Atrezzo
User Guide

Provider Portal

Utilization Management

Contents

Introduction

The Atrezzo system is a person-centered, web-based solution that transforms traditional, episodic-based care management into proactive and collaborative population healthcare management. This system allows users to document interactions accurately and efficiently between Care Coordinators and Utilization Reviewers with providers.
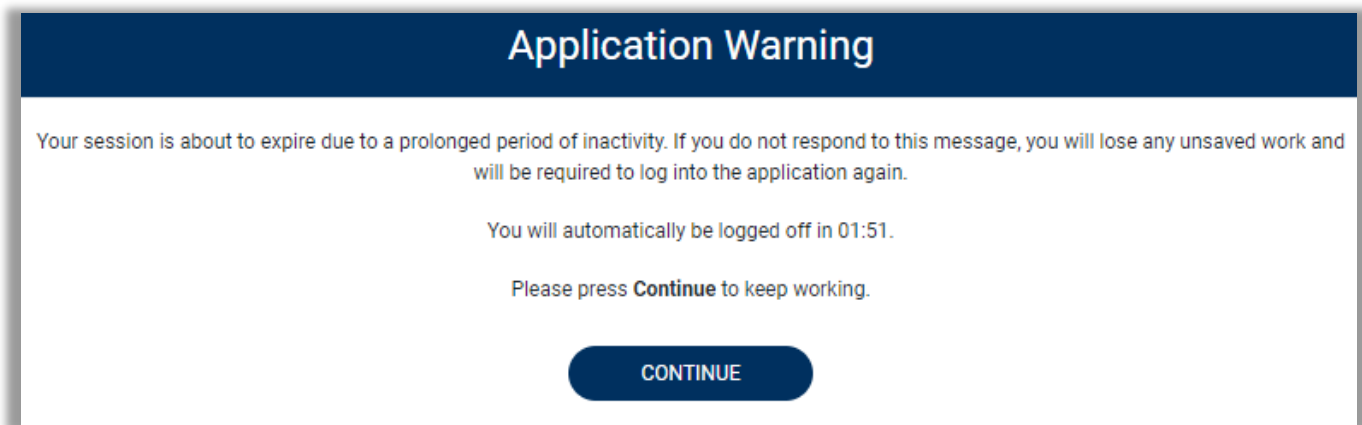
The purpose of this user guide is to provide an overview of the Provider Portal with Utilization Management funtions. This user guide was designed to be easy-to-use for users familiar with a basic PC and internet environment.

Security

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

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

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

Application Warning

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

You will automatically be logged off in 01:51.

Please press **Continue** to keep working.

CONTINUE

Getting Started

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

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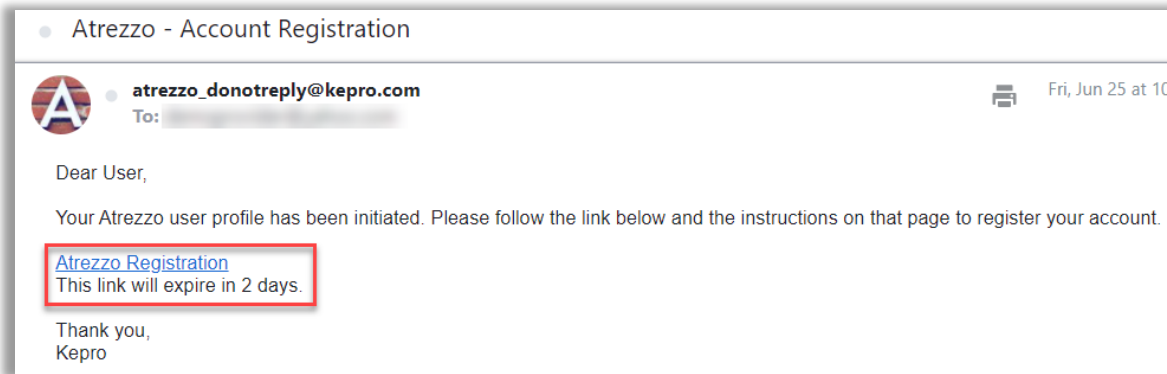

You will be required to complete Multi-Factor Authentication (MFA) during registration. This is a one time process. Future login will be under the Customer/Provider side of the login screen.
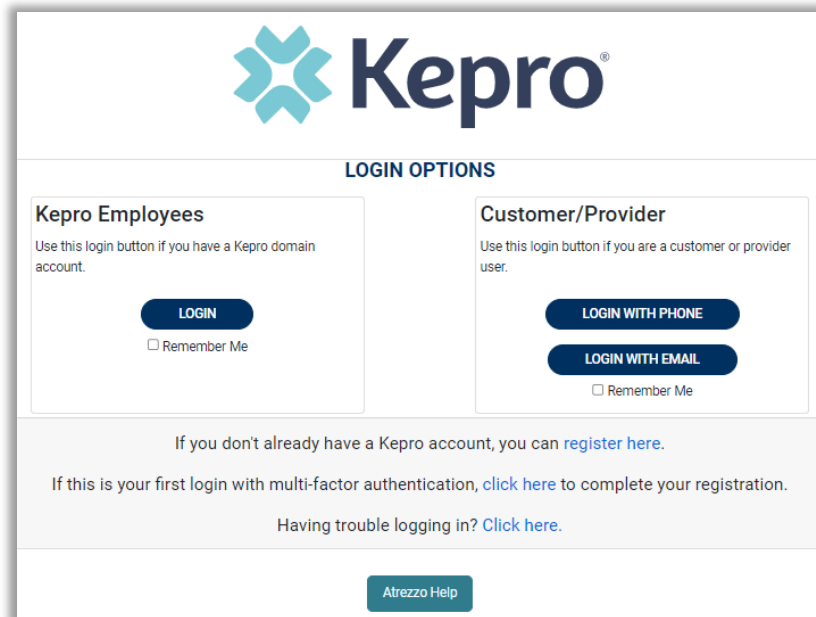
System Navigation

Upon successful login, you will be taken to the Atrezzo Provider Portal Home Page. The navigation bar will remain in place regardless of location and user role, which allows for quick and easy navigation from any screen.
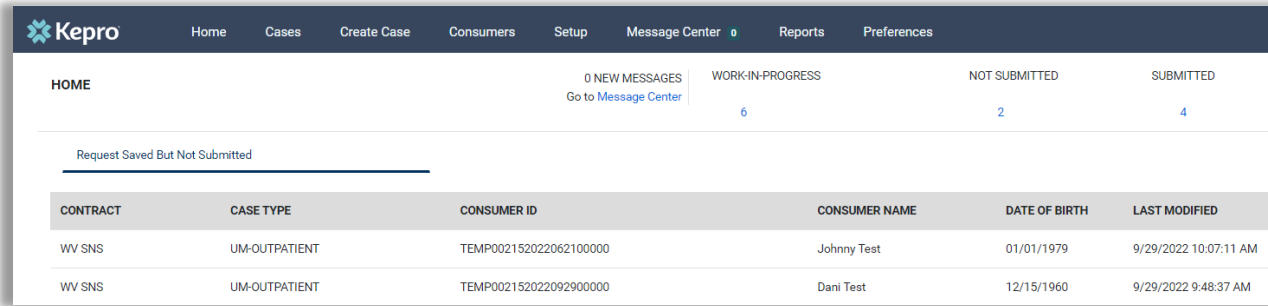
The legend below gives a brief overview of each area within Atrezzo. For a more detailed description, and for all available workflows, click the hyperlink.

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

General System Features

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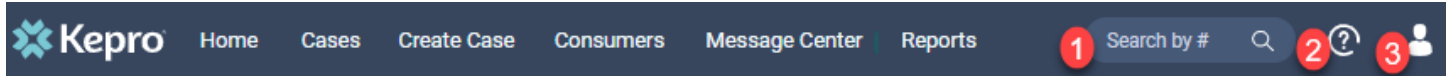

1. The **Search by #** field allows you to quickly search for a Case ID or Authorization Number. Enter the Case ID or authorization number, then hit enter on your keyboard or click outside the search field to be taken to the specified case. (See Searching by Case ID for step-by-step instructions).
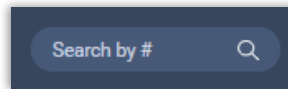
2. The **Help** menu will provide access to Atrezzo Help (user guides, FAQ), Community Resources, and Password Guidelines.
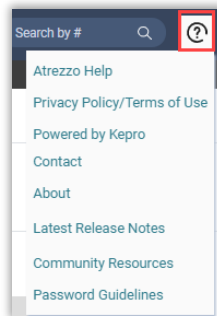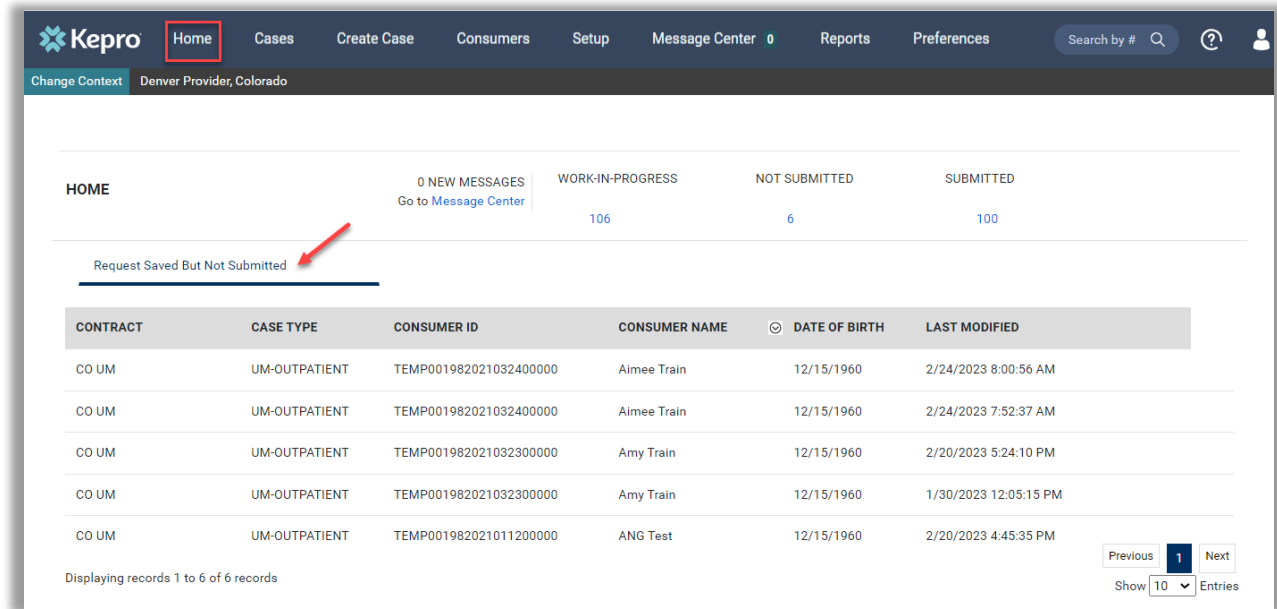
3. The **Profile** section will identify the user logged in. Click on the person icon in the upper right corner to open menu options where you can Edit User Profile, Change Password, or Logout.
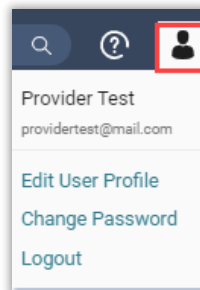
Home Screen View

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

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

The numbers below Work-In-Process, Not Submitted, and Submitted are a total of your organization's cases in that status. Clicking the hyperlinked numbers will bring you to the case search page. (See the Cases section for the steps to complete a full search.)
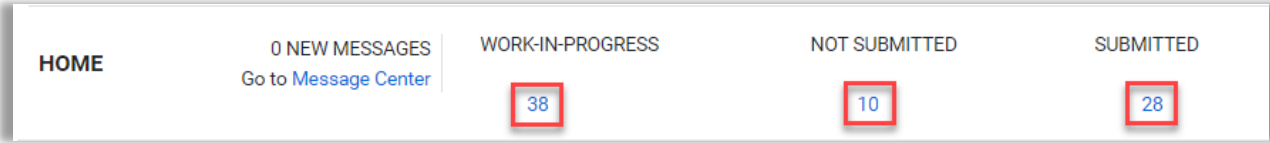
Cases

