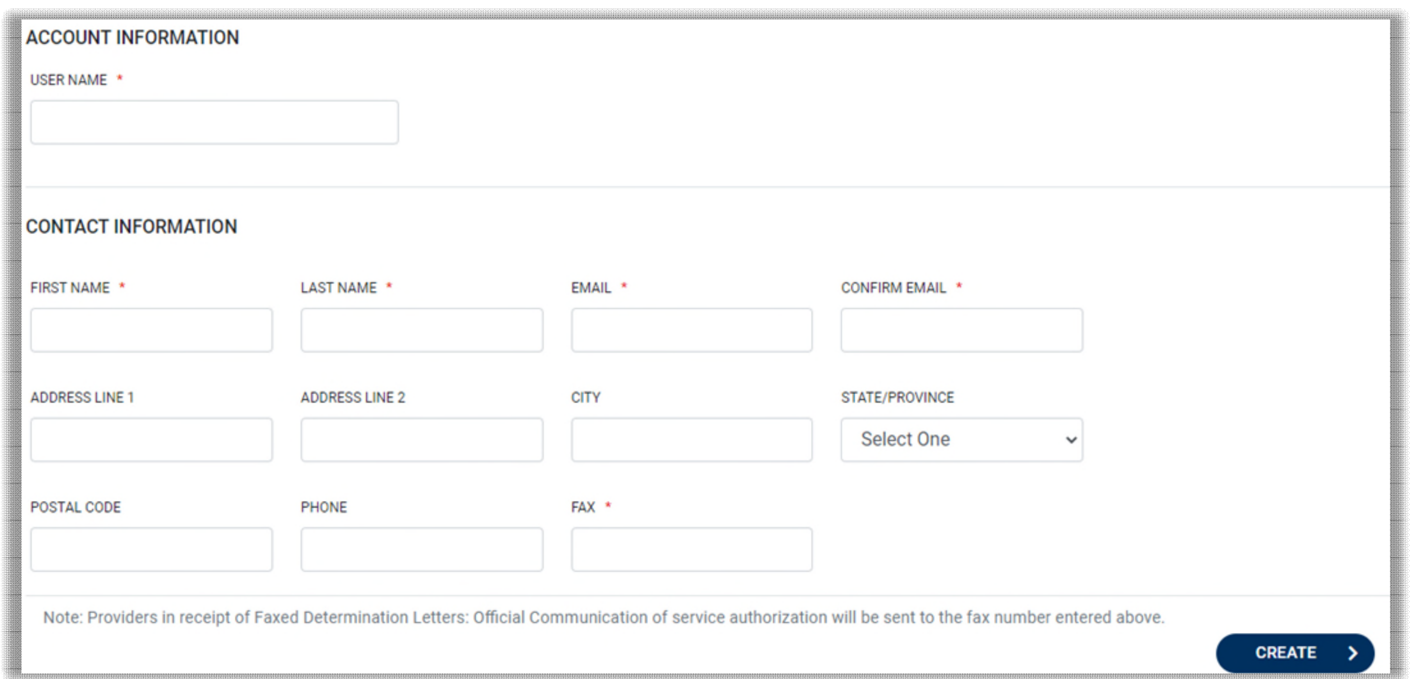
Add New User

As a Provider Group Administrator, users within your facility can be added and managed locally once the group account has been registered.

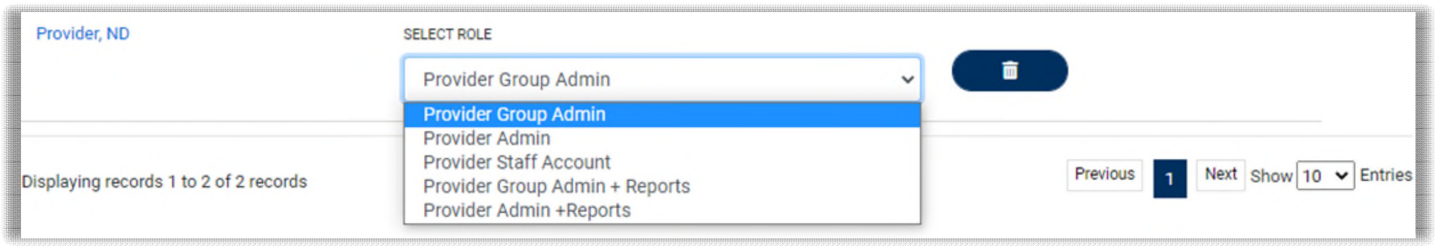
Click Setup in the navigation pane. Always stay within the Manage Provider Groups tab/section to add users. Click the caret in the far right to expand the group section.



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



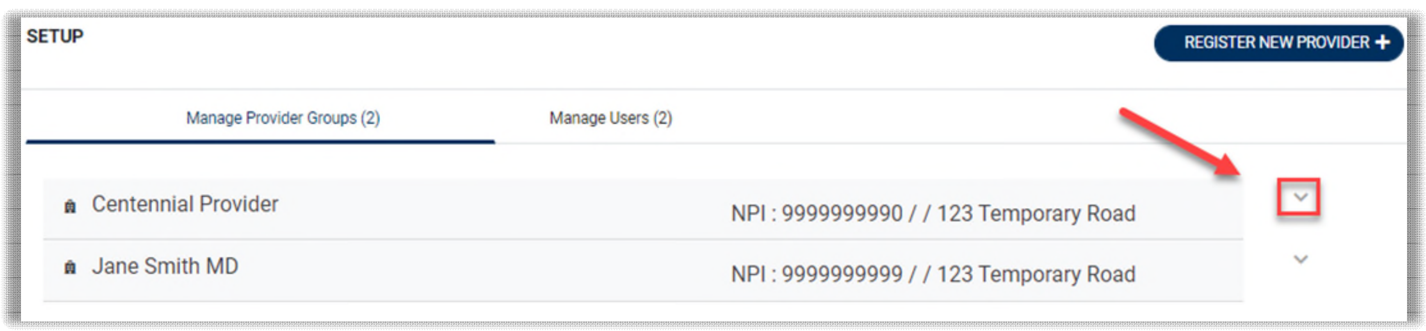
NOTE: The new user will receive an email with a link to complete the MFA registration process. The user must click the link in the email and follow the MFA registration process to complete the access request.

Add New Provider Group

Provider Group Administrators can manage multiple facilities under the same login credentials. After the original account has been created, click **REGISTER NEW PROVIDER**. Enter the NPI and Medicaid ID as the Provider Registration Code. Click **FIND PROVIDER**.

Select the provider to confirm and click **SELECT**.

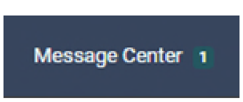
The provider will then be added to the list of providers under Manage Provider Groups. To add additional users to this Provider Group, expand the desired Provider Group and follow the steps to [Add New User](#).



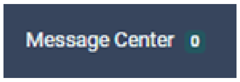
Message Center

This section will identify the steps to view new and unread messages.

New available messages are displayed in the navigation index menu.



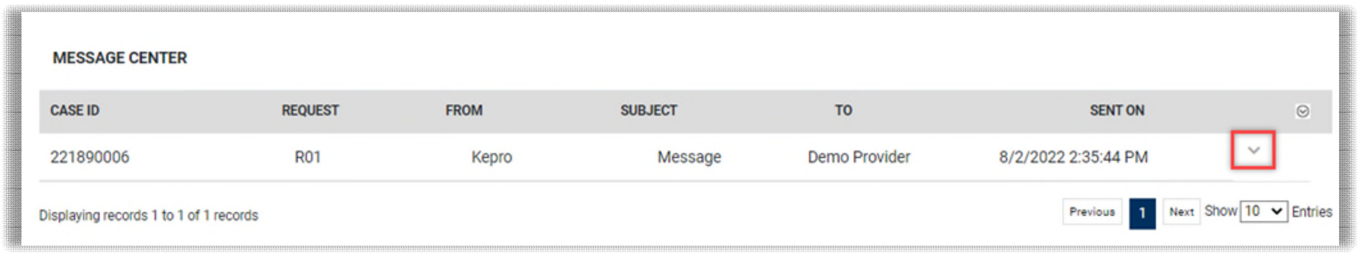
Indicates there are unread and non-responded messages available.



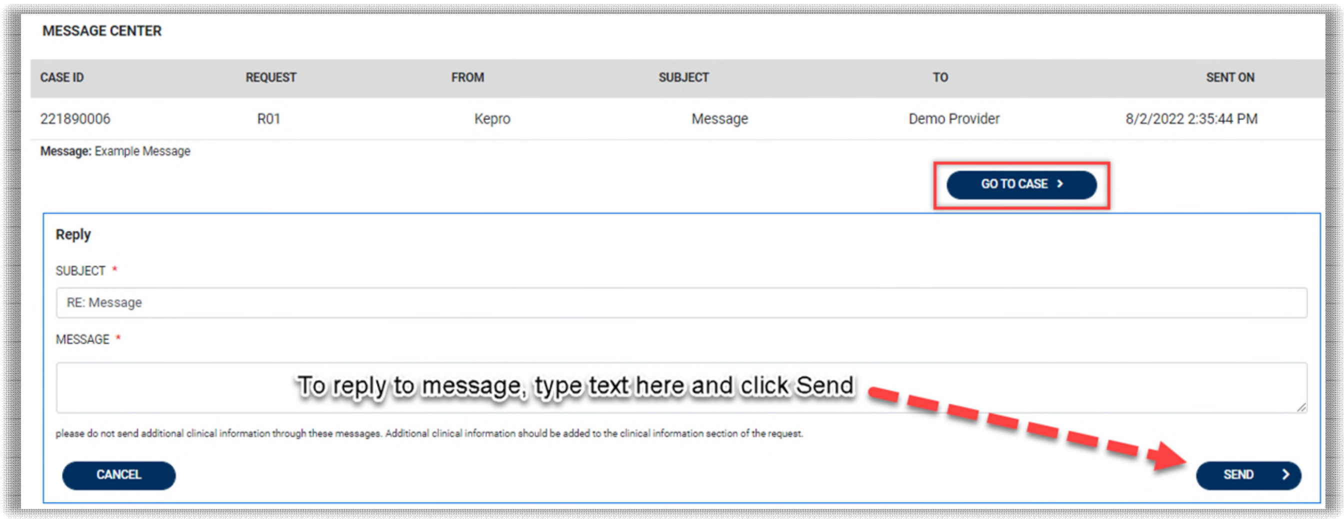
Indicates all messages are read and/or responded, no messages available to view.

Available messages will display in the Message Center. The clinical team will send messages to notify of you of any pertinent information regarding the specified case.

Please do not use this function to ask the clinical team to "check the status" of a review, or like a chat feature. No clinical data or PHI should be placed in this section.

