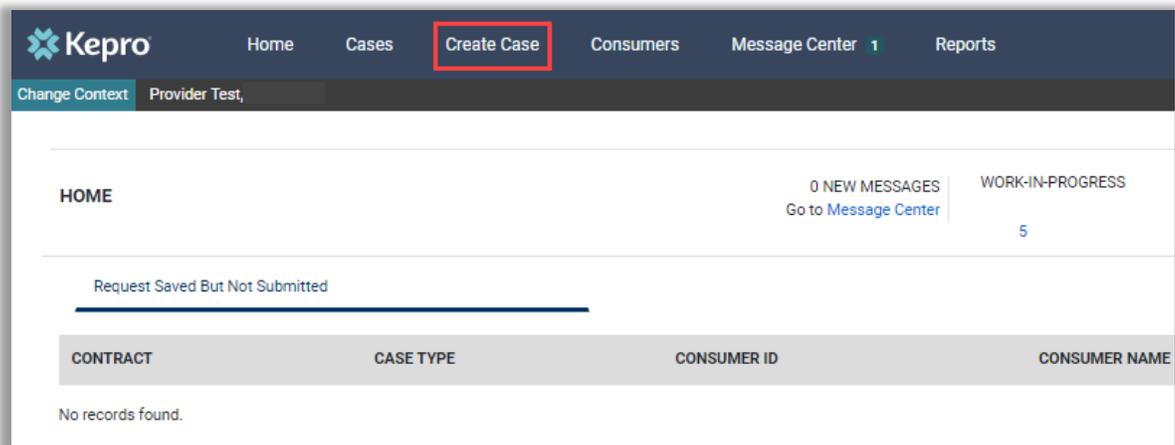


Job Aid Title: Provider Portal: Submitting a New UM Request	Job Aid Number: ANGJA.010
Date Published: 01/23/2023	Approved by: Daniyel Bezaury
References: Atrezzo Next Generation (ANG) Provider Portal Manual	
Purpose: The purpose of this job aid is to outline the steps to use the Atrezzo Create a Case Wizard when creating a new UM request in the Atrezzo Provider Portal.	

Creating a New Case

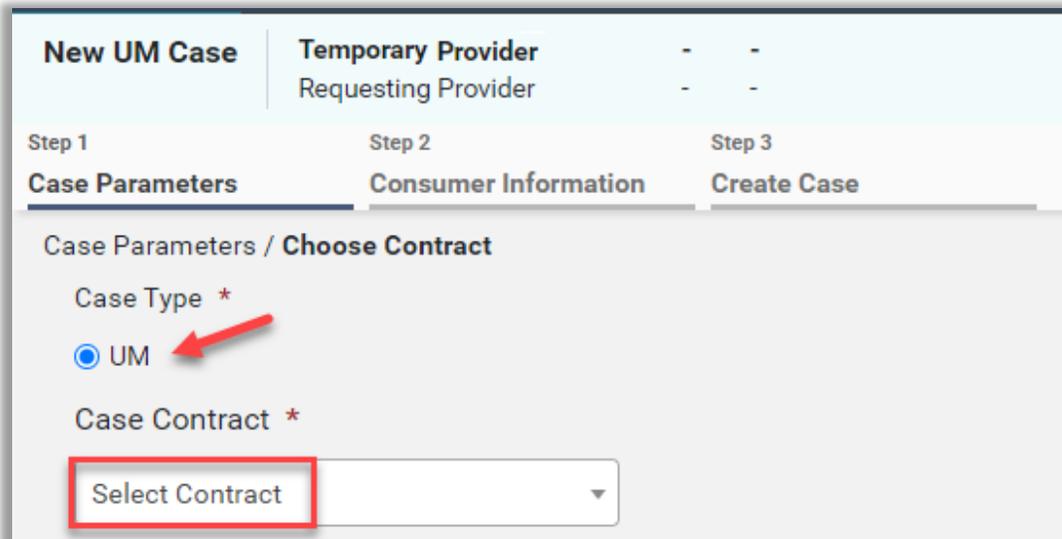
From the Home page, click **Create Case**



NOTE: Some, or all, information on this page will auto populate.