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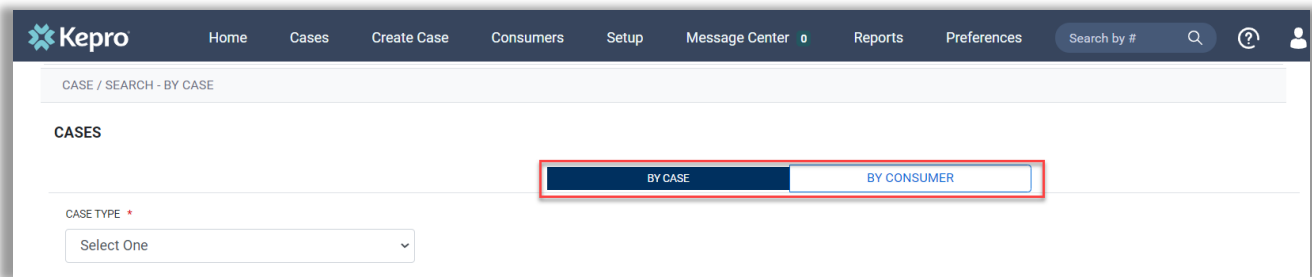
Searching By Case

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

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

![Kepro logo]
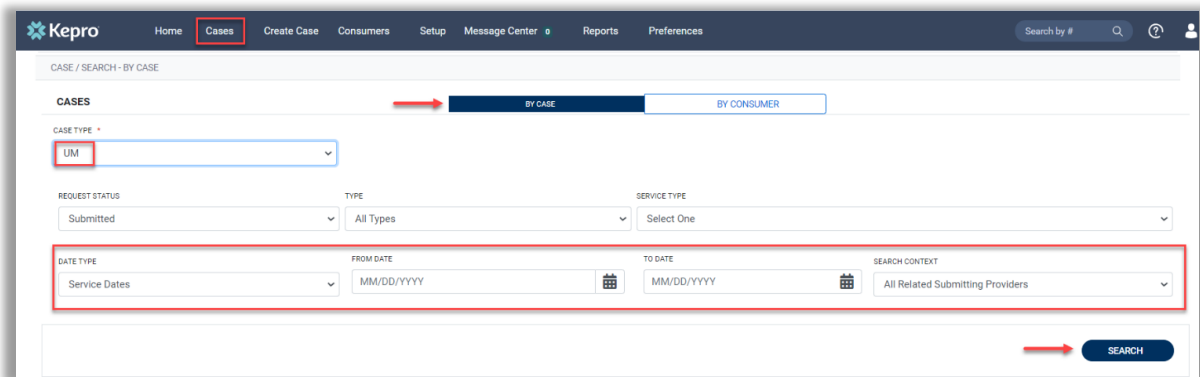
Search results will populate below.

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

Searching By Consumer

To search By Consumer, you must enter Last Name and DOB or Member ID and click **Search**.
Note: Some contracts will require additional information.

CASE / SEARCH - BY CONSUMER

CASES   BY CASE   BY CONSUMER →

CONSUMER ID	LAST NAME	DATE OF BIRTH	SEARCH CONTEXT
		MM/DD/YYYY 📅	All Related Submitting Providers ▾

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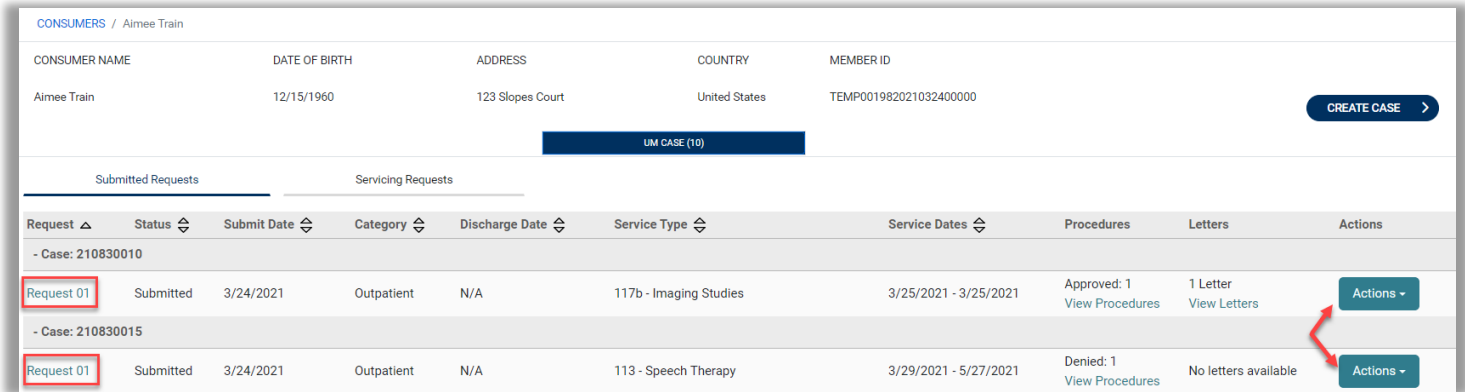
→ SEARCH

Search results will render below.

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

Displaying records 1 to 1 of 1 records

Previous **1** Next

Show 10 ▾ Entries

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

Regardless of how you navigate to the request, the **Actions** button on the right side of each request allows you to carry out specific functions such as Copy, Extend, Discharge, Add Additional Clinical Information, Reconsideration, Request Authorization Revision, or Request Peer to Peer Review. Click here for step-by-step details on using these actions.
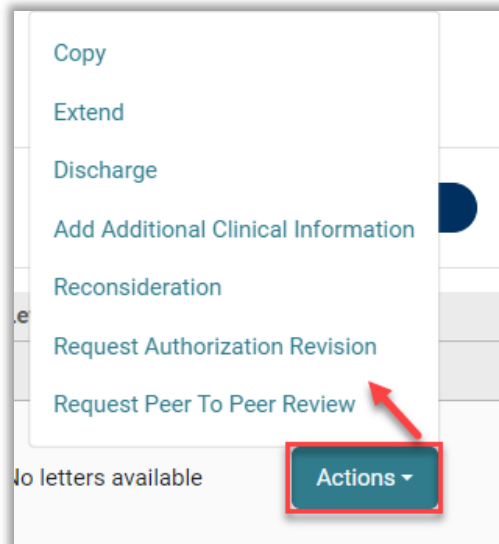
Note: *Available information in the Actions button will vary by contract and user role permissions.*

Clicking a Request hyperlink will bring you into the case where you will have limited functionality.
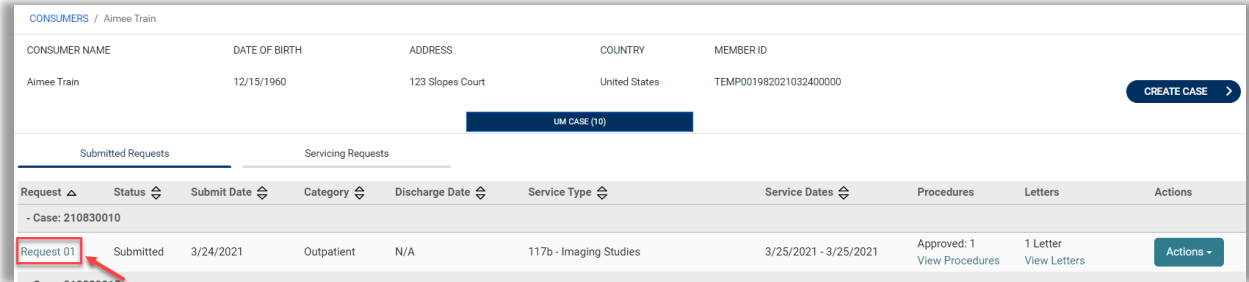
The Consumer Name is a hyperlink that will bring you to the consumer's information page and the status of the case will be visible in the top right corner of the page.
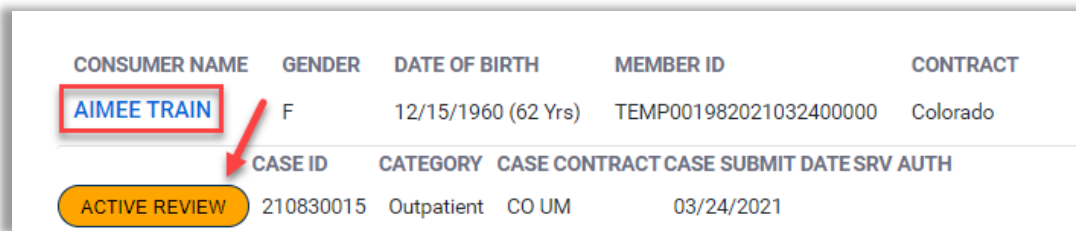
Search by Case ID

To search directly for a case, enter the Case ID in the search by # box on the top right of any page, then hit enter on your keyboard or click anywhere outside of the search box.
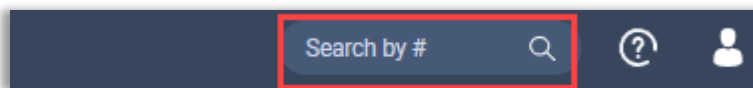
If a message is received indicating you are not associated with the case, be sure you are logged in under the appropriate provider.
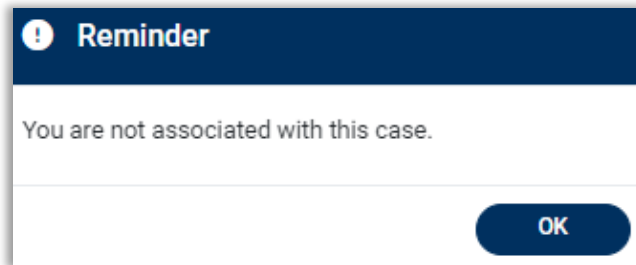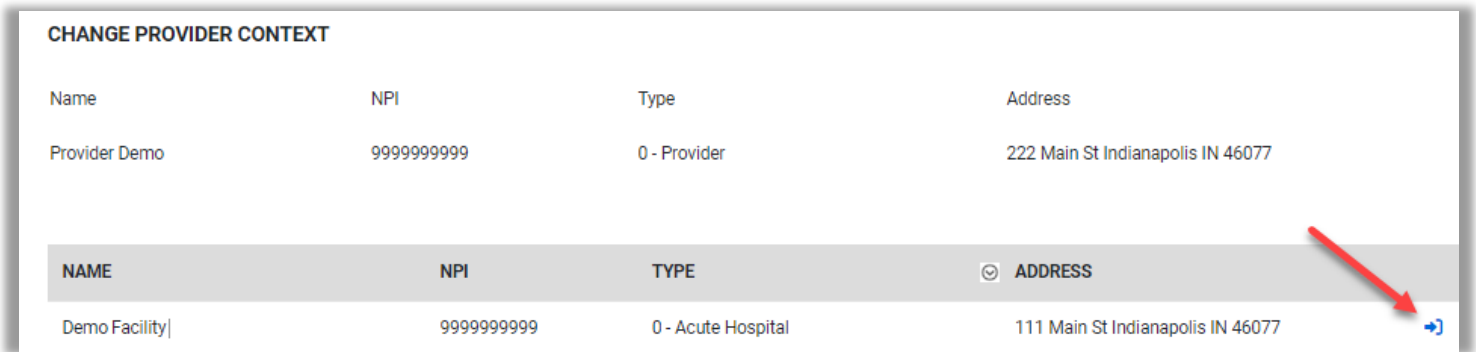
Change Context

To update which provider/location you are logged in under, click **Change Context** in the upper left corner.
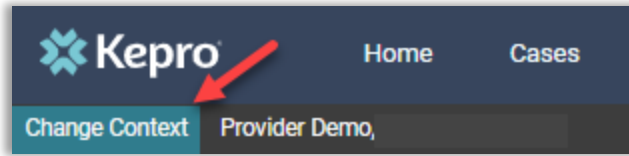
To select a different provider, click the arrow icon to the far right of the preferred selection.