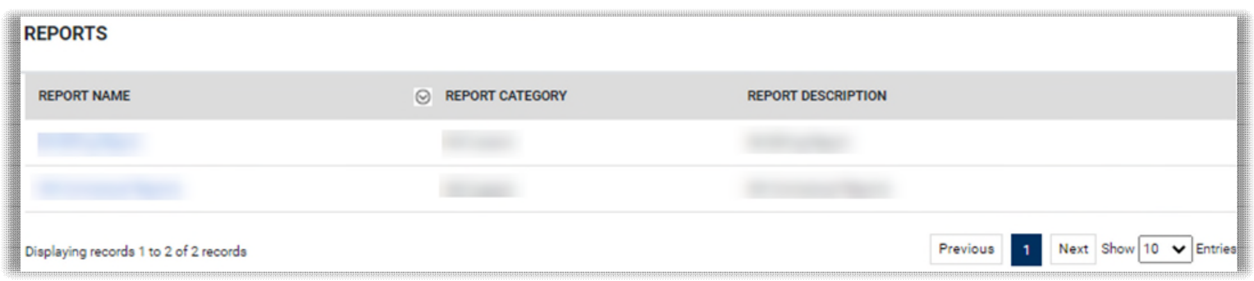


To open/view the message, click the caret in the right had corner of the selected message. To view the selected case, click **GO TO CASE**. You will be directed to the specified case related to the message. **Please do not use this function to ask the clinical team to "check the status" of a review, or like a chat feature. No clinical data or PHI should be placed in this section.**

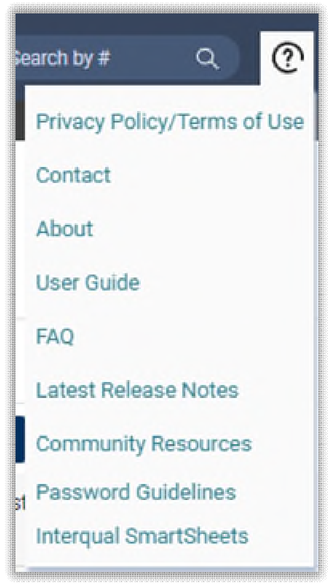


Reports

Not all users will have access to reports and availability will vary by user role. Clicking the Reports icon in the navigation pane will open all available reports. The report name will be a hyperlink and open the desired report in a new tab within the internet browser. **Currently no reports available.

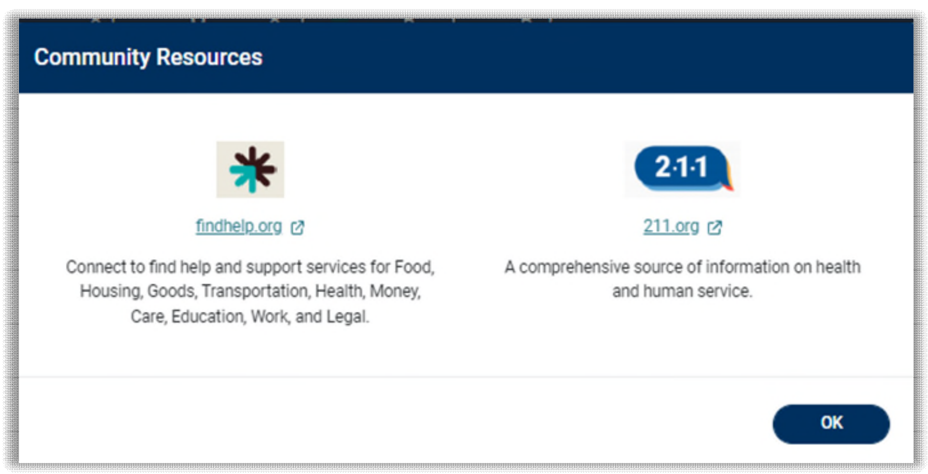


Need Help



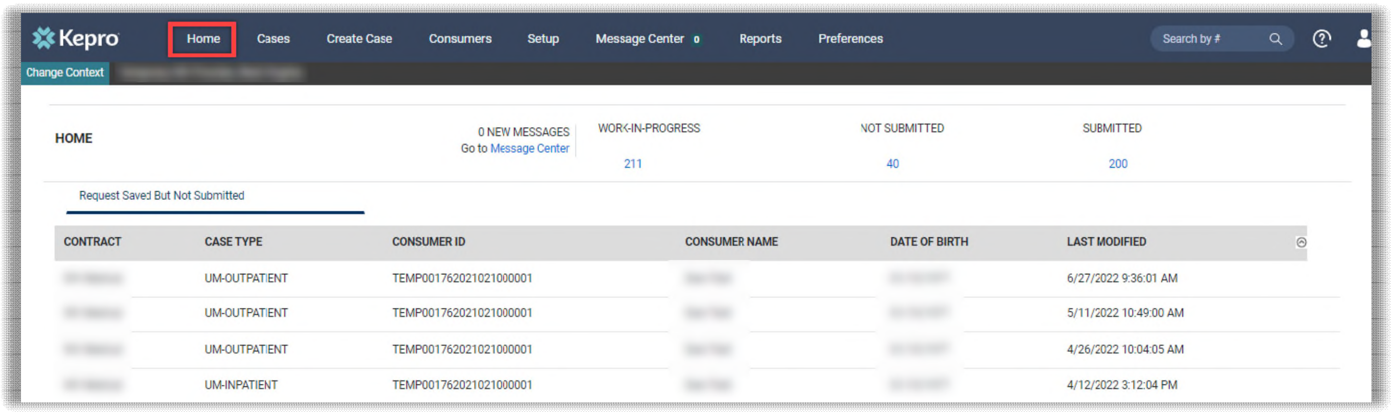
Clicking the Help icon in the navigation pane will open a menu of options including the User Guide, FAQ, Latest Release Notes, Community Resources, and Password Guidelines. These items are updated regularly and may change over time.

Community Resources will direct you to third party sites to help consumers (members) with finding assistance. Click Ok to close the window or click the hyperlink to be directed to the third-party site for further resource assistance.

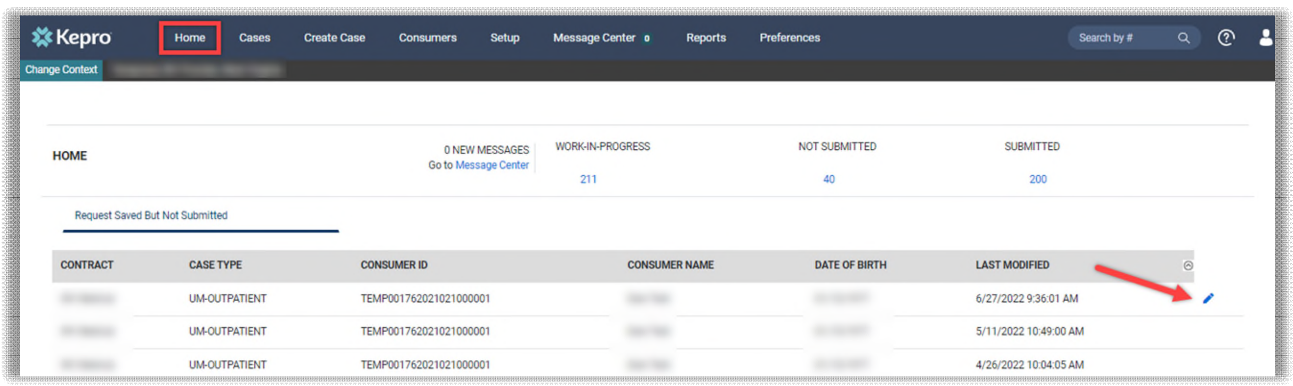


Completing a 'Saved But Not Submitted' Request

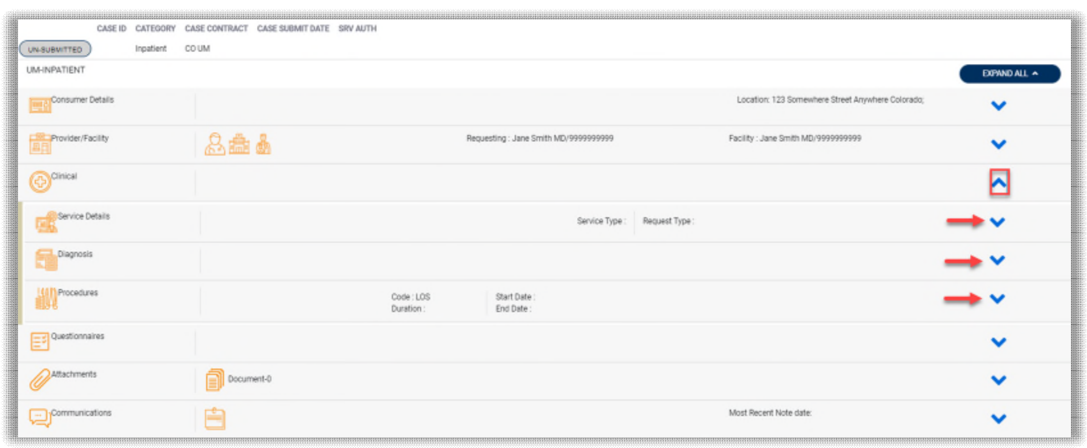
After logging in, the Home page will display any "Saved But Not Submitted Requests". These are requests that have been started but are incomplete. These are viewable to the submitting provider but have not been sent to Kepro for review.



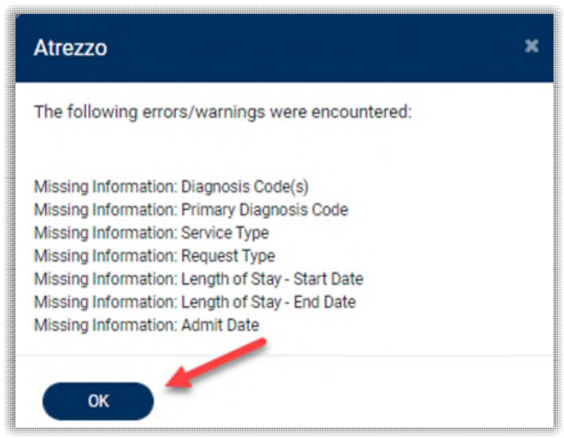
To complete the saved request, hover over the request line and click the edit icon.



The case creation page will display. Continue adding the required information for submission.



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 case page will display ! which will identify which sections required information is missing. Expand each section with a ! displayed.

Once all required information is added, the ! indicator will disappear, and the case can be submitted. If additional information is needed, refer to other sections for more information on attaching clinical documentation, creating note documentation, and other options.

Once the case has been submitted, it will no longer appear on the Home page under “Saved But Not Submitted Request”.

Viewing Status of a Submitted Request

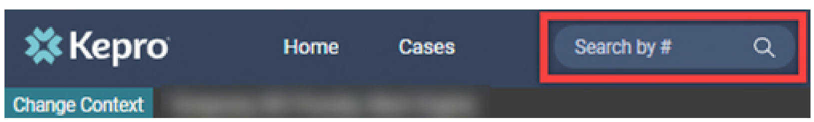
Once a request has been submitted, there are multiple ways the status can be reviewed. A status check can be completed with a Case ID or Consumer Name and DOB. Below you will find step by step instructions for each method.

The UM program status options are color coded for quick and easy identification.

