Atrezzo Migration Provider Q & A

**Q**: How do I obtain access to the portal?

**A**: Kepro will open registration to the Atrezzo Next Generation portal in late September. It is crucial the organization determine one person to be the Provider Group Administrator. The provider group administrator will register the provider NPI and add any additional users and administrators accordingly. The NPI can only be registered 1 time, so this initial step is very important. Continue to check [msadi.kepro.com](https://msadi.kepro.com) for updates on open registration. Please ensure third party EMR partners who obtain prior authorizations for your entity are registered for training and have access. (ex. Eblu, Change Healthcare, Athena, etc.)

**Q**: I already have an account with Kepro for other business (MS State Employees). Do I need another log in?

**A**: No. Kepro staff will add access to the MS Advanced Imaging service for you. The provider group administrator for the entity will need to email [MSADIHELP@kepro.com](mailto:MSADIHELP@kepro.com) providing the name and contact number, the MS Medicaid number for your provider and the name and email address of any additional users that will need to be added.

**Q**: Will the prior authorizations we already have with EQHS still be valid?

**A**: Yes, all authorizations from EQHS will roll into Atrezzo and be on file with the fiscal agent.

**Q**: If our provider is already set up in Kepro is there anything else needed to begin authorizations for Medicaid 10/3/22?

**A**: You will not need to register again; however, Kepro staff will need to provide access to the MS Medicaid service for your group. The provider group administrator for the entity will need to email [MSADIHELP@kepro.com](mailto:MSADIHELP@kepro.com) providing the name and contact number, the MS Medicaid number for your provider and the name and email address of any additional users that will need to be added.

**Q**: What if our company does not assign fax number for our associates?

**A**: The fax number should be the fax number for the office location where you would like your letters or notifications to be sent, not individual associates.

**Q**: Will this portal be used to credential a new provider? I have a new provider but was told that I can’t do that until October 3rd.

**A**: To credential a new MS Medicaid provider you will need to contact Gainwell Technologies. They will be the new MS Medicaid eligibility and provider enrollment/claims vendor, replacing Conduent. They are set to go live 10/3. Visit <https://medicaid.ms.gov/providers/> for more information.

**Q**: How will I obtain the registration code?

**A**: The registration code will be your **MS Medicaid number**.

**Q**: What is the web address?

**A**: The web address for the web portal is <https://portal.kepro.com>. NOTE: The registration option for MS Medicaid is not open currently. More information will come.

**Q**: What if a test is scheduled for 10/3?

**A**: Providers should submit authorization requests as soon as possible after orders are received. Providers will be able to submit request and respond to additional information requests until 5pm on 9/28. **Kepro will not accept/process review requests on 9/29 and 9/30 while transitioning to the new system.** Non urgent testing should not be performed without authorization. There will be no change to the urgent /emergent process. Providers have 3 business days to submit a retrospective urgent request.

**Q**: Is this just for outpatient that is done under EQ Health? Does it change the inpatient request that go through Alliant Health?

**A**: Kepro (formerly eQHealth) will be changing from eQSuite to Atrezzo on 10/3 and that affects **only** outpatient Advanced Diagnostic Imaging requests. You will continue to contact Alliant Health or any of the other Managed Care organizations for all other requests.

**Q: How do I register my providers. I have more than one doctor in the office.**

**A**: If you will be requesting Prior Authorizations, you will need to be registered.

First it is important to understand the Atrezzo system language.

Referring Provider is the term used to describe the individual/group/hospital requesting the authorization online. The referring provider may also be the same as the ordering practitioner or the hospital.

The Servicing Provider is the Hospital, Imaging Center, or Clinic where the test will be performed. The servicing provider files the claims for the imaging service.

The ordering provider is the individual physician or nurse practitioner who ordered the advanced diagnostic imaging exam.

Hospitals, Imaging Centers, or large Clinics (Servicing Providers) that will actively request authorizations in Atrezzo for MS Medicaid patients will need to register the NPI number/MS Medicaid number that may serve as a location where services are performed. (This is the number you will use on your claim form for payment) \*The Medicaid number on the Kepro authorization must match the claim you submit to Gainwell.

Group practices or Solo Practitioner offices (Referring/Ordering Providers) should register to be able to submit cases in Atrezzo based on how you prefer to be listed as referring provider. It is recommended to register at the group level NPI rather than each individual practicing physician in the practice. Advanced Diagnostic Imaging performed at the office locations (CT, Myocardial perfusions, etc.) would be billed with the Group NPI/Medicaid number, not the individual NPI/Medicaid number; therefore, the authorization request needs to reflect the group NPI/Medicaid number.

Registering each individual practitioner is not recommended.

**Example**: ABC Cardiology has 4 MDs and 2 NP in practice who order advanced imaging and performs certain testing inhouse.

The log in for Atrezzo would be registered as ABC Cardiology with their NPI number /MS Medicaid Number that would be listed on the claim form for service.

Please email [msadihelp@kepro.com](mailto:msadihelp@kepro.com) or call 866-740-2221 for individual assistance.