The selected provider will be displayed in the banner at the top left of the screen.
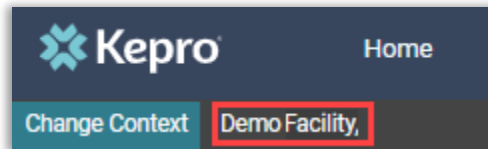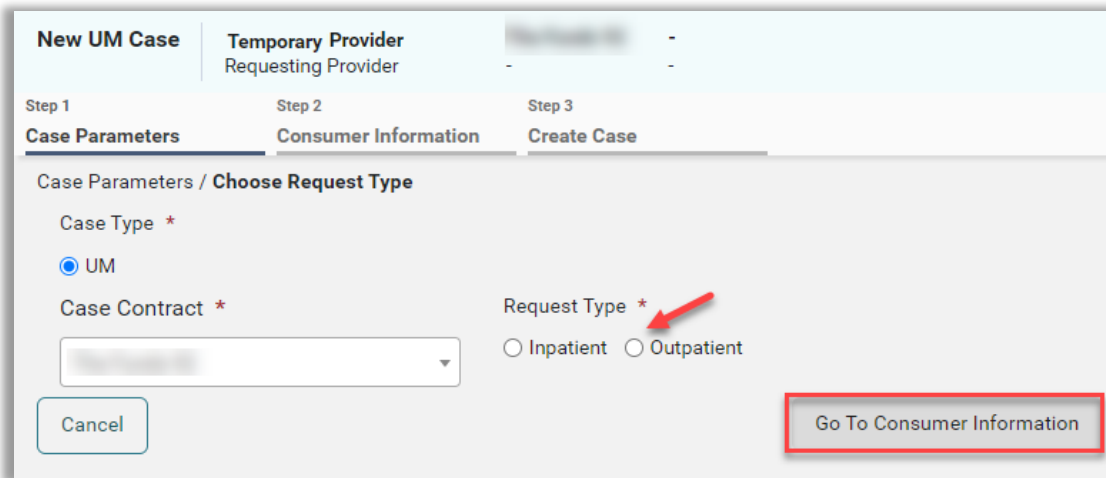
Submitting a New Request

The Create Case Wizard will walk you through the steps to create a new inpatient or outpatient request. In the navigation pane, click **Create Case**.
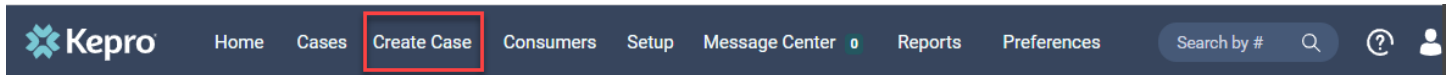
The Create a Case Wizard will load. Select Case Type as UM, enter the appropriate Case Contract and Request Type. Then click **Go to Consumer Information**.

Note: Some options, such as Case Type and Case Contract will pre-populate for certain provider users. The Go To Consumer button will remain grayed out until all required fields are populated.
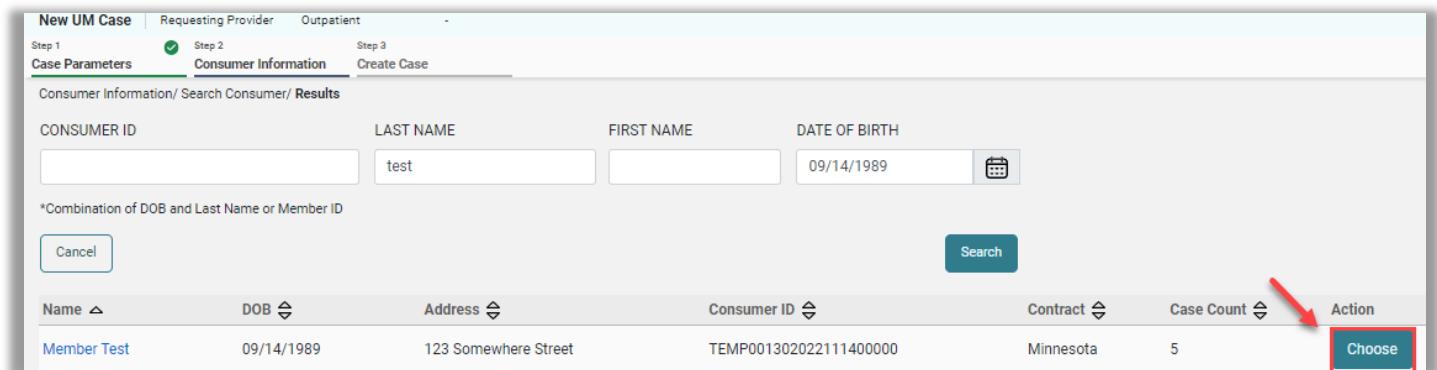
Enter required consumer information and click **Search**. You will be required to enter Consumer ID, or Last Name and Date of Birth. Some contracts may require more information to search consumers.

From the results that display, click **Choose**, for the correct consumer.
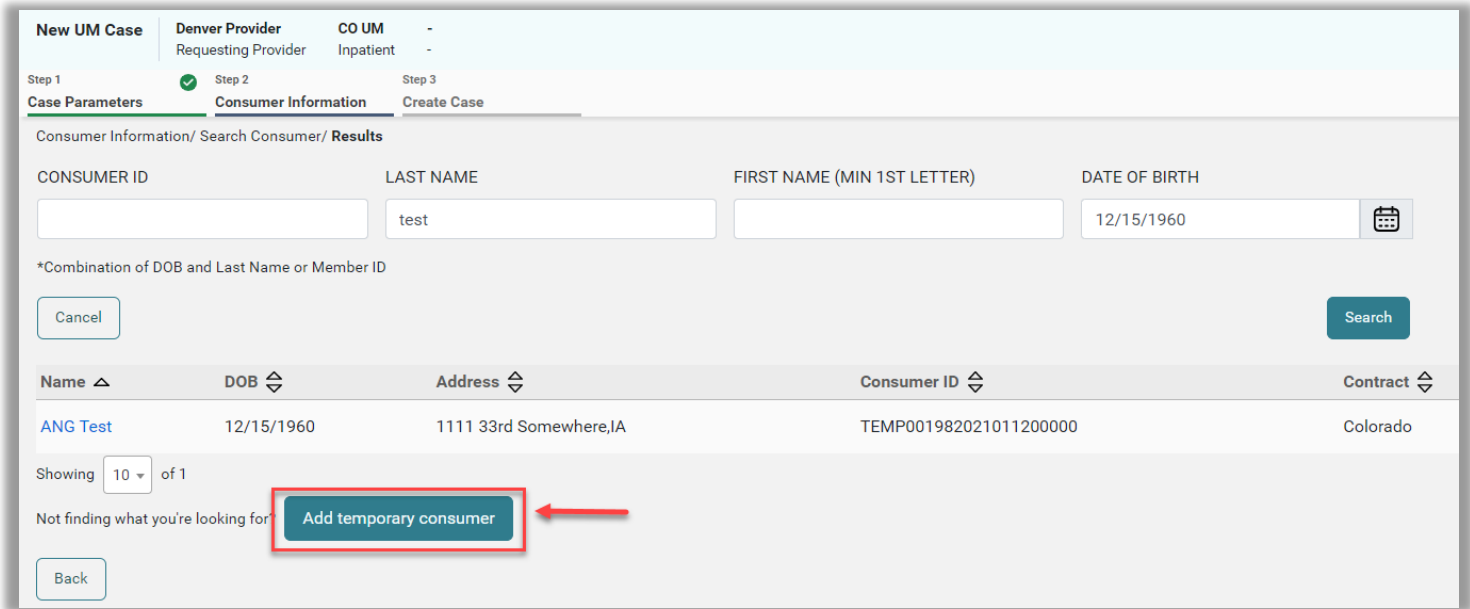
If you do not find the consumer you are looking for, you can click **Add Temporary Consumer**, if enabled for your contract.
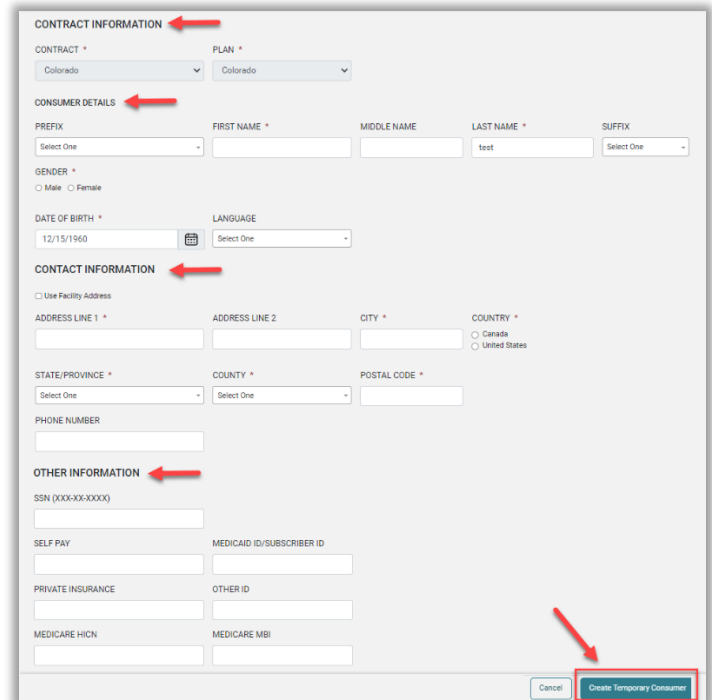
The Contract Information will autopopulate. Enter at least the required fields for Consumer Details, Contact Information, and Other Information. Then Click **Create Temporary Consumer** to be taken to the Create Case confirmation page.

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

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

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

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

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

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

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

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

You will notice that the Add a Note button now says, **View Notes**. Once you are done adding notes and additional providers, click **Go to Service Details**.
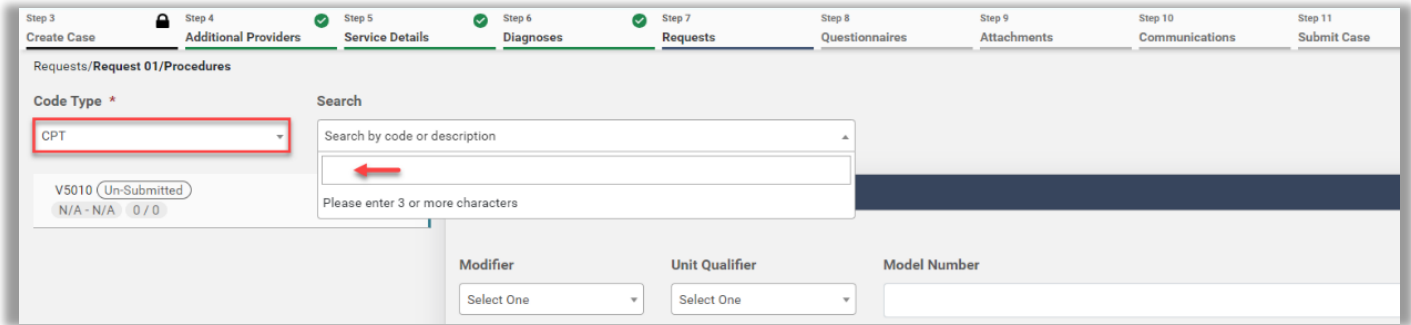
In the Service Details tab, enter appropriate Place of Service and Service Type. Available options will vary based on service type and contract requirements. Then click **Go to Diagnosis**.
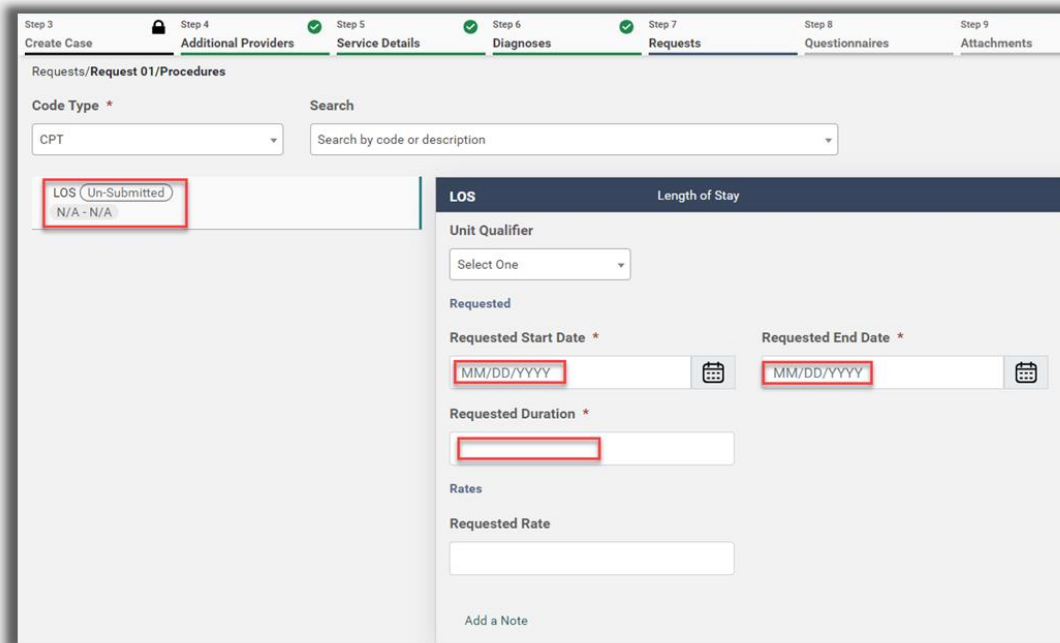
In the Diagnoses tab, select the appropriate Code Type and enter at least 3 characters into the search box. (**Note**: Search can be completed by diagnosis code or description.) Select the appropriate codes to populate them in the list below and then drag and drop to identify the primary diagnosis. Once all diagnoses are added, click **Go to Requests**.