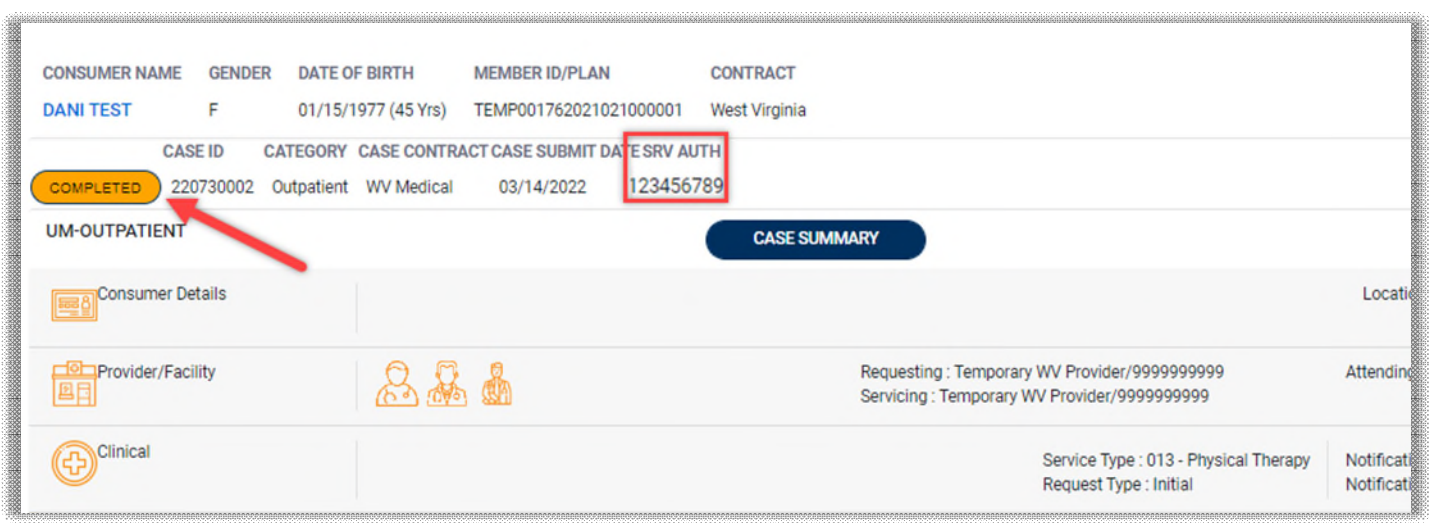
SUBMITTED	This identifies a case that has been submitted but has not yet been reviewed. Once the case is assigned to a clinical reviewer, the status will change to Active Review.
COMPLETED	This identifies a case that has been submitted, reviewed, a determination made, and is complete. A Complete case status does not identify the outcome of the clinical review (ie. Approved, denied, partial approval, etc).

View Status by Case ID

To view the status of a request using a Case ID, you will enter the Case ID in the search bar at the top of the screen and press Enter on your keyboard or click anywhere outside the Search box.

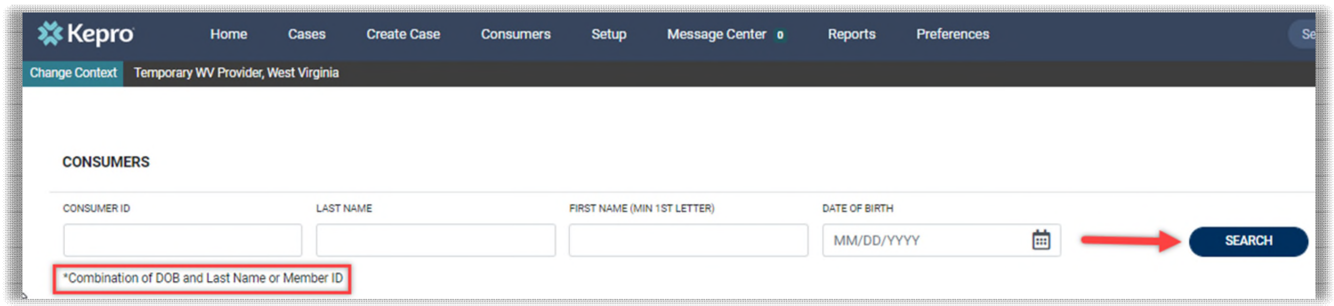


The case page will display and provide the status at the top and the authorization number in the banner. For additional details, review the Case Summary located at the top of the page.

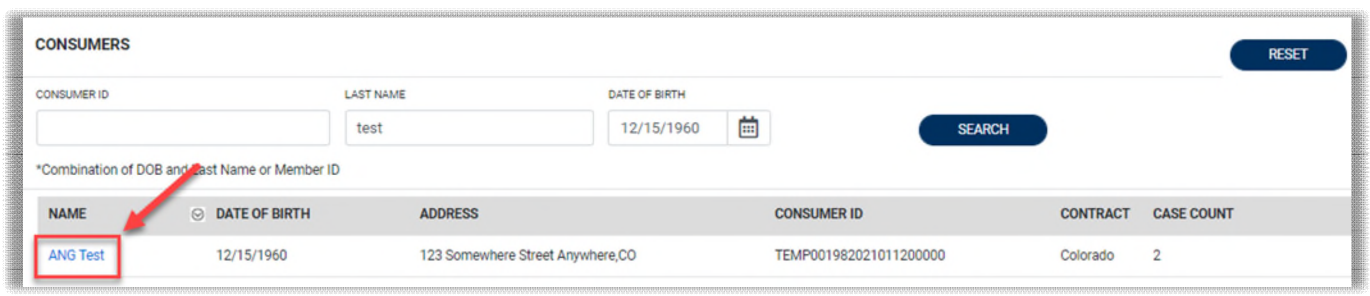


Viewing Status by Member (Consumer)

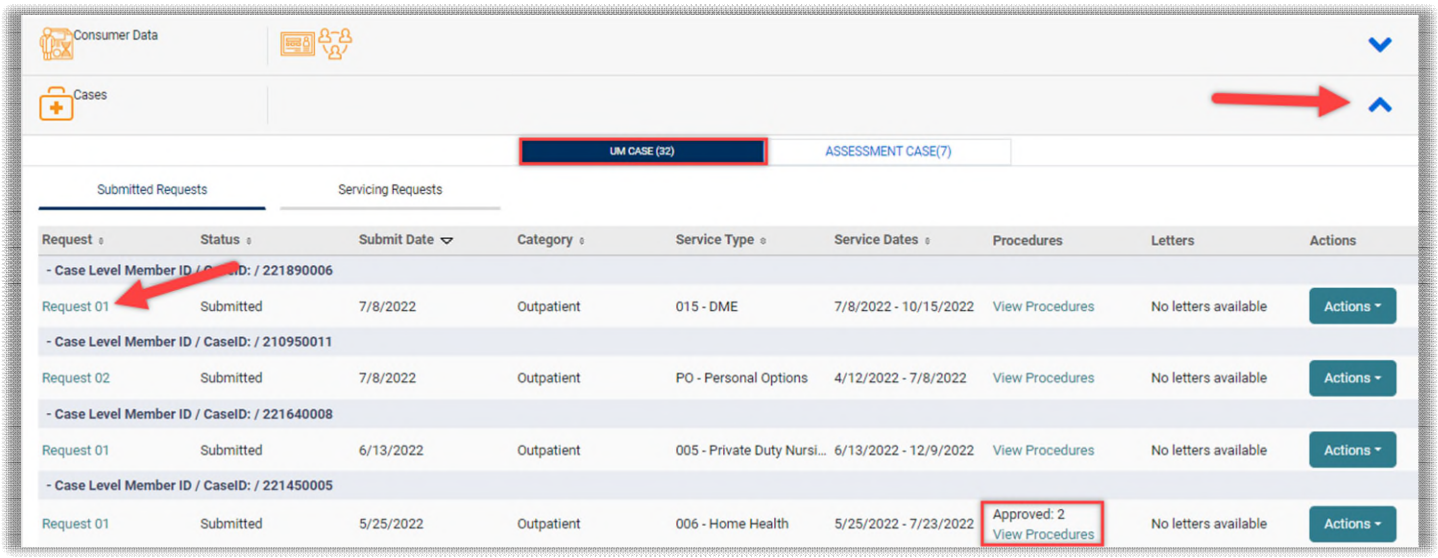
To view the status of a request by Consumer, you will search by the individual name. Click Consumers in the navigation pane and enter Consumer ID or Last Name and Date of Birth, then click **Search**.



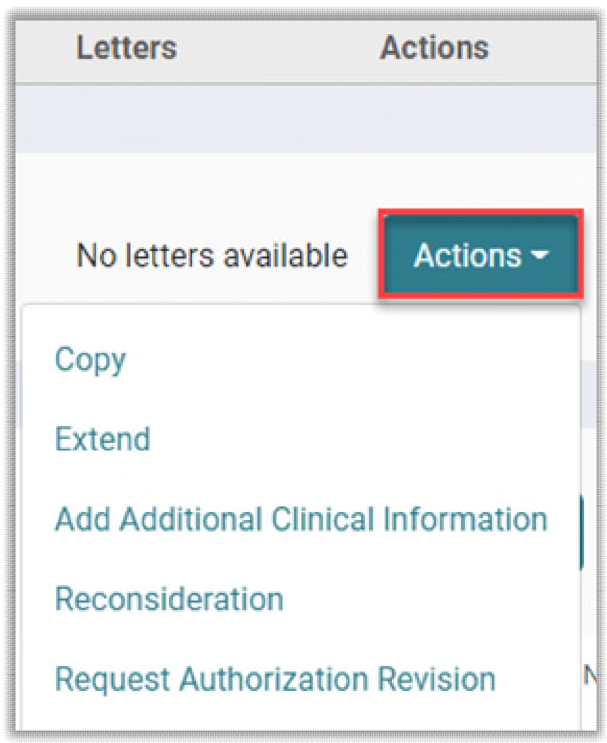
The result will render below. Click the Consumer Name to view available requests. The case count will identify how many requests have been submitted.



The member detail page will display. To view requests, expand cases and select UM Case. Click the Request #. For a quick snapshot of the request, you will see if the case is Approved, Denied, Pending, Void, or Appeal. Click View Procedures to view the codes that were requested.



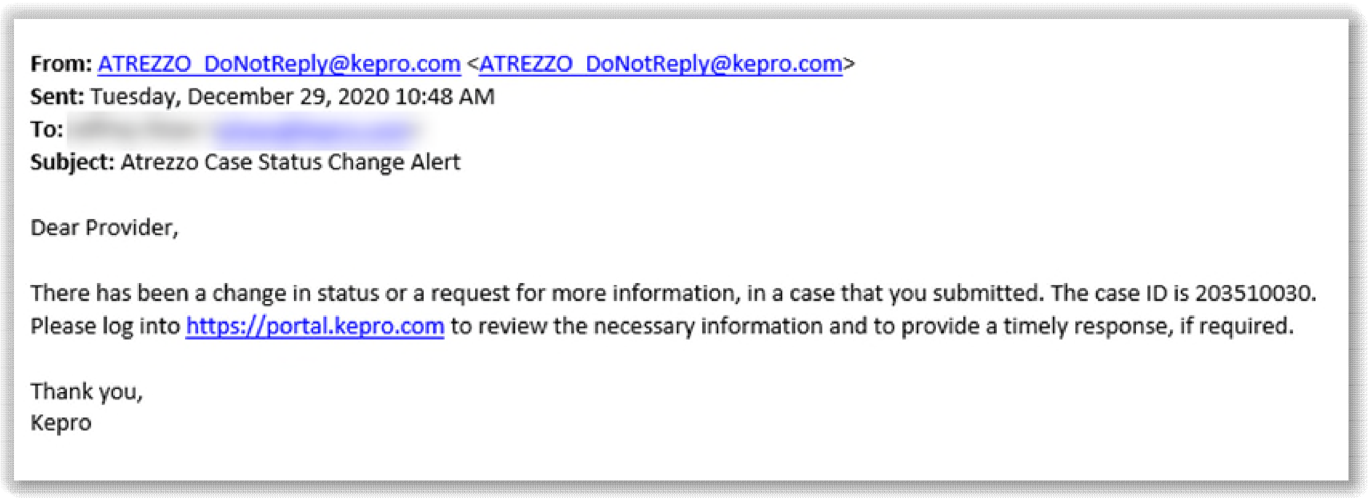
Click Actions to view other options that are available. Note: The actions available are based on your contract.