If **Case Type** does not prepopulate, select **UM**.

Select appropriate **Case Contract**, if not auto populated



Select appropriate **Request Type**, if not prepopulated

Click **Go to Consumer**

NOTE: Go to Consumer will remain greyed out until all required fields are completed

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 **Consumer Information**

Click **Search**

NOTE: All fields are required, as indicated by *, or with note indicating search requirements, such as Subscriber ID or Last Name and DOB.

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

Consumer Information / Search Consumer

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

MM/DD/YYYY

Cancel | Search

Review search results

Click **Choose** to the select the appropriate 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

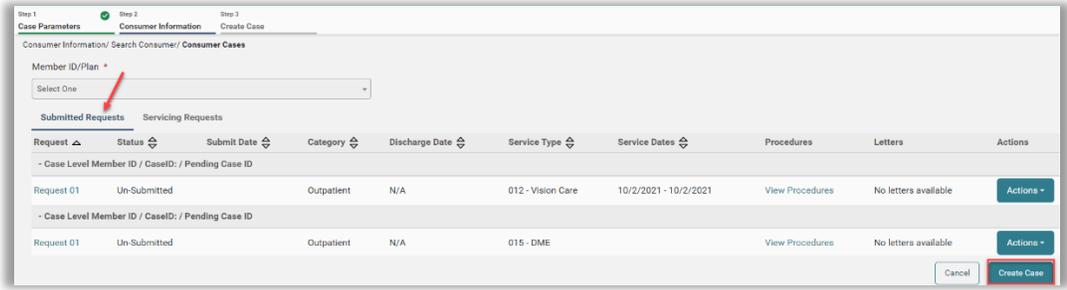
*Combination of DOB and Last Name or Member ID

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

Cancel | Search

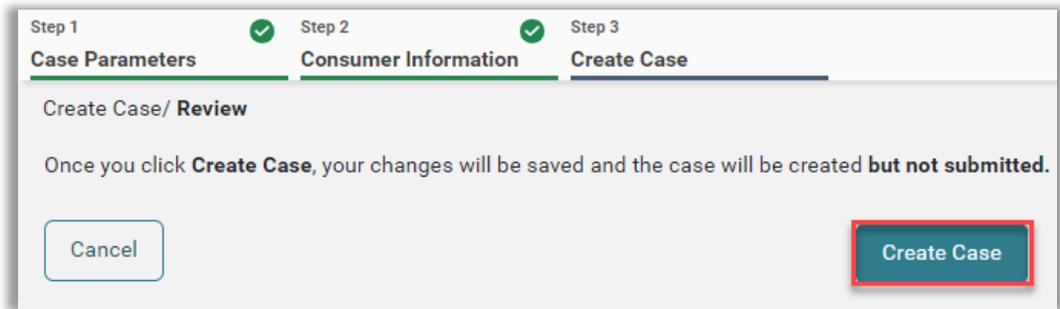
Review previous submitted requests to ensure no duplicates