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

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

Select the appropriate Code Type and enter at least 3 characters into the search box. (**Note:** search can be completed with procedure code or description.) Select the appropriate codes to populate a request for that procedure. Repeat to add all necessary codes.
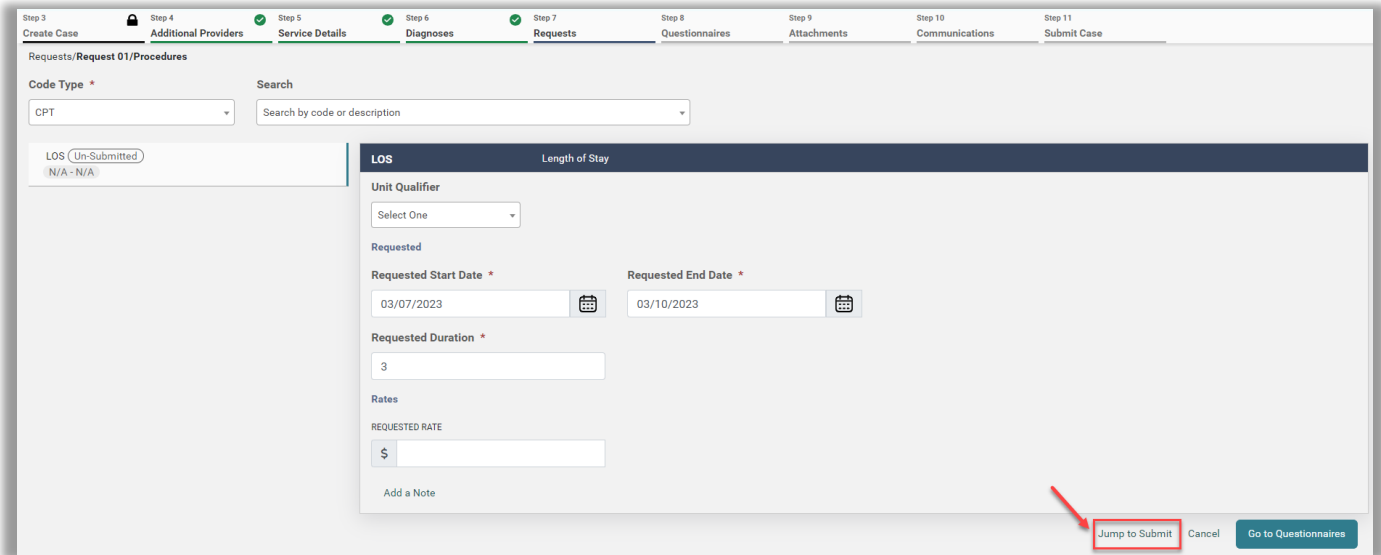
Once all procedures have been added, click each procedure code box to enter additional required information (indicated by an *). Required options will vary by contract and procedure code.

NOTE: *Inpatient cases will automatically enter the LOS line that will need to be completed. Not all inpatient requests will require additional procedure codes.*
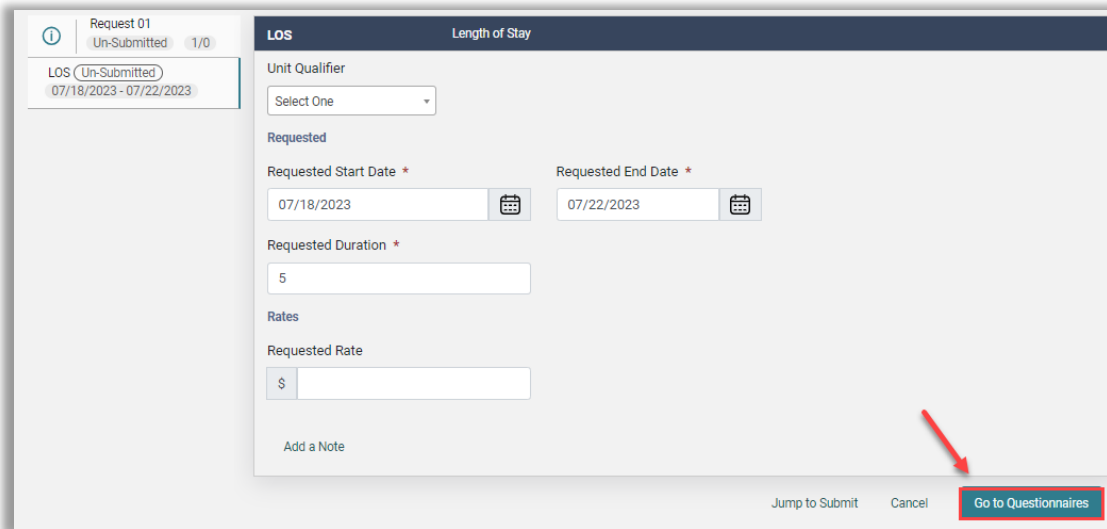
Once all procedure codes are fully filled out, you have two options.

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

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

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

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

Questionnaires will open in a new browser tab, answer all questions in all sections by choosing the correct radio button or drop down. Some Questionnaires have multiple sections and have a **Next** button at the bottom to navigate between the sections.
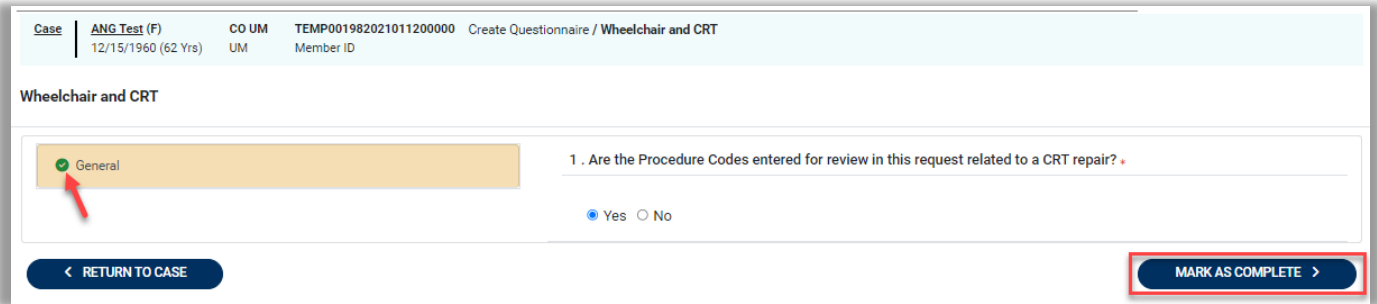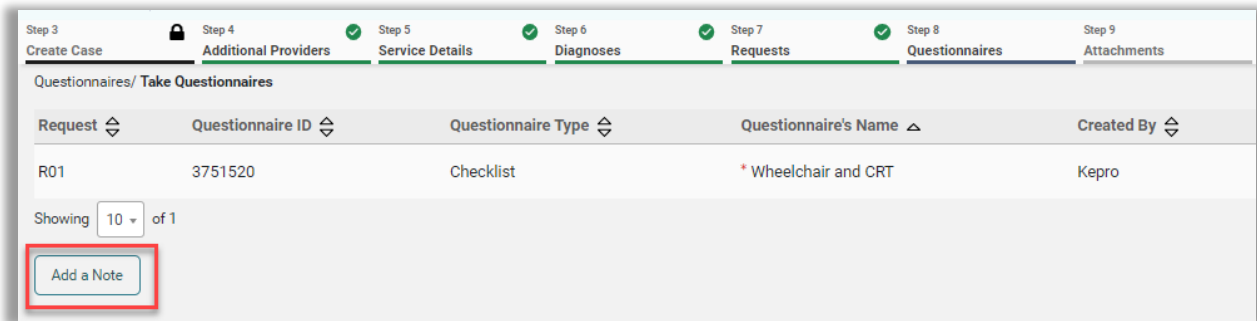
Ensure when completing a questionnaire that all sections have a green check mark before clicking **Mark as Complete** at the bottom of the page to return to the case wizard.

Note: Once complete, the questionnaire can no longer be edited.
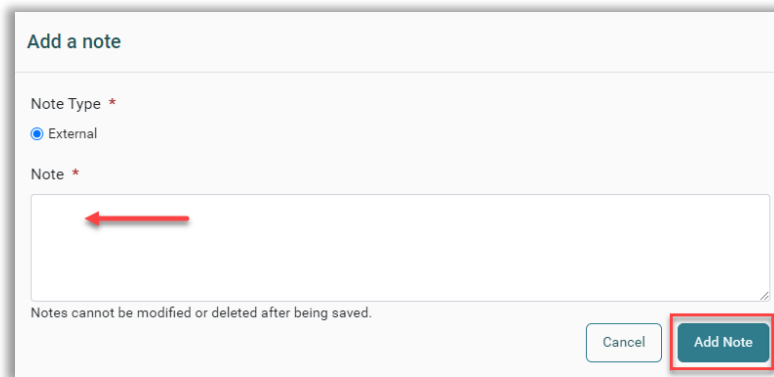
Below the questionnaires you will see a button to **Add a Note**. Click this to add a note associated with the questionnaire step.

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

You will notice that the Add a Note button now says, **View Notes**.
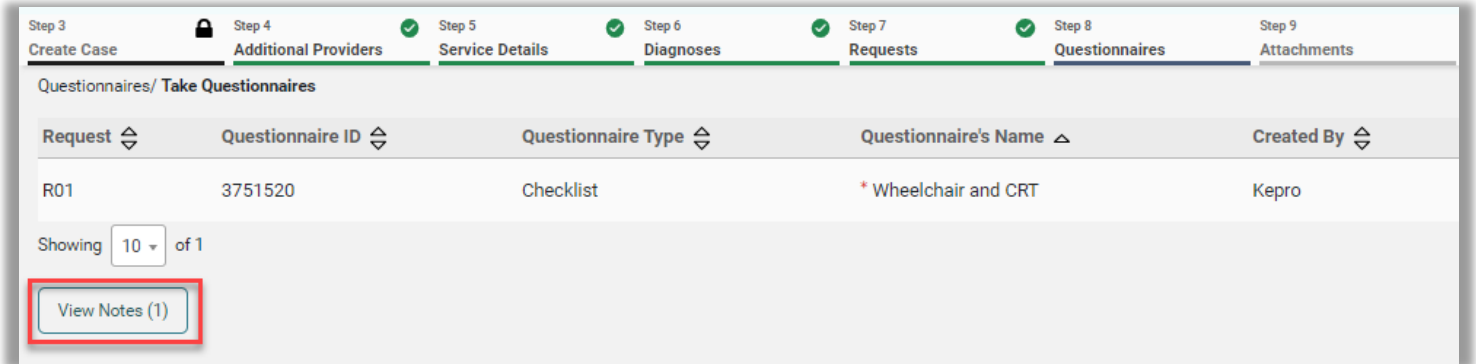
Once all questionnaires are complete you have the options to Jump to Submit or Go to Attachments. **Jump to Submit** This will bring you to the Submit Case step – click here to skip to the Submit step.