Email Notification

When a change has been made to 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.



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

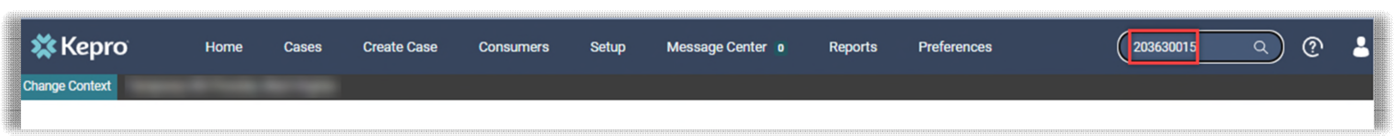
Dear Provider,

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

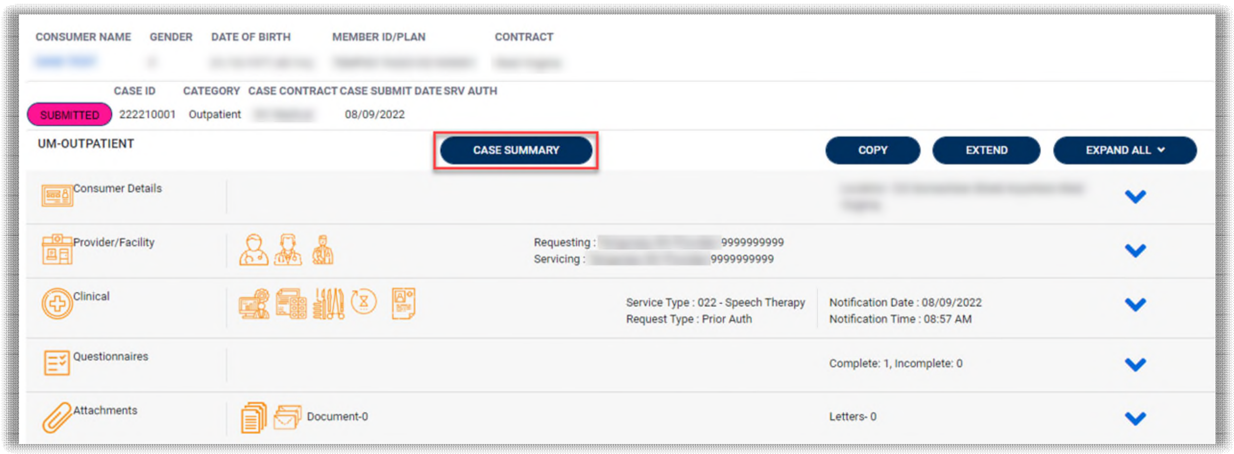
Thank you,
Kepro

Viewing a Determination Letter

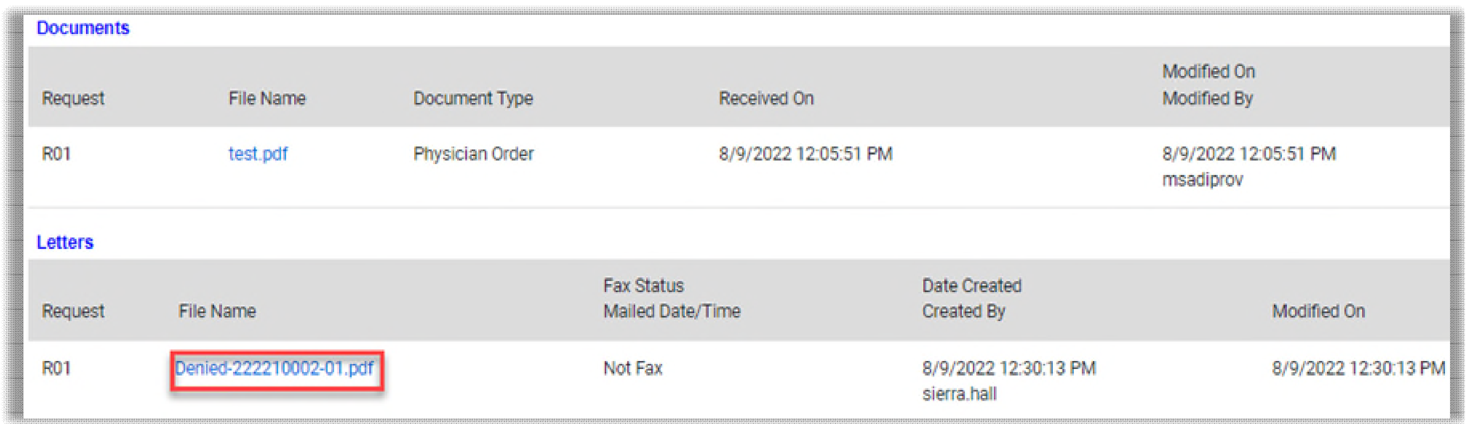
This section will identify how to view a determination letter once a decision has been entered. When a change has been made to the submitted request, you will receive an email notification. The email notification will provide the Case ID to direct you to the specified request. To view the determination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



Once the case displays, click Case Summary. Click Case Summary.



Scroll to the letters and click the hyperlink name of the letter.



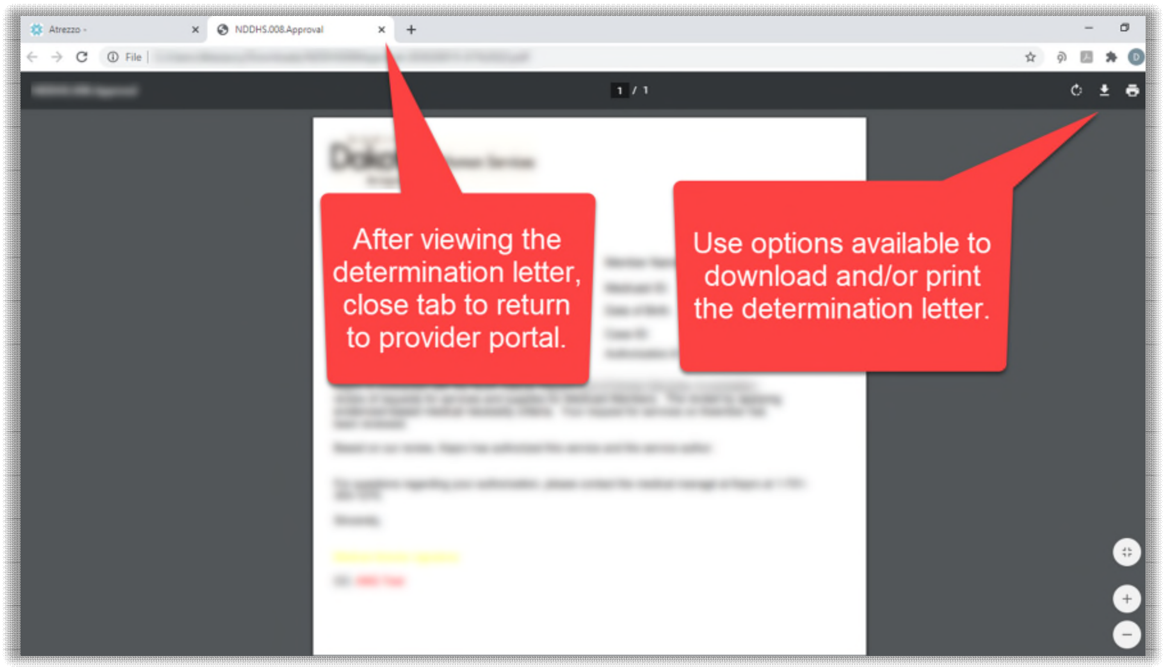
Documents

Request	File Name	Document Type	Received On	Modified On Modified By
R01	test.pdf	Physician Order	8/9/2022 12:05:51 PM	8/9/2022 12:05:51 PM msadiprov

Letters

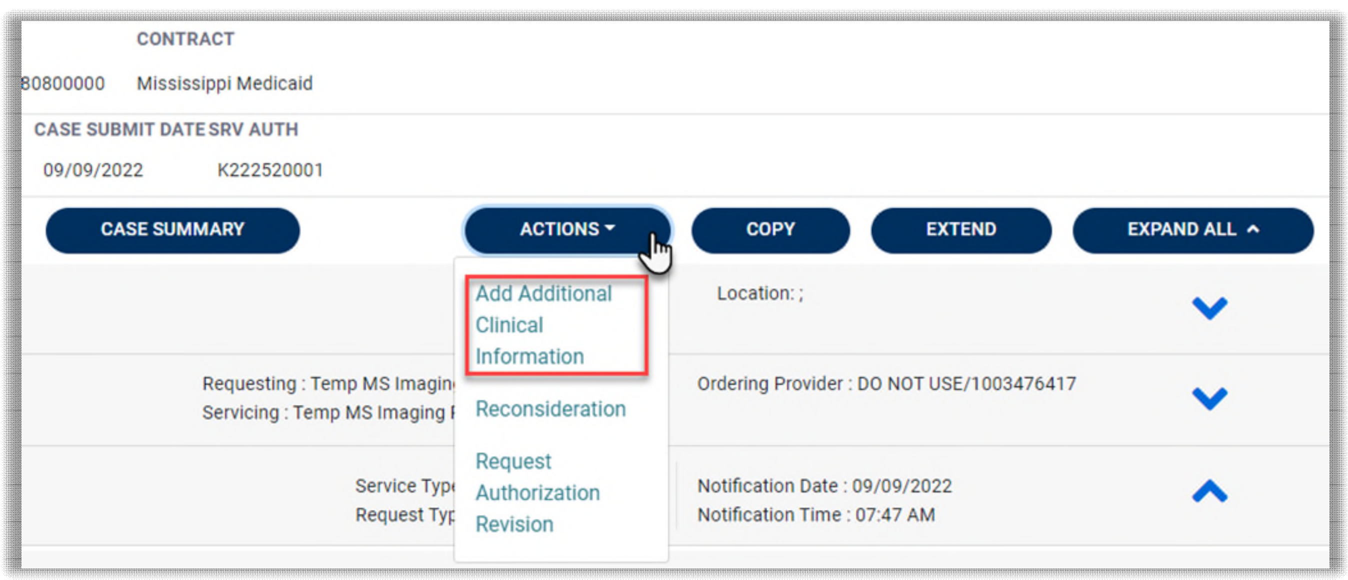
Request	File Name	Fax Status Mailed Date/Time	Date Created Created By	Modified On
R01	Denied-222210002-01.pdf	Not Fax	8/9/2022 12:30:13 PM sierra.hall	8/9/2022 12:30:13 PM

The letter will be viewable in an internet browser tab separate from the Provider Portal. Once review is complete, close tab to return to the Provider Portal.