**Q: I am over a large group with multiple locations. Do I need more than one admin?**

**A**: The provider group administrator can assign admin functions to other users. It is recommended to have multiple admins for larger groups as backup in the event the primary group administrator is unavailable. The primary Provider Group Admin can assign user roles based on location or NPI and assign access accordingly. We are happy to help walk you thru this. Email [MSADIHELP@kepro.com](mailto:MSADIHELP@kepro.com)

**Q:** What if you don’t know the physician’s Medicaid ID number?

**A**: If you work for the physician, ask. The office administrator or person responsible for the physician’s credentialing will have his/her MS Medicaid number. You may also contact the Division of Medicaid’s Fiscal Agent. We must have the MS Medicaid number. This has not changed.

**Q:** For the provider, would we use the tax ID or the NPI?

**A:** You must use the MS Medicaid Provider number. We do not accept Tax ID numbers. While you will register for Atrezzo using the NPI, when you submit reviews, you must type in the MS Medicaid ID number for all providers. This has not changed.

**Q:** Will we only be able to view auth approvals for the sites on our list?

**A:** When the Provider Group Administrator grants user privileges, he/she will determine what access the user has related to the NPI numbers being registered. If you are a large group with multiple sites, your group admin will determine if you have access to all the sites. You will only have access to view your entity’s authorizations. You would not be able to view authorizations created for a different hospital or practice.

**Q:**  Is there a maximum time frame for duration?

**A:** Yes. 60 days is the approved duration. This has not changed. When entering your request: type your start date, enter “60” in the duration box and the end date will automatically calculate for you.

**Q:** What is the Quantity box for?

**A:**  The quantity refers to how many tests you are requesting. The appropriate number for this box is “1”

**Q:** Will we be able to change the site listed on an authorization?

**A:** It is important to have the information correct when initially entering the review. If a change is needed to the servicing location, providers will submit a Revision Request from the Actions drop down. You must enter the reason and give the correct provider’s name and MS Medicaid number in the comment field. This must occur BEFORE the service is rendered.

**Q:** Are authorizations good for a “group” of CPT codes?

**A:** No. When the authorization request is submitted, the code provided should match the ordering physician’s request. The authorization will be approved for that code only.

**Q:** Will we be able to withdraw a request?

**A:** You may request a Revision and ask us to void the request. You will need to provide the reason.

**Q:** It was mentioned only one provider number can be registered. Did you mean only one at a time? What about a hospital department with multiple physicians?

**A:** The provider group administrator will register the NPI at the Hospital or Group level. Each practicing physician does not have to be registered. Large hospitals and clinics with multiple physicians and sites need to contact us so we can help walk you through registration. We need to understand your structure and NPI status. You may email [msadihelp@kepro.com](mailto:msadihelp@kepro.com) or call 866-740-2221.

**Q:** Will the power point be posted?

**A:** The videos and all other education material will be posted to the [MSADI.Kepro.Com](https://msadi.kepro.com/msadi-providers) website.

**Q:** I work at a hospital different from my director. I am the only one here who does the precerts. Who should be the one to register our hospital? My director at other facility or me?

**A:** The larger facilities need to determine how they want to handle the initial registration. If the corporate office prefers to register the NPI and assign a group administrator at each hospital, that works. If you prefer to register at each site - that works also. The organization must make that decision based on your business objectives.

**Q:** if you submit the authorization via fax, will you still be able to view the approval or denial on the website.

**A:** Providers should submit all requests online. This will allow you to control all aspects of the request. You will be able to provide the required order and clinical information, see any messages or additional information requests and view/print your letters. The online portal is meant to provide you with a more efficient way to obtain your prior authorizations.

**Q:** If a doctor’s office submits an approval for a patient will the site be able to view their submission if the site is listed on the case?

**A:** No. Security measures do not allow for cross viewing between different provider organizations. If a physician’s office submits an authorization request, the rending provider (hospital or imaging center) will receive a fax notification of the outcome.

**Q:** What if Medicaid is secondary to WellCare or a Medicare Advantage Plan. Is a precert required?

**A:** If a member has any other insurance that is primary to Medicaid, a precertification is not required.

**Q:** Is this just for outpatient testing? What about Inpatient surgery and admissions?

**A:** Kepro provides utilization review for outpatient Advanced Diagnostic Imaging only for fee for service Medicaid member. Inpatient authorizations are obtained from Alliant Health or the managed care organizations.

**Q:** If we are unable to verify the patient’s insurance for some reason and they have a different Medicaid (United, Molina, etc.) will the site notify us at the time of submission like eQHealth used to?

**A:** The Atrezzo web portal will not allow an authorization request to be submitted for any member who is ineligible or enrolled in a managed care plan or CHIP on the service date entered. Because this message is not received until further along in the review process, it is highly recommended to verify eligibility prior to attempting an authorization review. Gainwell Technologies, the Division of Medicaid’s new Fiscal Agent will offer several ways to verify member eligibility.

**Q:** What is the turnaround time for authorization requests?

**A:** This has not changed. Precertification should be submitted at least 3 days prior to the service date. Kepro processes precertification reviews within 2 business days (submission date is day zero). Retrospective reviews are processed within 5 business days (submission day is day zero).