To add supporting clinical documentation, click **Go to Attachments**.
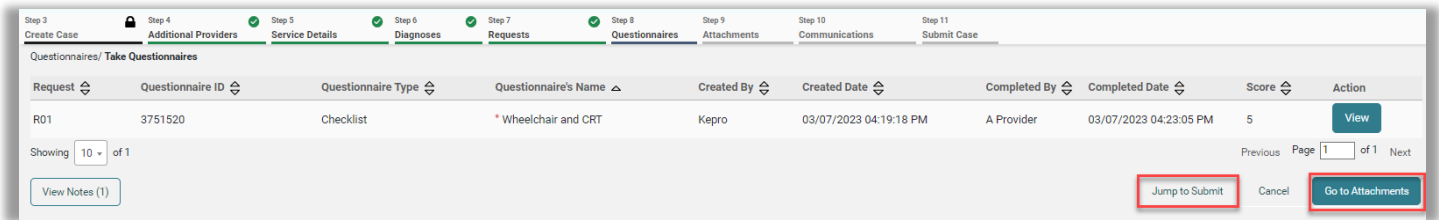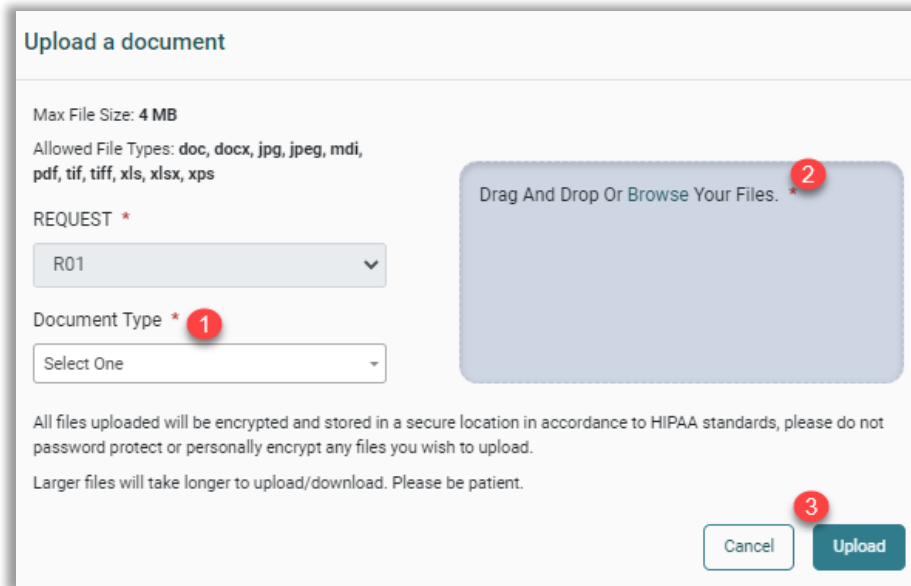
To upload documentation, click **Upload a Document**.
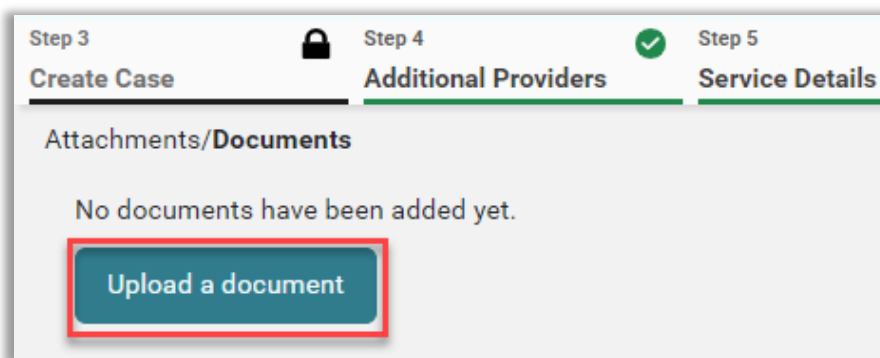
Select appropriate 1) Document Type, 2) add your documents by dragging and dropping or clicking Browse, and then 3) click **Upload**.

NOTE: All uploaded documents will have a max file size. If document is too large, it will need to be reduced for uploading.
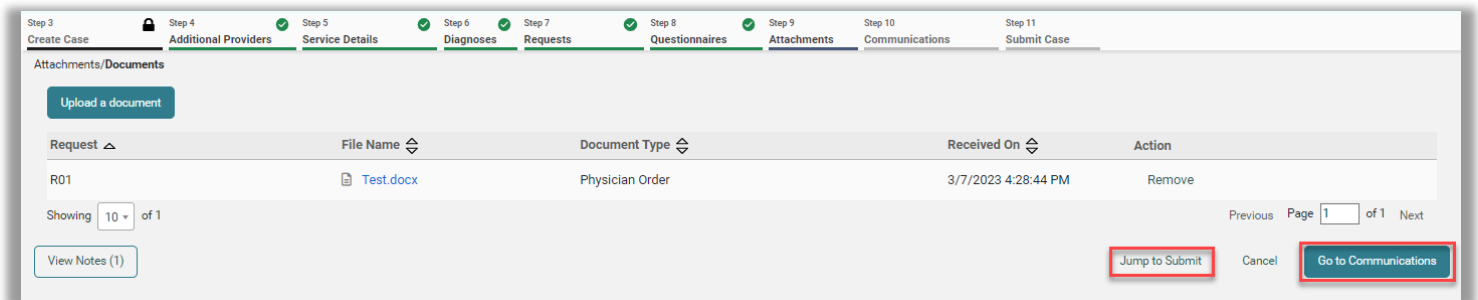
Once all supporting documentation is added, either click **Jump to Submit** or **Go to Communications.**

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To add additional information click **Add a Note**.
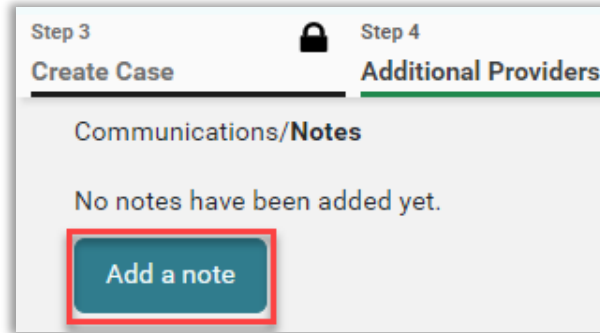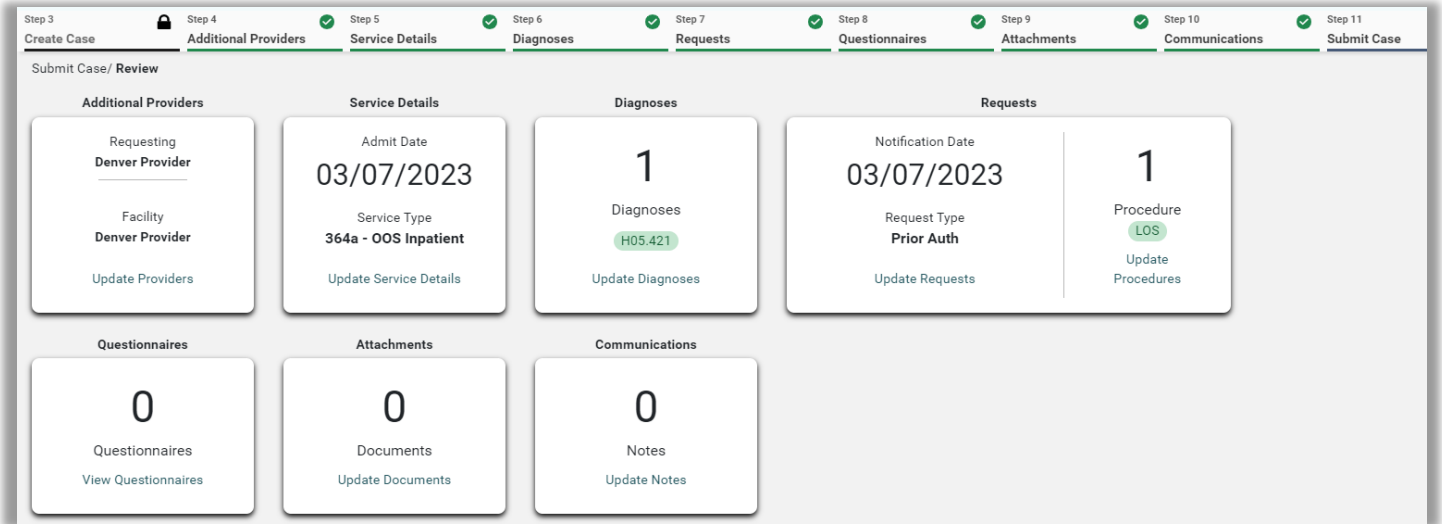
Enter note into the Note field and click **Add Note** to save. Notes cannot be modified or deleted once saved.
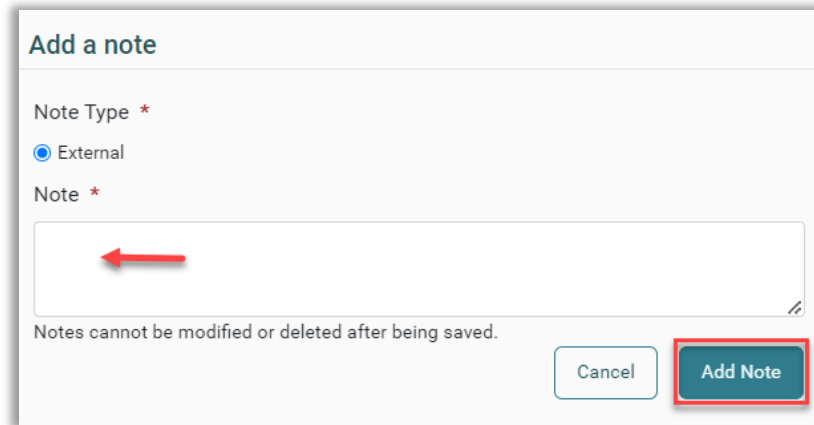
After documentation is completed, click **Go to Submit.**
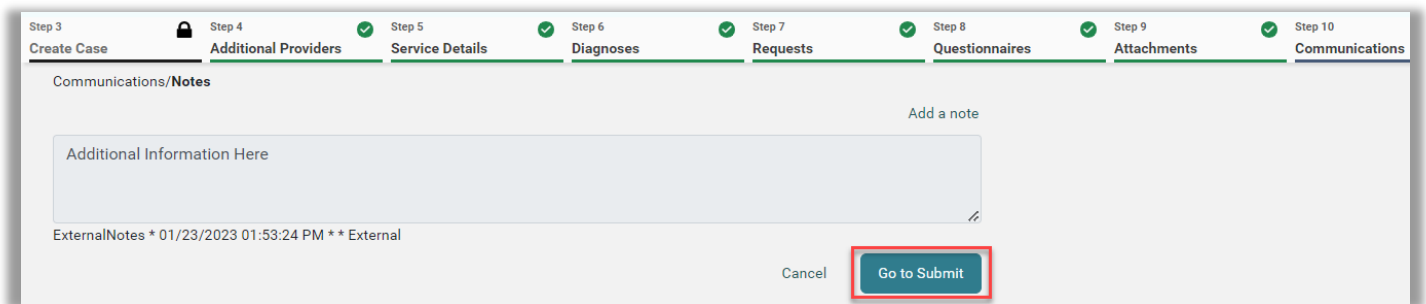
The Review page will display cards of all information entered.
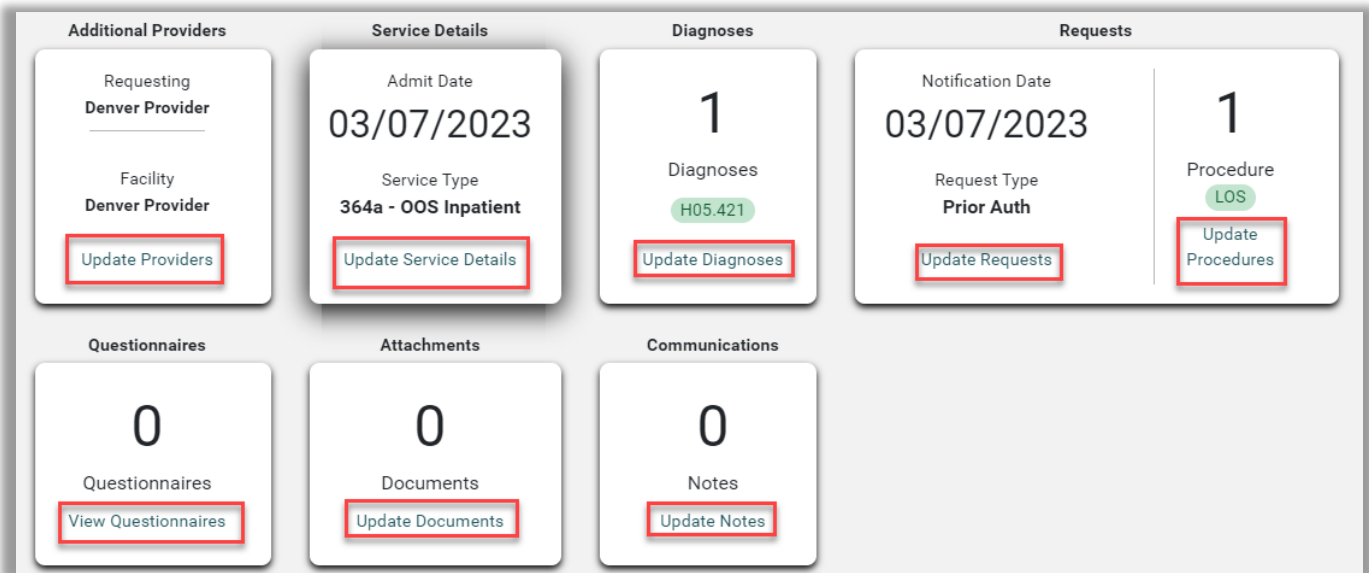
If needed, click **Update** on the appropriate card to edit a specific section.