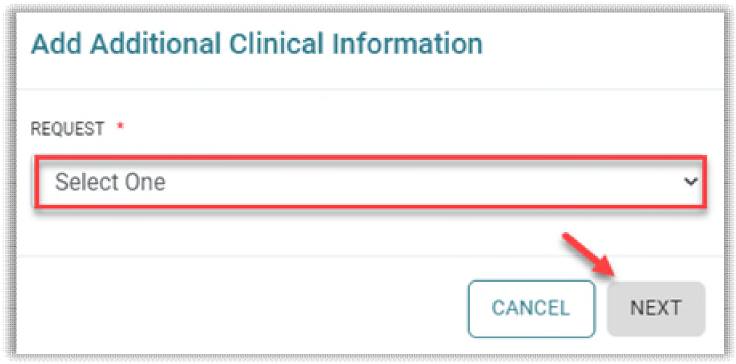


Adding Additional Clinical Documentation

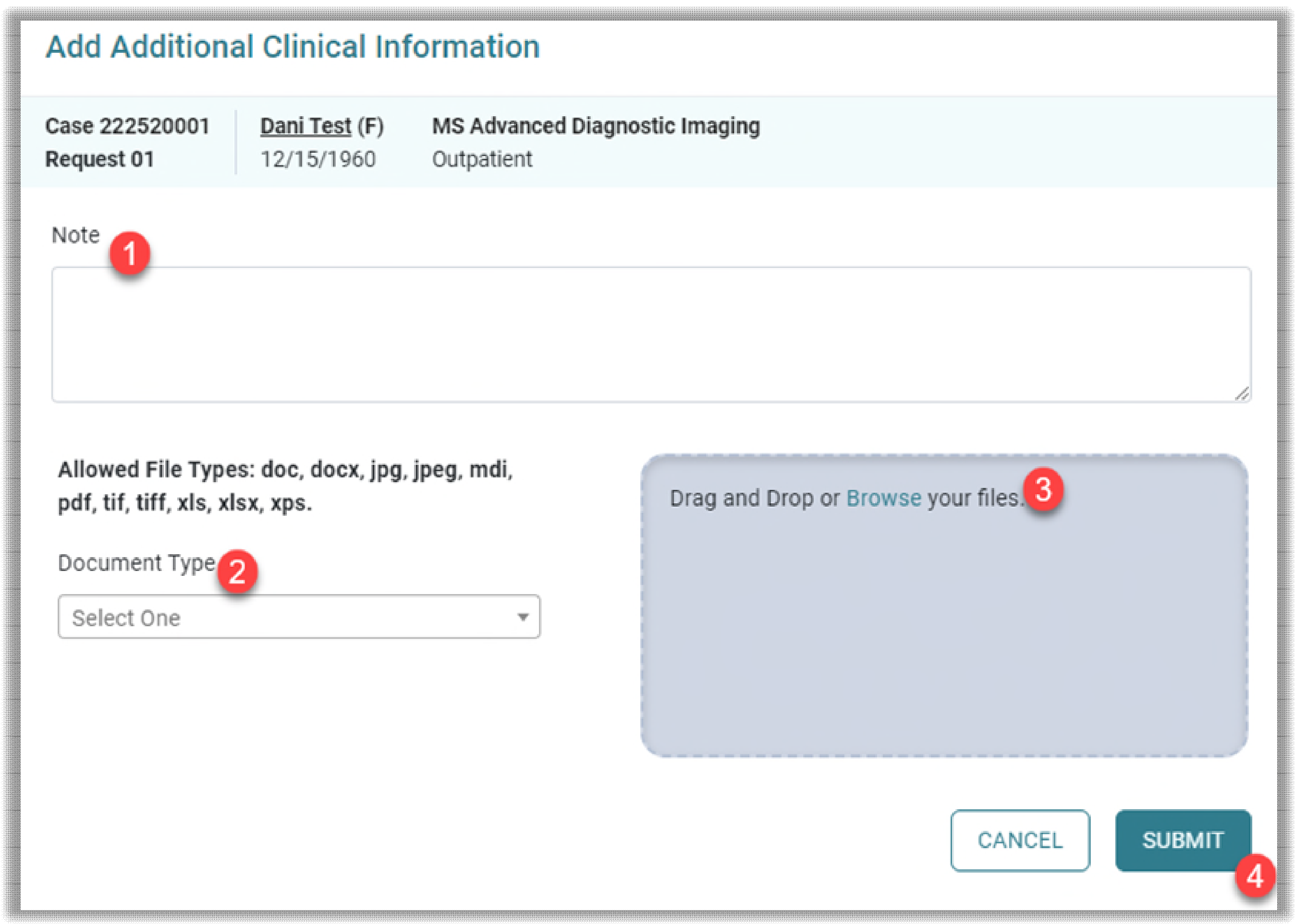
If additional supporting documentation needs to be uploaded after the request has been submitted, you will need to return to the specified request. Within the request, click the **Action** button and select **Add Additional Clinical Information**.



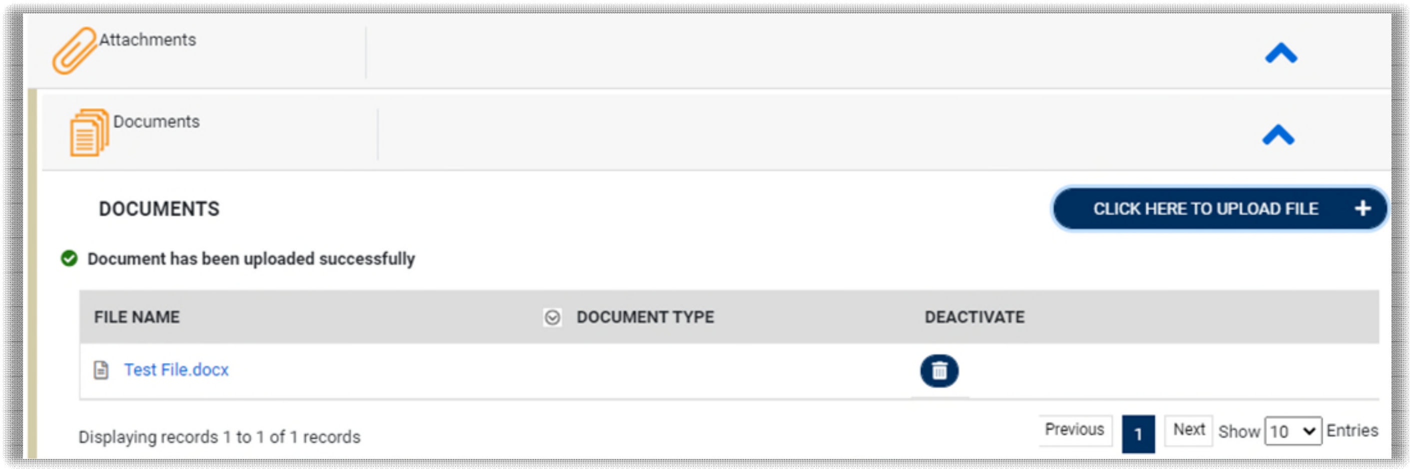
Select the request the documentation pertains to and click **Next**.



1. **Enter a note,** if applicable.
2. Select the **Document Type**
3. Drag and drop or browse for the **supporting clinical documentation**.
4. Click **Submit**.

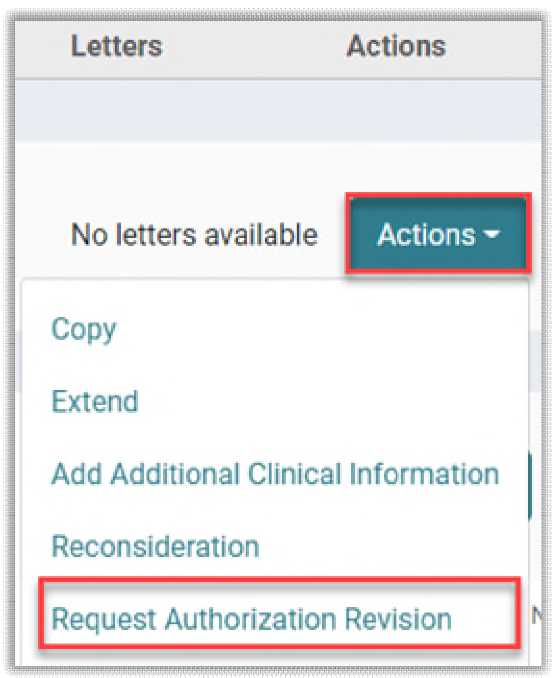


All uploaded documents will be visible in the Documents section for review.

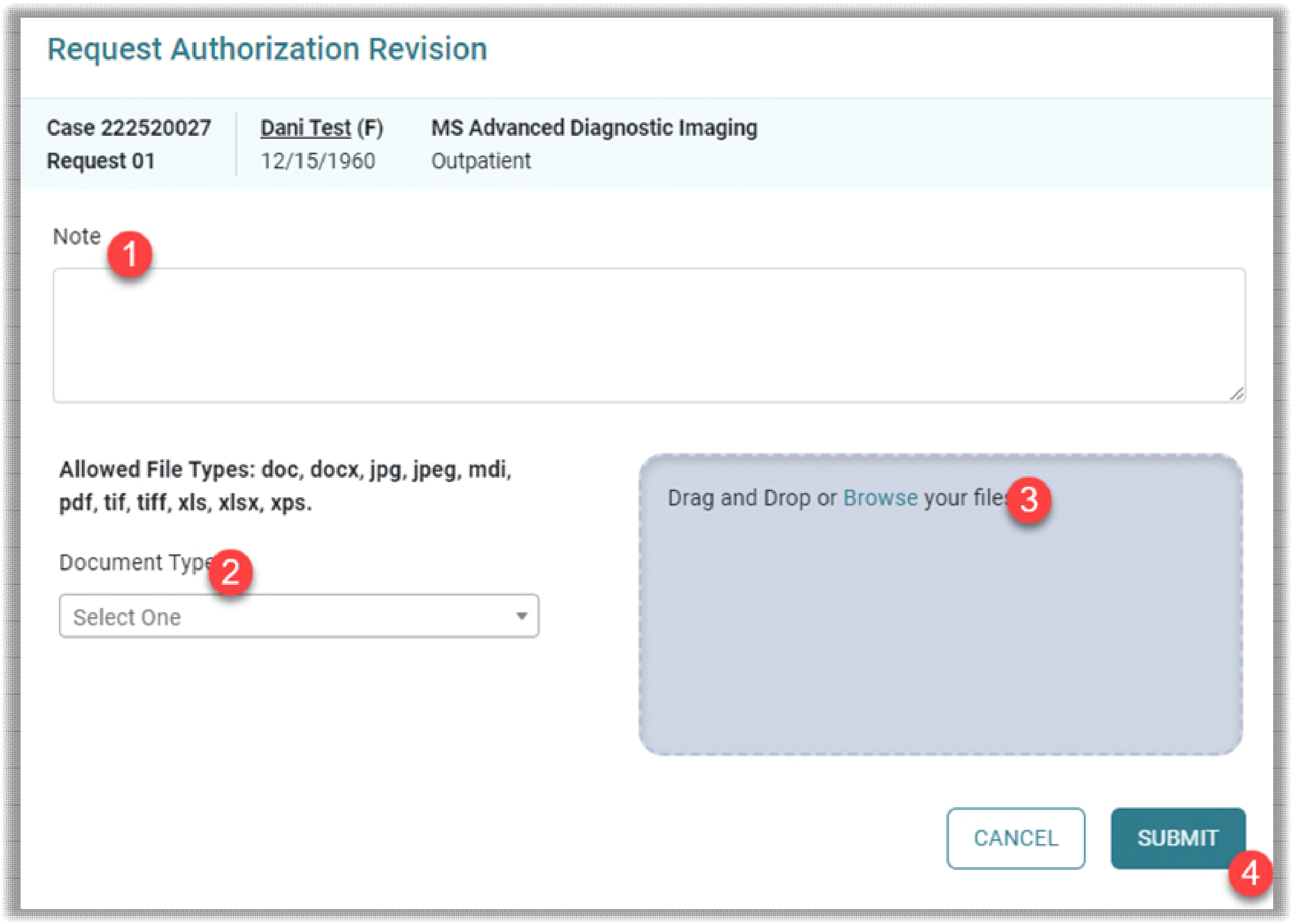


How to Add Revisions to a Submitted Request

Under the **Action** items, click **Request Authorization Revision**.