If no duplicates are found, click **Create Case**



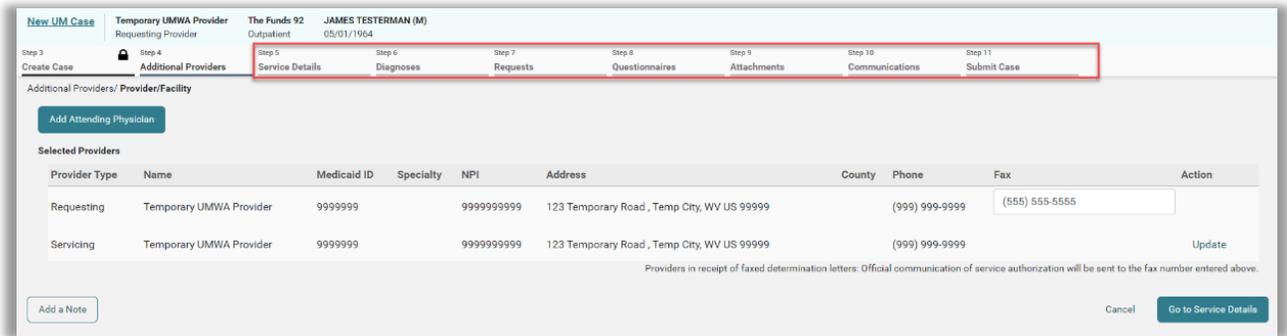
Review the disclaimer stating that the case will be created but not submitted.

Click **Create Case**



Your case has been created, notice the additional steps now listed

Review selected providers



Click **Update** to make changes to servicing providers, if necessary



Search for new provider

Click **Choose** to add the updated servicing provider.

Search Servicing Provider

PROVIDER TYPE *
 Facility Provider

FIRST NAME LAST NAME NPI

COUNTRY
 Canada United States

STATE/PROVINCE

Search Results

First Name ▲	Last Name ⇅	Type ⇅	Specialty ⇅	NPI ⇅	Medicaid ID ⇅	Address ⇅	Country ⇅	County ⇅	Action
Temporary	Provider			999999999	9999999	,, US	US		<input type="button" value="Choose"/>

Showing of 1

Previous Page of 1 Next

Click **Add Attending Physician**, if applicable

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

Additional Providers/ Provider/Facility

Selected Providers

Provider Type	Name
Requesting	Provider Test
Servicing	Provider Test

Search for physician

Click **Choose** to add the attending physician to the request.

Search Attending Physician

PROVIDER TYPE *
 Provider

FIRST NAME LAST NAME NPI NETWORK TAX ID

COUNTRY
 Canada United States

STATE/PROVINCE COUNTY CITY POSTAL CODE SPECIALITY

Search Results

First Name ▲	Last Name ⇅	Type ⇅	Specialty ⇅	NPI ⇅	Medicaid ID ⇅	Address ⇅	Country ⇅	County ⇅	Action
Temporary WV	Provider			999999999	9999999	,, US	US		<input type="button" value="Choose"/>

Showing of 1

Previous Page of 1 Next

Once requesting, servicing, and/or attending physicians are added, enter fax number if not auto populated, then click **Go to Service Details**

Provider Type	Name	Medicaid ID	NPI	Address	Phone	Fax	Action
Requesting	Provider Test	9999999994	9999999994	123 Anywhere Lane	(999) 999-9999	(###) ###-####	
Servicing	Provider Test	9999999994	9999999994	123 Anywhere Lane	(999) 999-9999		Update

Select appropriate options from drop downs

Click **Go to Diagnosis**

Note: options will vary based on inpatient or outpatient and contract requirements

Select appropriate **Code Type**

Enter Diagnosis code or description in search box to select appropriate Diagnosis Code

Note: enter at least 3 characters to populate the diagnosis code search results

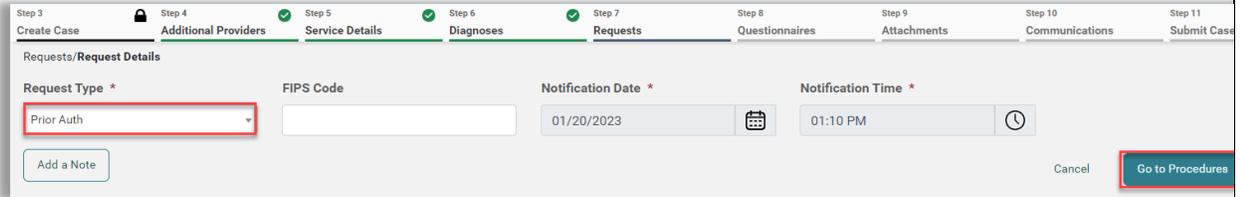
Click **Go to Requests**

Repeat these steps to add all necessary diagnosis codes. To set a primary diagnosis, you can drag and drop to the top of the list.