![Kepro logo]

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

Additional Providers	Service Details	Diagnoses	Requests	
Requesting **Denver Provider** ——— Facility **Denver Provider** Update Providers	Admit Date **03/07/2023** Service Type **364a - OOS Inpatient** Update Service Details	**1** Diagnoses H05.421 Update Diagnoses	Notification Date **03/07/2023** Request Type **Prior Auth** Update Requests	**1** Procedure LOS Update Procedures

Questionnaires	Attachments	Communications
0 Questionnaires View Questionnaires	**0** Documents Update Documents	**0** Notes Update Notes

Cancel   **Submit**

Review the disclaimer and click **Agree**.

Disclaimer

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

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

Cancel   **Agree**

![Kepro logo]

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

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

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

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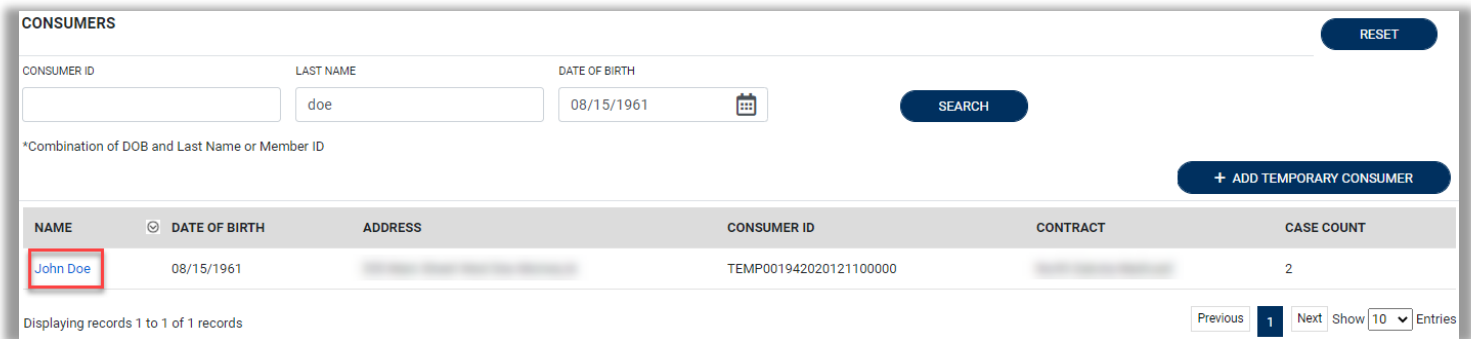
Consumer Search

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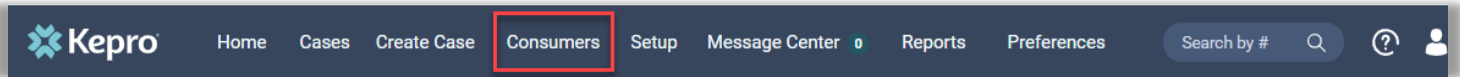
The Consumer default screen will appear providing options to search for a Consumer. This process is the same as searching the Consumer when creating a case. You must enter a Consumer ID or last name and date of birth. **Note:** Required fields will vary by contract and user permissions.

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

Setup

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

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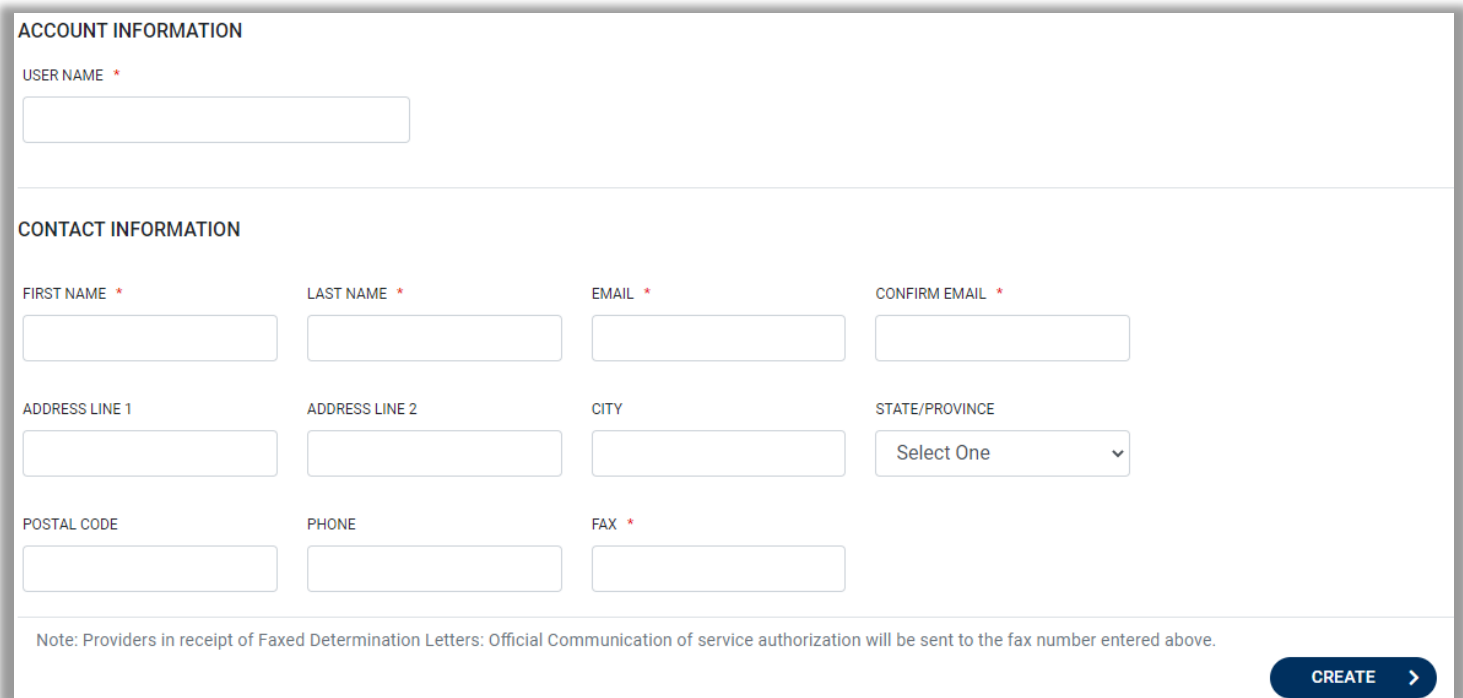
As a Provider Group Administrator, users within your facility can be added and managed locally once the group account has been registered. To begin, click **Setup** in the navigation pane.

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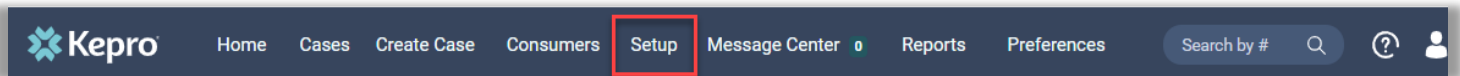
Always stay within the Manage Provider Groups tab/section to add users. Click the caret on the far right to expand the group section. Then click **Add New User**.