1. **Enter note** identing reason for revision request.
2. Select **document type**
3. Drag and drop, or browse, for **supporting clinical documentation**
4. Click **Submit**.

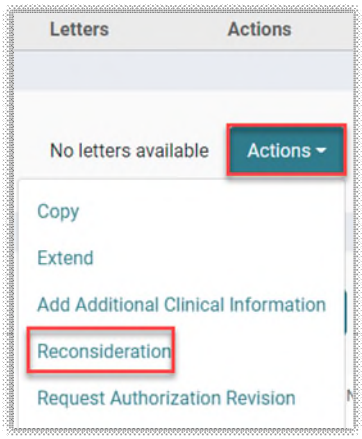


Provider Options Following Adverse Decisions

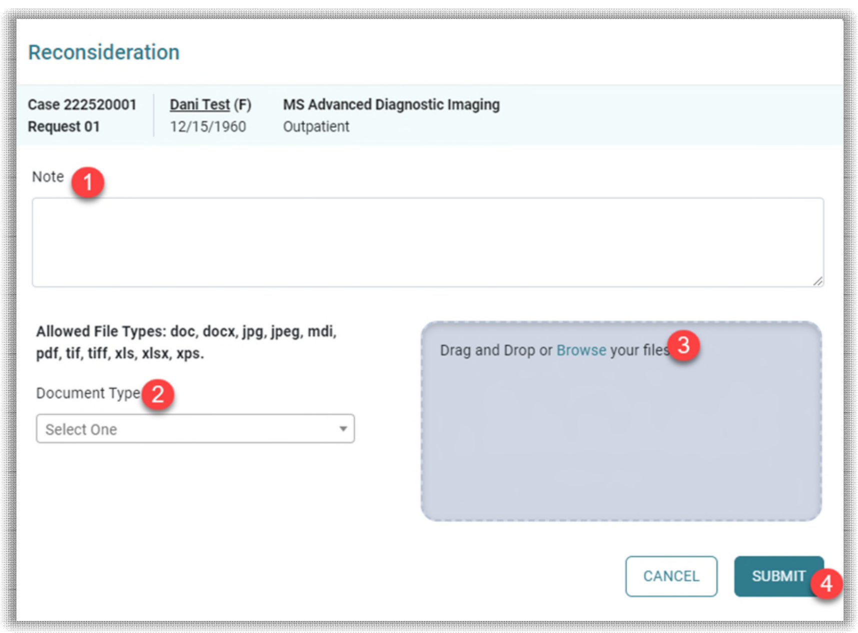
This section will outline the steps necessary to request a reconsideration or member appeal for an adverse decision to a submitted review.

How to Request a Reconsideration

A Reconsideration request must be submitted to Kepro within thirty (30) business days of the initial denial.   To request, click the Actions button and select Reconsideration.



1. **Add note** regarding reason for Reconsideration
2. **Select Document type** for supporting clinical documentation
3. Drag and drop, or click Browse, to **upload supporting clinical** documentation
4. Click **Submit**.



How to File an Appeal

A member has the right to request a fair hearing to appeal the denial of a service that did not meet medical necessity. The member, or member's representative must request a hearing, in writing, within thirty (30) days of the notice of denial. The request is filed directly to the Mississippi Division of Medicaid.

Before an appeal is submitted, the provider should request reconsideration (exhaust all efforts with Kepro before filing appeal).

All member appeals should be submitted in writing to:

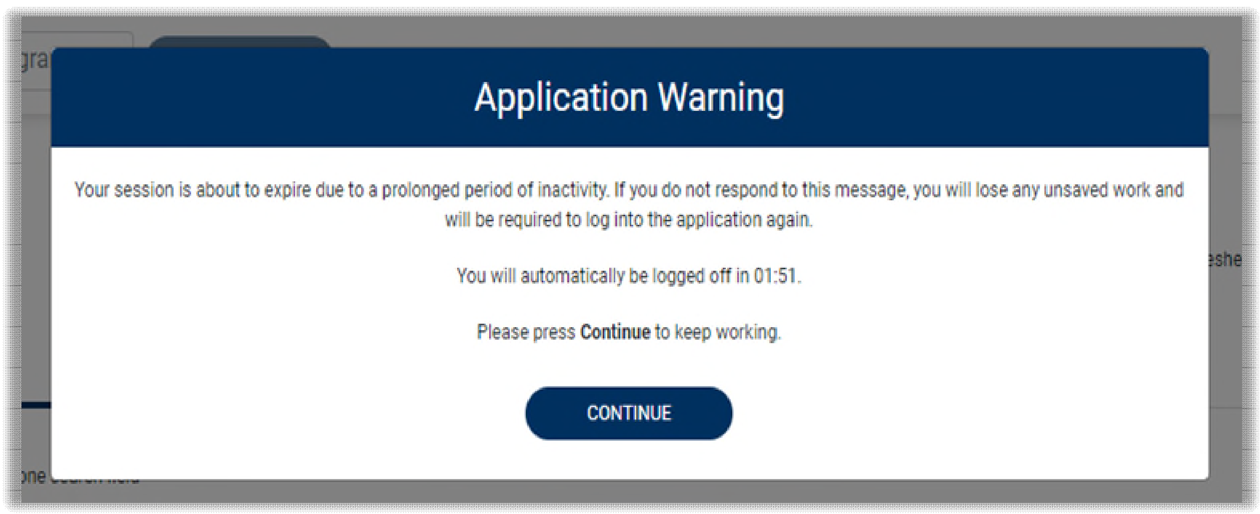
Division of Medicaid
Bureau of Appeals
Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

Troubleshooting Tips and Tricks

This section will identify a few troubleshooting tips and tricks to help make navigation of the system easier.

Inactivity Warning

Important Note:
After a period of inactivity (15 minutes), 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.

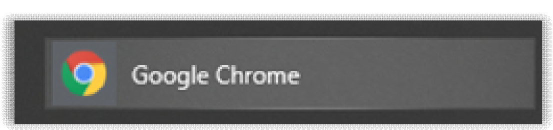


To continue working, select **Continue**.

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.

Internet Browser

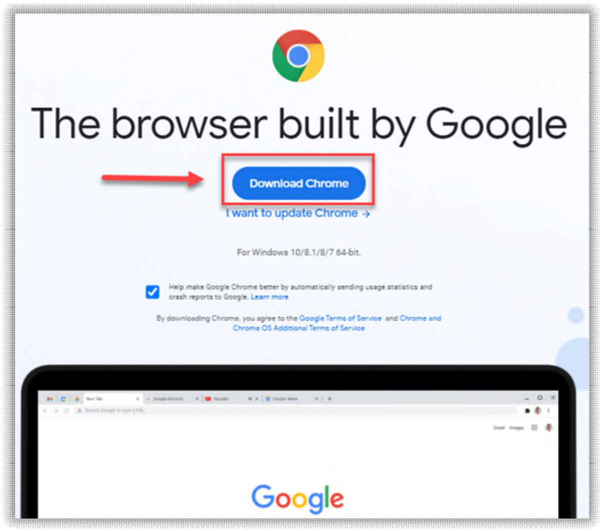
Atrezzo is configured to function in all internet browsers; however, Chrome is best. Chrome users will have the best system and functionality performance over other browsers.

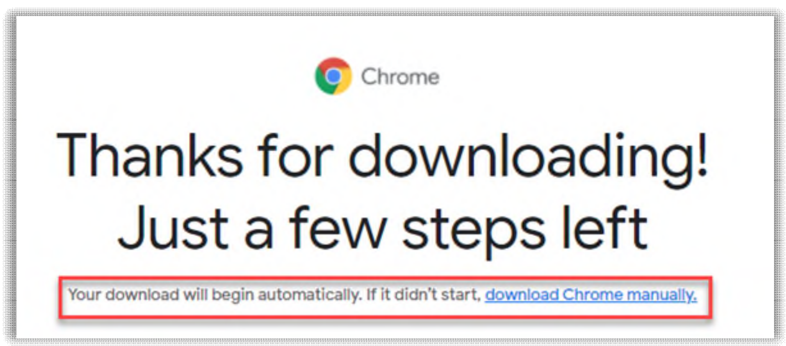


How to Add Google Chrome to Computer

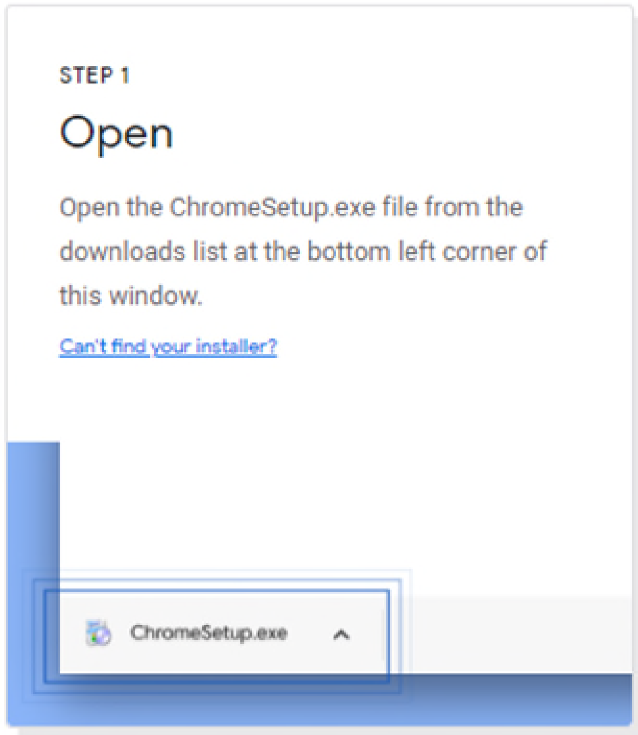
Google Chrome is the preferred internet browser for Atrezzo. A user can do a search for "Google Chrome Download" or click Download to access the available link.