Select **Request Type**

Note: You can add a Note here if applicable

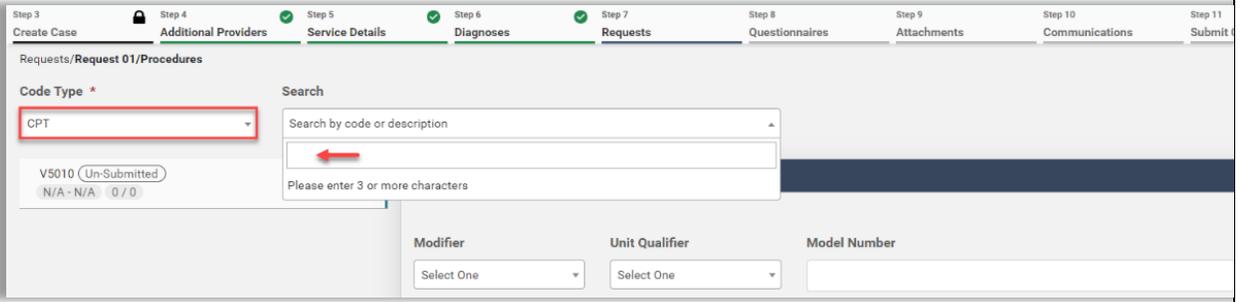
Click **Go to Procedures**



Code Type will default but can be changed if needed

Enter and select appropriate codes

Repeat to add all necessary codes

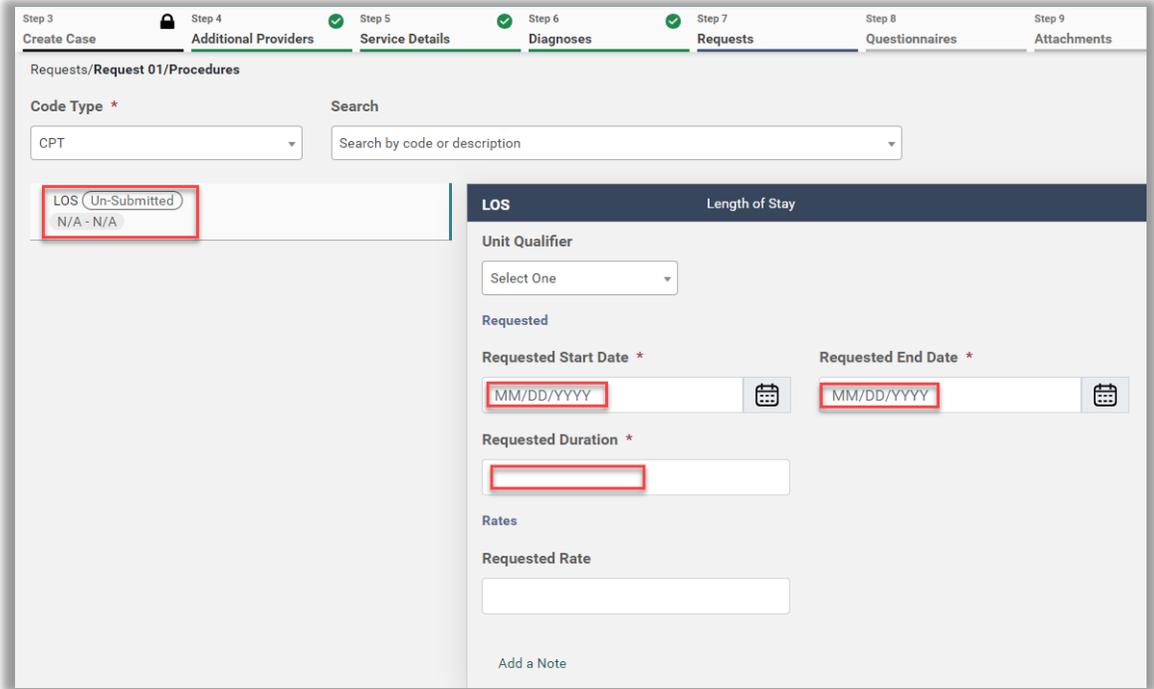


Note: enter at least 3 characters to populate the diagnosis code search results

For Inpatient cases, click into the **LOS** field

Enter **Requested Stat Date**, **Requested End Date**, and **Requested Duration**

Entries will autosave



For outpatient requests, click into each procedure code and enter all necessary information (indicated by *)