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.
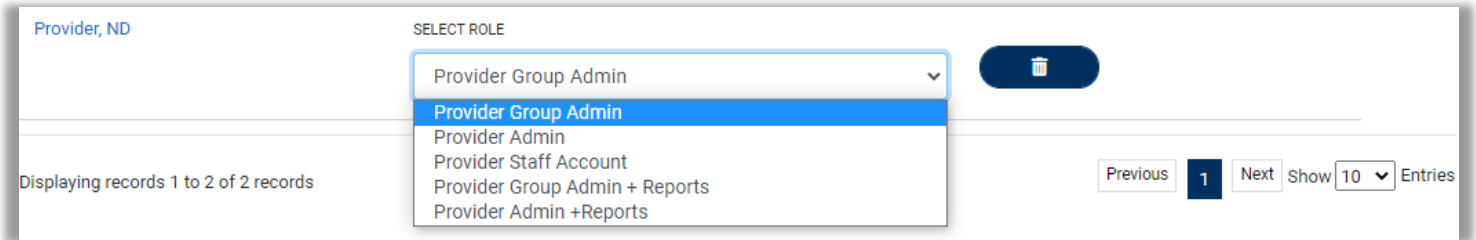
Provider Staff Account	This general user role can enter prior authorization requests into the portal and view determination letter, obtain status updates, and messages within the UM review team as needed.
Provider Group Admin	This administrator role can add and manage users for all the providers in the group. Includes Provider Staff Account access.
Provider Admin	This role can add and manage users but only for the provider they are associated with. Includes Provider Staff Account access.
Provider Group Admin + Reports	This role can add and manage users for all the providers in the group and will have access to reports. Includes Provider Staff Account access.
Provider Admin + Reports	This role can add and manage users but only for the one provider they are associated with and will have access to reports. Includes Provider Staff Account access.
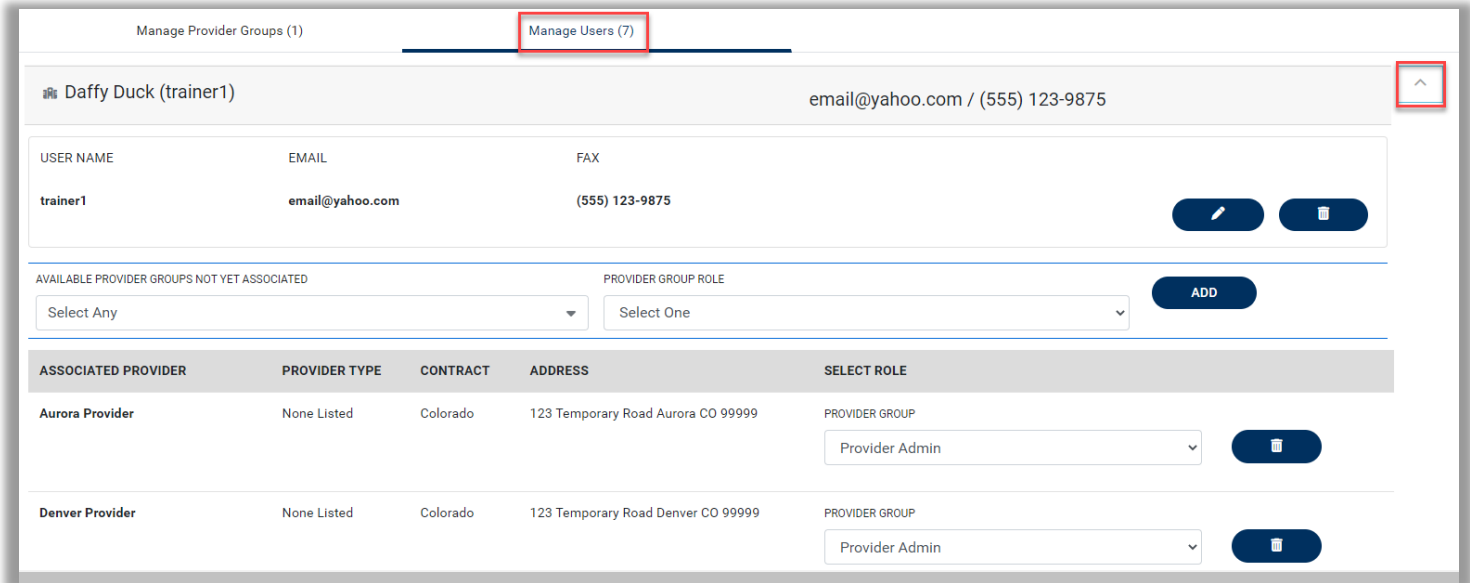
The new user will receive an email with a link to complete the MFA registration process. The user must click the link in the email within 2 days, then follow the MFA registration process to complete the access request.
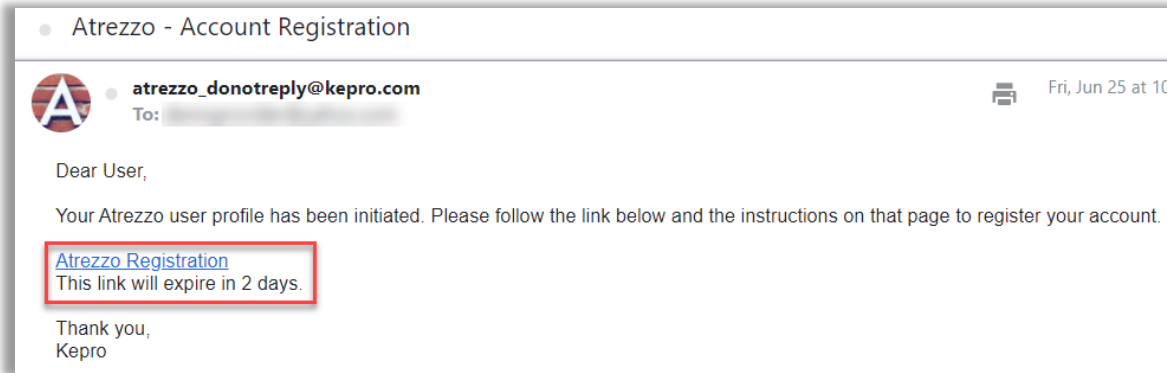
Manage Users
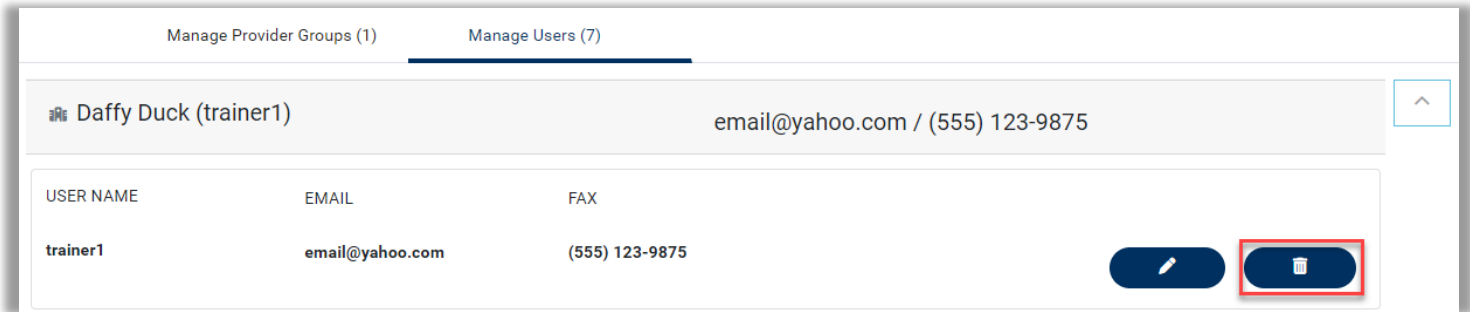
The Manage Users tab allows you to update a user's contact information, reset multifactor authentication registration, deactivate, and delete users.

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

To delete a user, you can click the Trashcan Icon and confirm the deletion in the pop-up window. This will completely remove this user from the system.
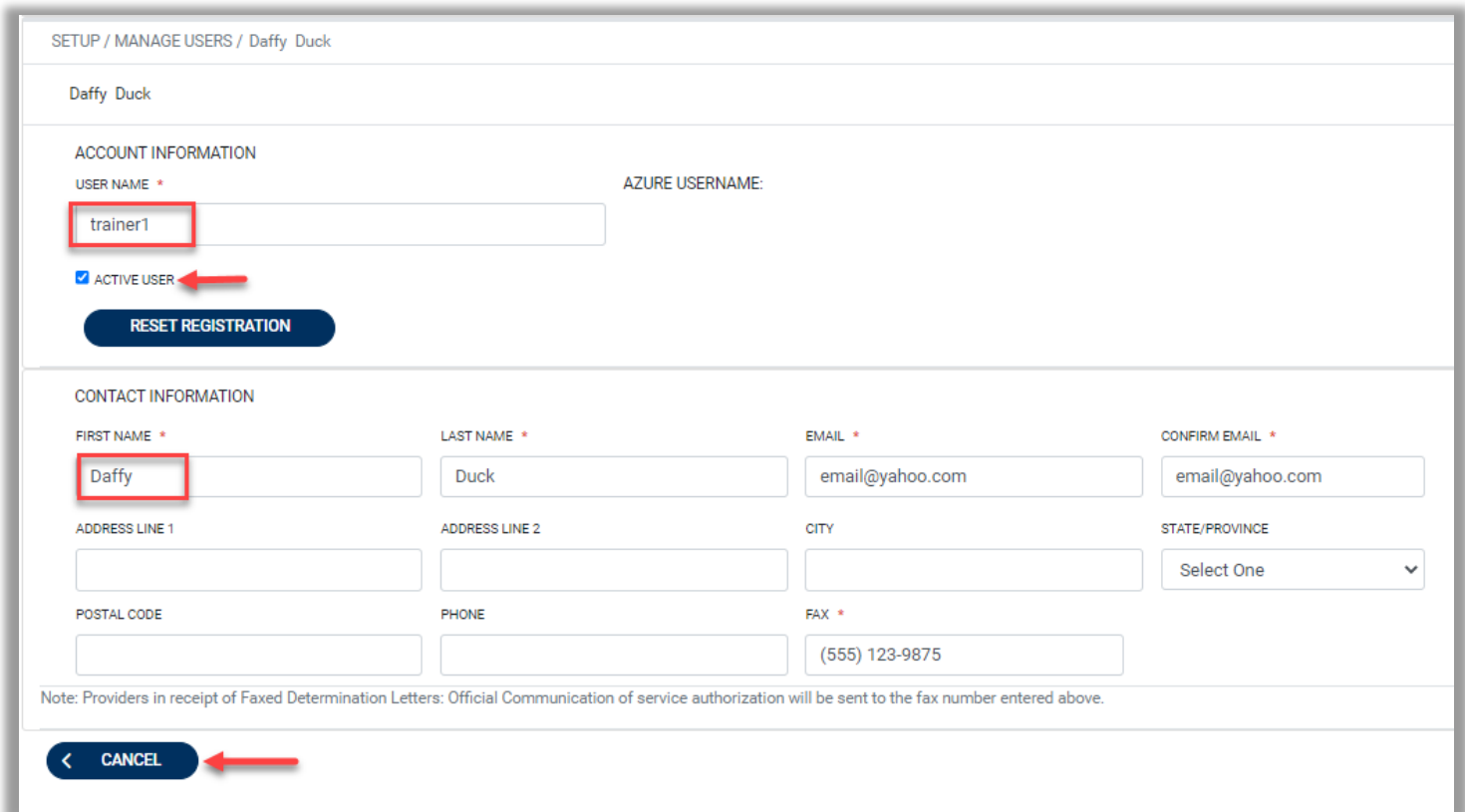
Click the Pencil Icon to edit the user's information. All your changes will be autosaved unless you click **Cancel**. Notice that you can deactivate a user without deleting them by unchecking the **Active User** box.

Clicking **Reset Registration** will require you to confirm that you want to remove all associations with the multi-factor authentication account. Note that this cannot be undone.
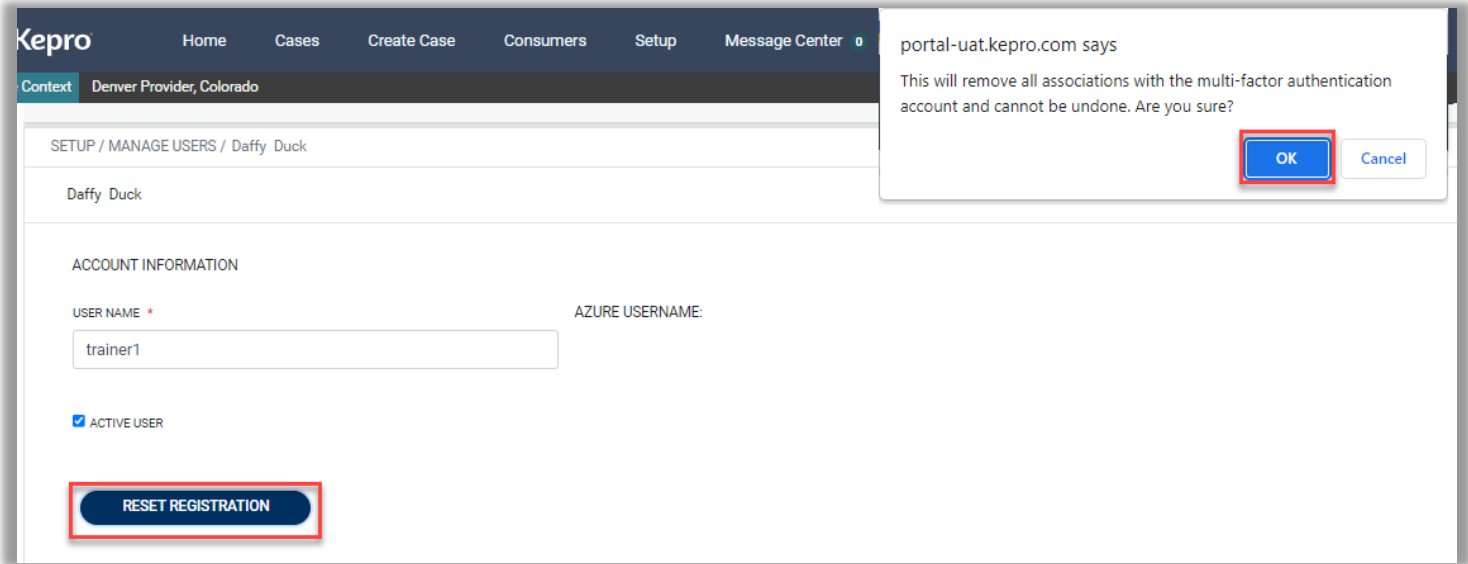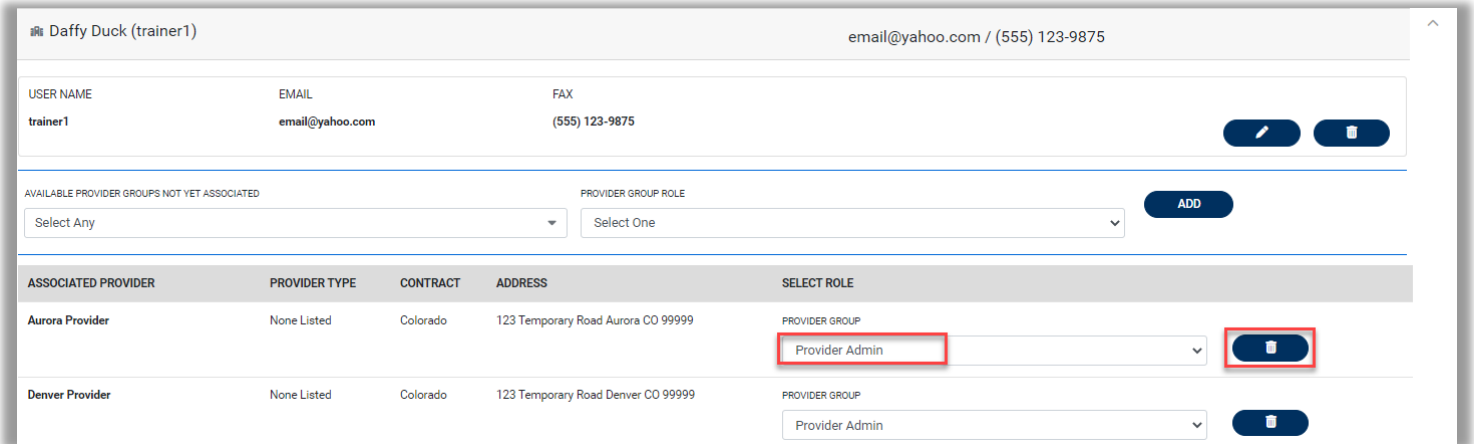
The user will receive a system generated email with a new link to complete the MFA registration process. Click **Ok** to close the pop-up window confirming the reset.