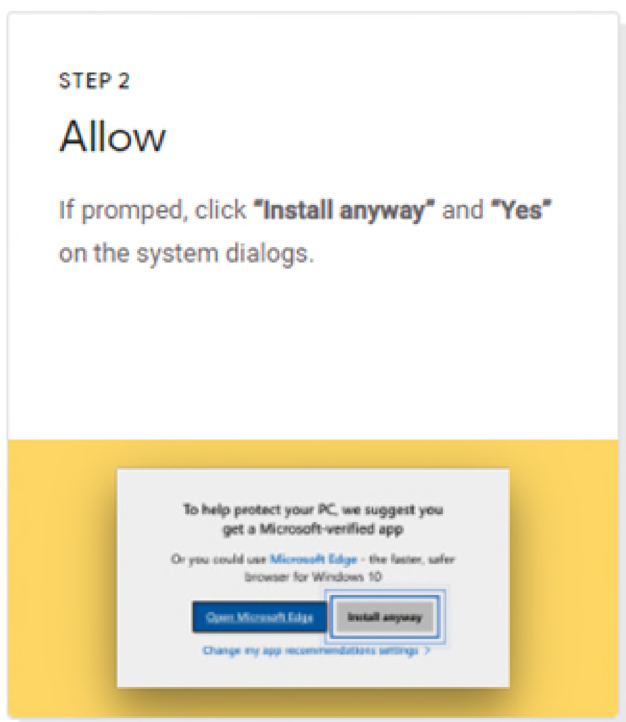
One the Google Chrome Download page, click Download Chrome, then follow the prompts.

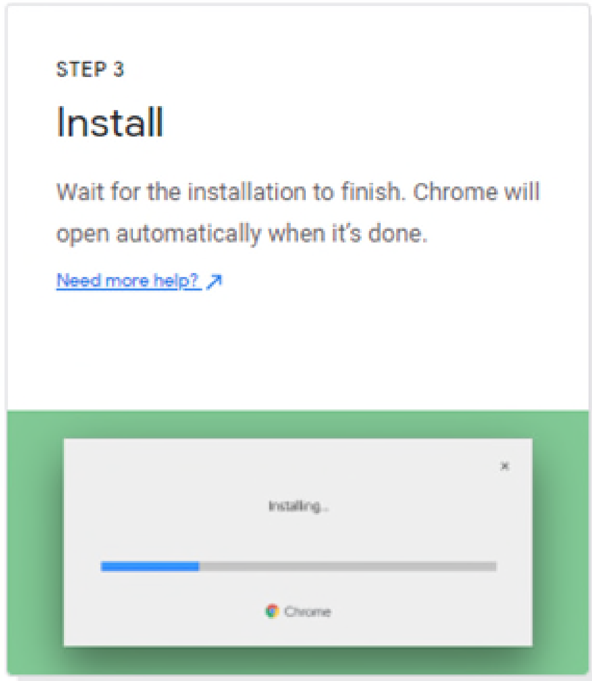




Kepro


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?
ChromeSetup.exe

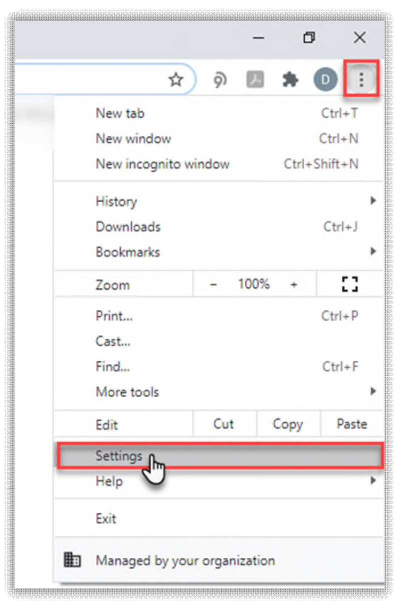

STEP 2
Allow
If promped, click "Install anyway" and "Yes" on the system dialogs.
To help protect your PC, we suggest you get a Microsoft-verified app
Or you could use Microsoft Edge - the faster, safer browser for Windows 10



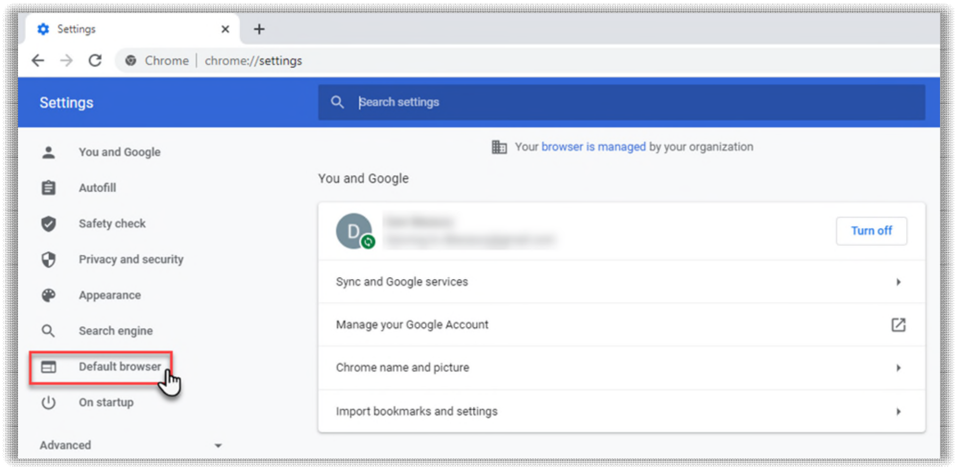
Once installed, Chrome can be set as a default browser for all applications, or you can simply create a shortcut for Atrezzo within the application.

How to set Chrome as Default Browser

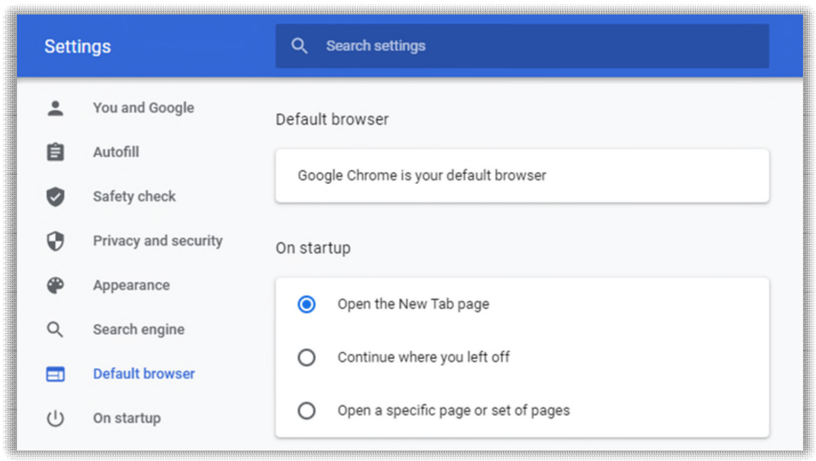
To set as the default browser, click the in the three dots in the upper right-hand corner, the select Settings from the drop down.



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

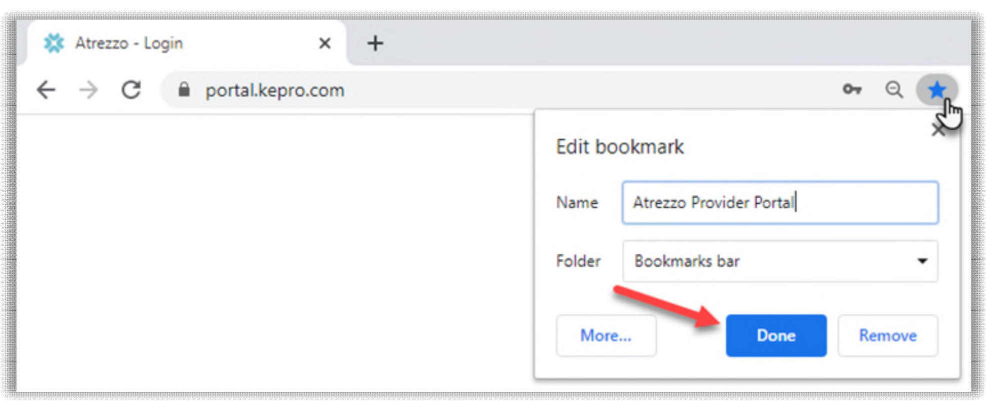


Select Make Default under Default browser.



How to Set Atrezzo Bookmark in Chrome

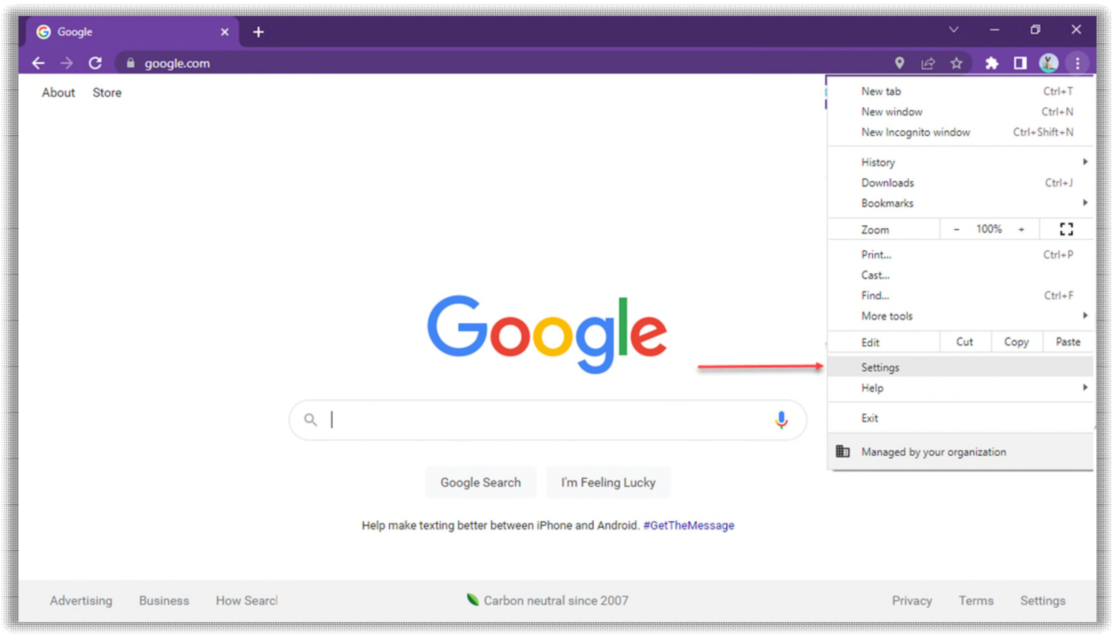
After entering the Atrezzo portal link https://portal.kepro.com/ into the browser, click the star in the address bar. Enter the name of the bookmark (be sure to keep the name simple so you remember it), choose a folder or add to the bookmarks bar, and click Done. This will set a bookmark for easy navigation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