Entries will autosave

Click **Go to Questionnaires**

Click [here](#) to skip to Submit instructions

Note: At this point, you can click **Jump to Submit** if you do not need to provide any questionnaires, attachments, or communications

All required questionnaires will be populated

Click **Take** to open the questionnaire in a new tab

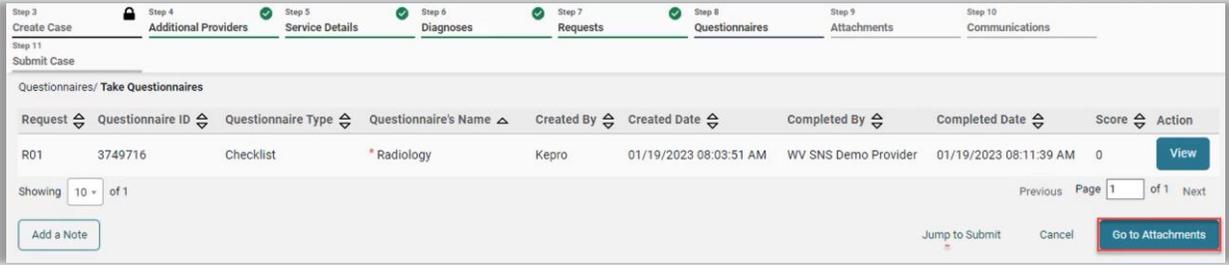
Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3749716	Checklist	* Radiology	Kepro	01/19/2023 08:03:51 AM			0	Take

Answer all questions

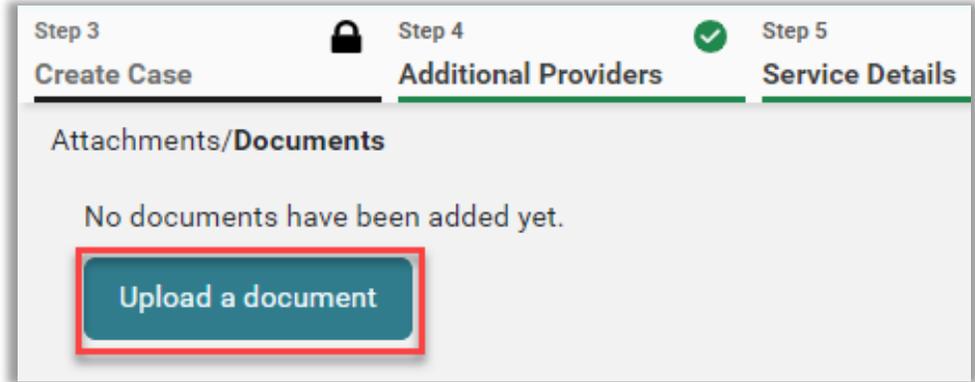
At the bottom, click **Mark as Complete** to return to the case wizard

Repeat this process with all questionnaires

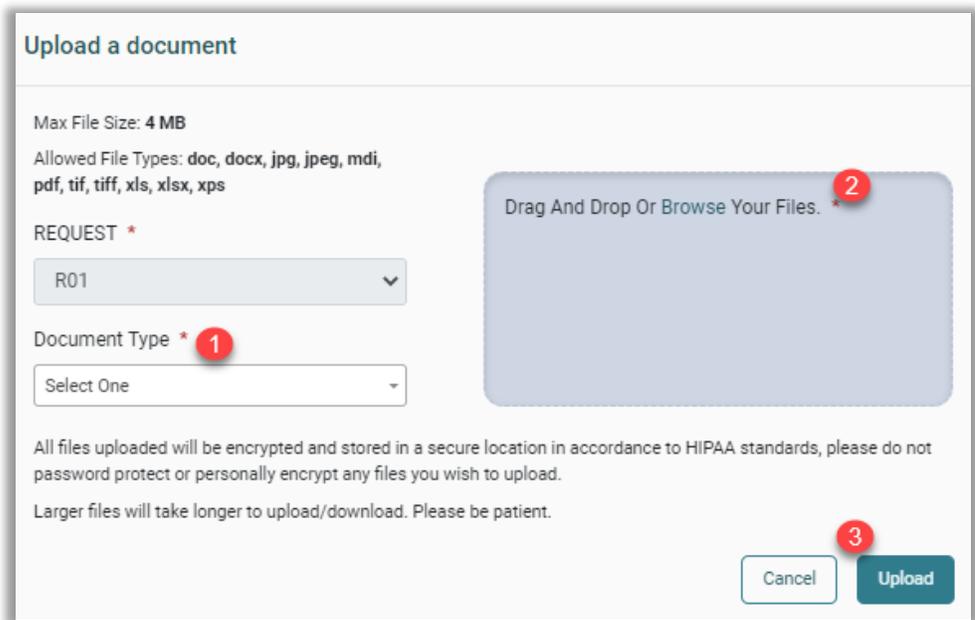
Then, click **Go to Attachments**



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

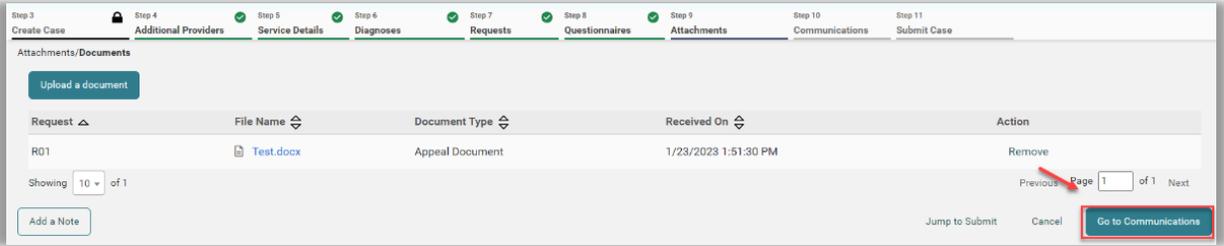


1. Select the appropriate **Document Type**
2. Add the document by dragging and dropping or clicking *Browse*
3. Click **Upload**



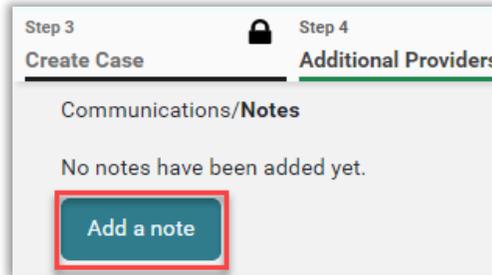
NOTE: You can drag and drop or select multiple files when browsing to attach all documents at one time. Documents do not need to be attached individually UNLESS the Document Type varies per document.