How to Disable Pop Up Blocker in Google Chrome

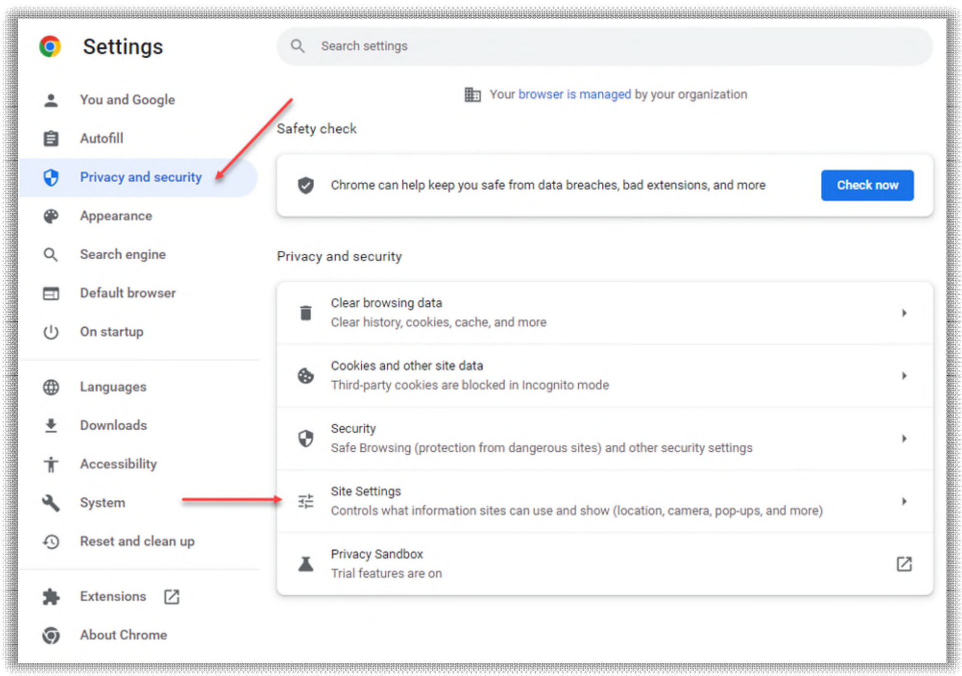
Open **Google Chrome Internet Browser**

Click **Customize and Control** button and select **Settings**

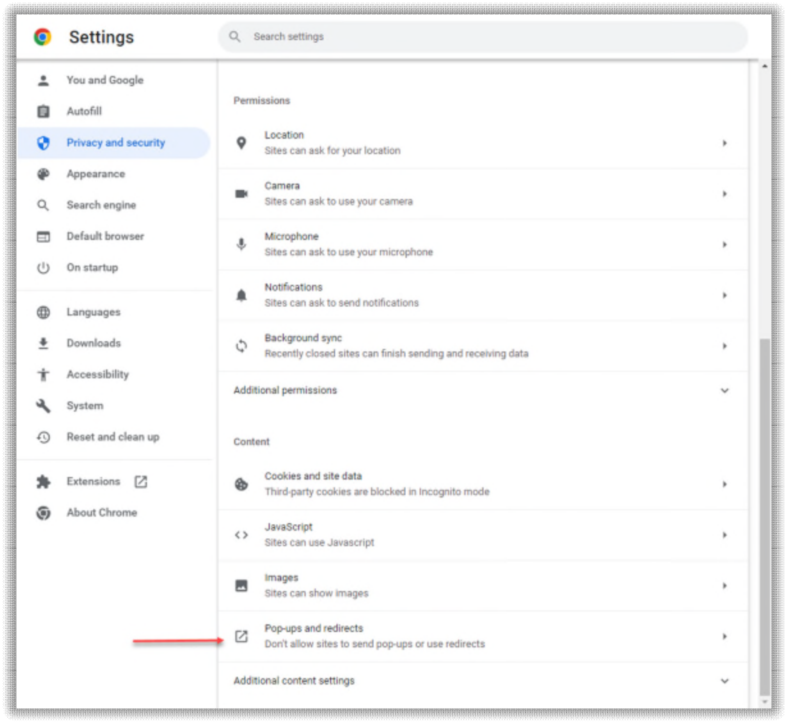


Click on **Privacy and security**

Click **Site Settings**

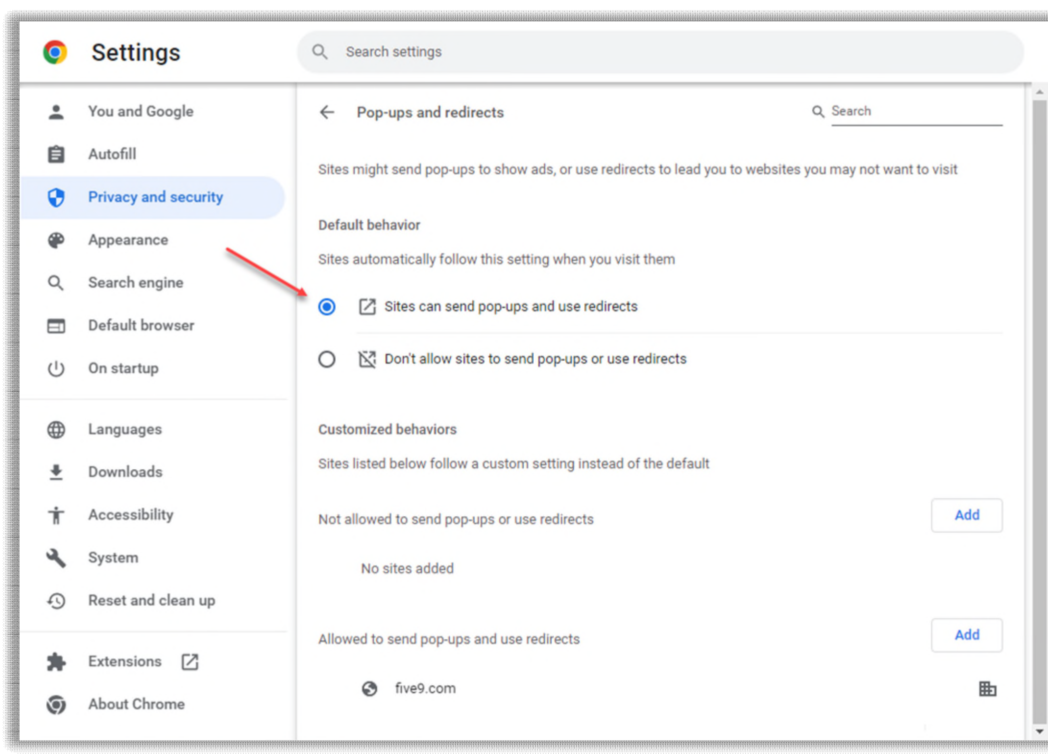


Kepro



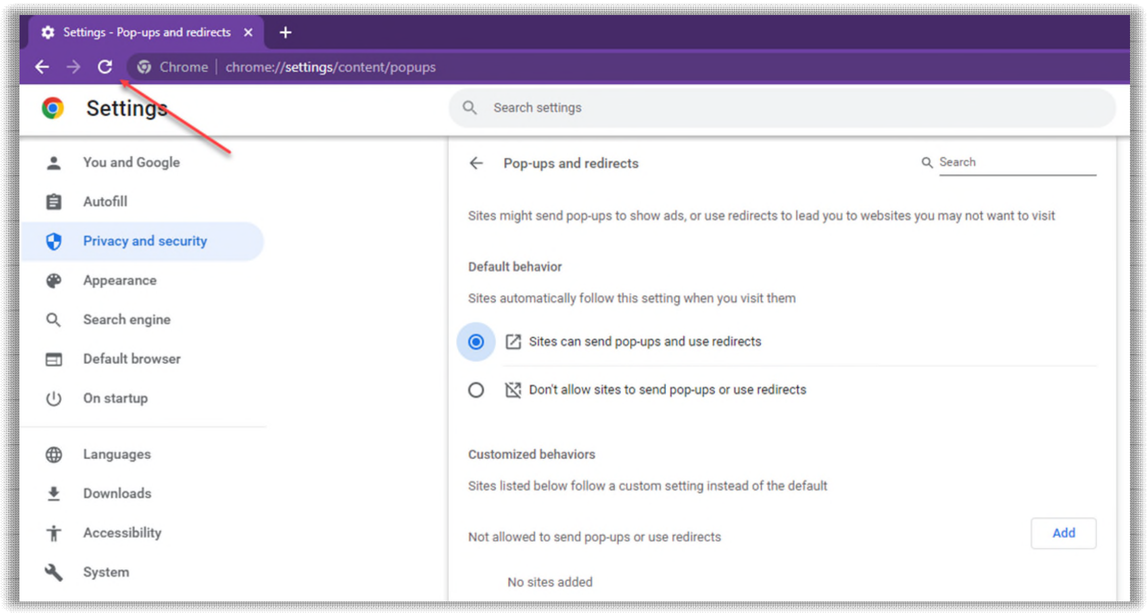
Scroll down to **Content**

Click **Pop-ups and redirects**



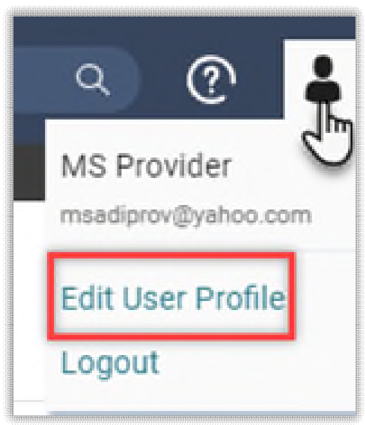
Click the radio button next to *Sites can send pop-ups and use redirects*

Refresh your tabs to ensure the change is recognized



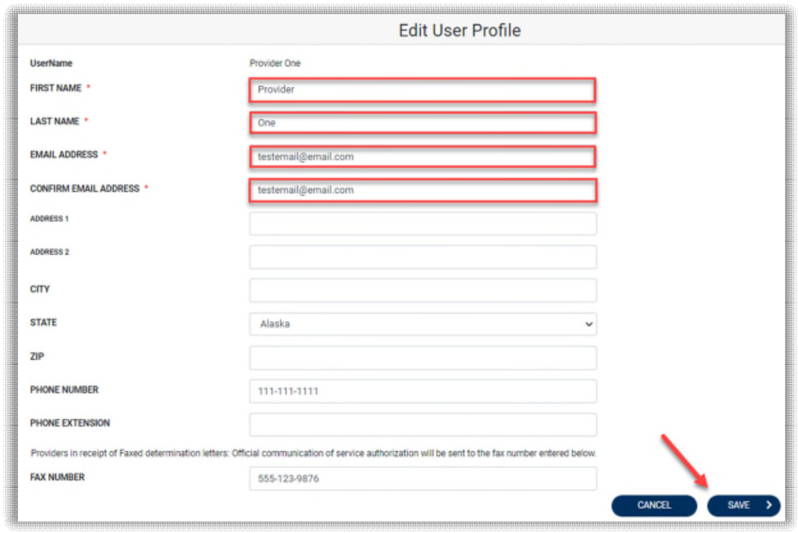
Updating User Profile

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**.



Kepro

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



Password Requirements

For all Kepro provider accounts, you will be required to change your password every 90 days. The system will warn you, starting 10 days before the password expires, after you logon. The new password cannot be identical to the expiring password.

Passwords must be a **minimum of 8 characters** and a **maximum of 16 characters**. Passwords must have a least one of each of the following:

- **One upper case letter**
- **One lower case letter**
- **One number**
- **One special character.**

How to Access Technical Assistance

For technical assistance, please contact the **Mississippi Provider Helpline at 866.740.2221 or via email** MSADIHELP@kepro.com**.**