Once all supporting documentation is uploaded, click **Go to Communications**

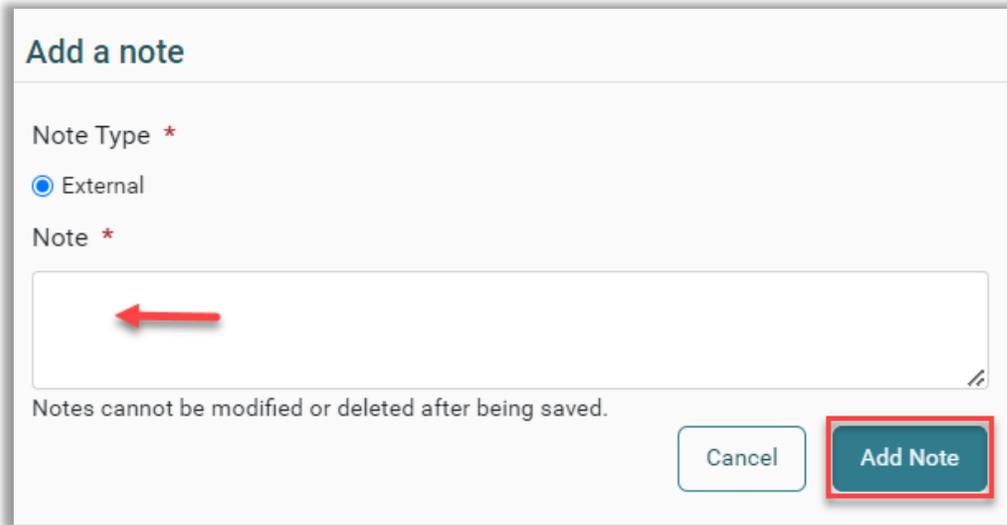


To add additional information, click **Add a Note**

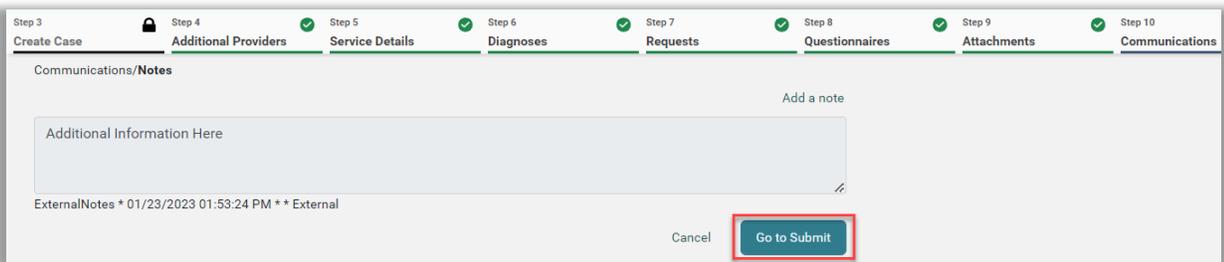
If additional information is not needed, click **Jump to Submit**



To enter additional supporting information, enter note in the text box and click **Add Note** to save.



Click **Go to Submit**



The Review page will display cards of all information entered.

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

Once complete, click **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 Step 11 Submit Case

Submit Case/ Review

Additional Providers
 Requesting
Temporary UMWA Provider
 Servicing
Temporary UMWA Provider
 Attending
BRANDON TESTER
 Update Additional Providers

Service Details
 130 - Hearing Aids
 Update Service Details

Diagnoses
 1 Diagnoses
 R68.89
 Update Diagnoses

Requests
 Notification Date
 01/20/2023
 Update Requests
 Request Type
 Prior Auth

1 Procedures
 V5010
 Update Procedures

Questionnaires
 0 Questionnaire
 View Questionnaires

Attachments
 1 Attachments
 Update Documents

Communications
 1 Notes
 Update Notes

Cancel **Submit**

Read 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**

The system will submit the case and the submitted case will display.

Note the Case ID which is specific to this request and can be used for tracking status

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID
MEMBER TEST	F	09/14/1989 (33 Yrs)	TEMP00130202211400000
CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE SRV
SUBMITTED 230260017	Outpatient		01/26/2023
UM-OUTPATIENT			
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:	

Version	Notes	Updated By	Date Updated
1	JA Created	AHadlock	1/23/2023
1	JA Updated/Reviewed/Approved	DBezaury	01/26/2023