Note: This option is often used for users who do not click the link in the initial email within the 2 days prior to expiration, or for users with a non-personal email address (i.e., casemgmt@facility.com) who need to create new login credentials and complete the MFA process.
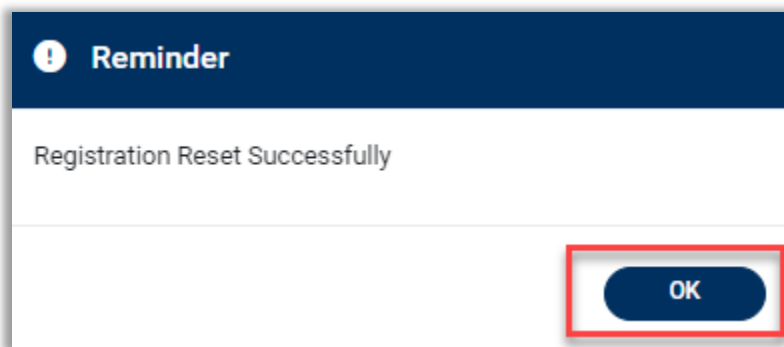
From the Manage Users tab, you can remove an associated provider from a user by clicking the trashcan icon and change their user role by selecting a new option from the Provider Group drop-down. All changes are autosaved.

Add New Provider Group

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

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

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.
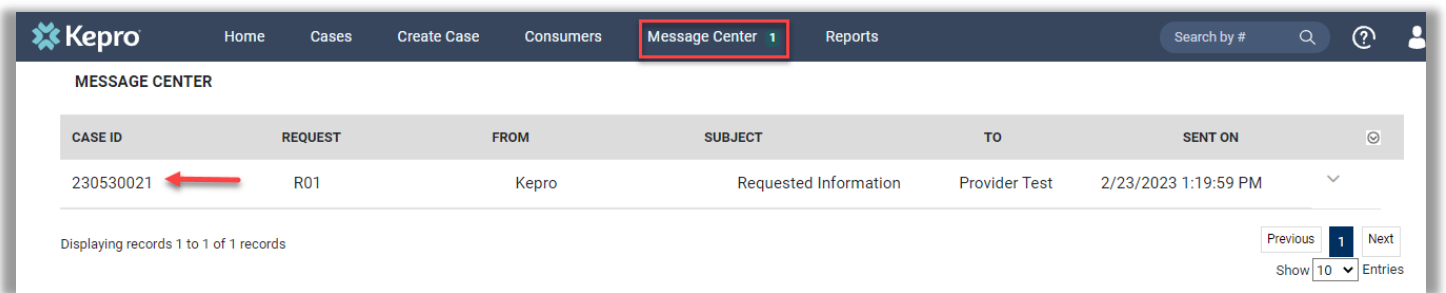
Message Center

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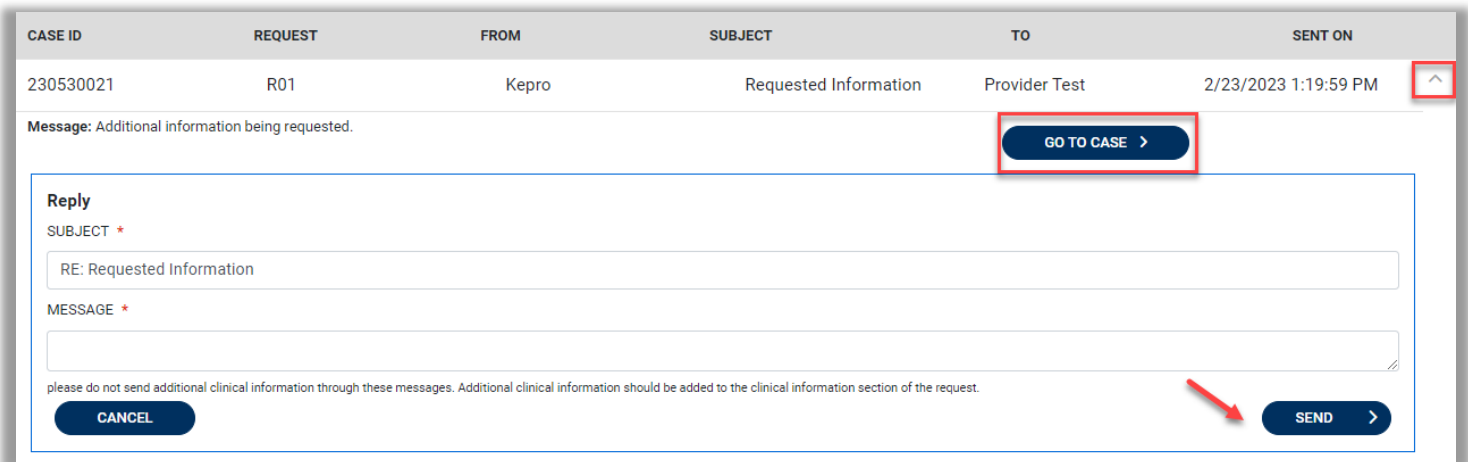
Click **Message Center** to view the message.

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

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

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

Reports

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

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

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

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

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

Preferences

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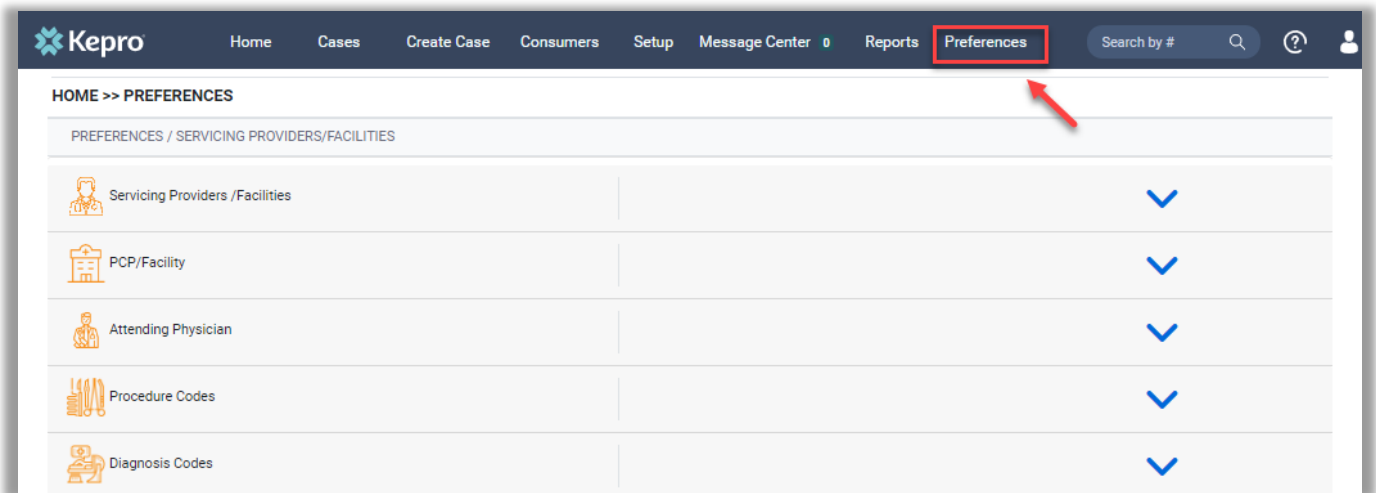
Servicing Providers/Facilities

Click on the caret next to the Servicing Providers/Facilities ribbon to expand. All previously added preferred servicing providers or facilities will be listed.
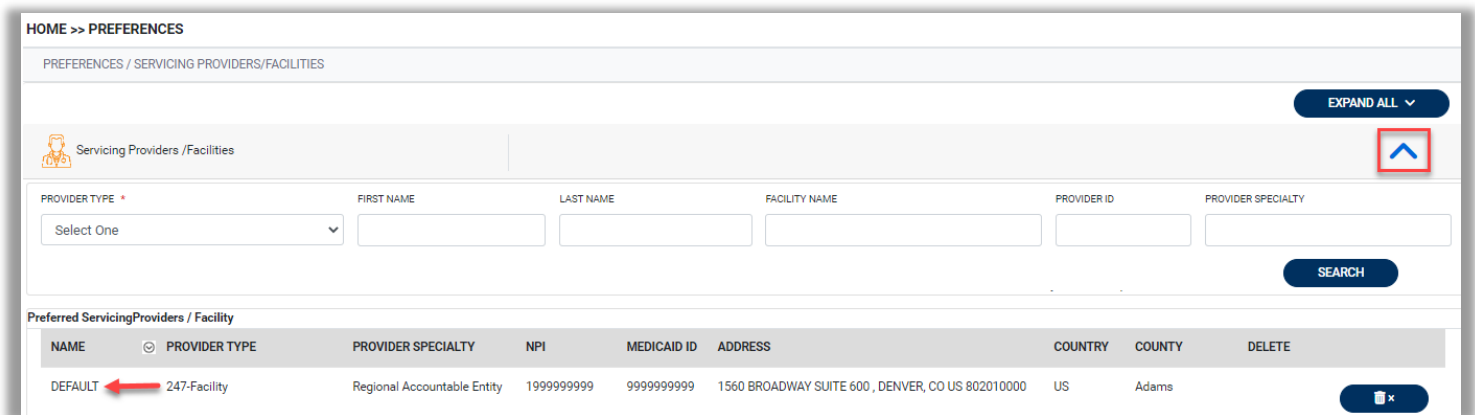
To add a new provider or facility, select **Provider Type**, enter at least one search field, and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

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

PCP/Facility

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

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

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

Attending Physician

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

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

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

Procedure Codes

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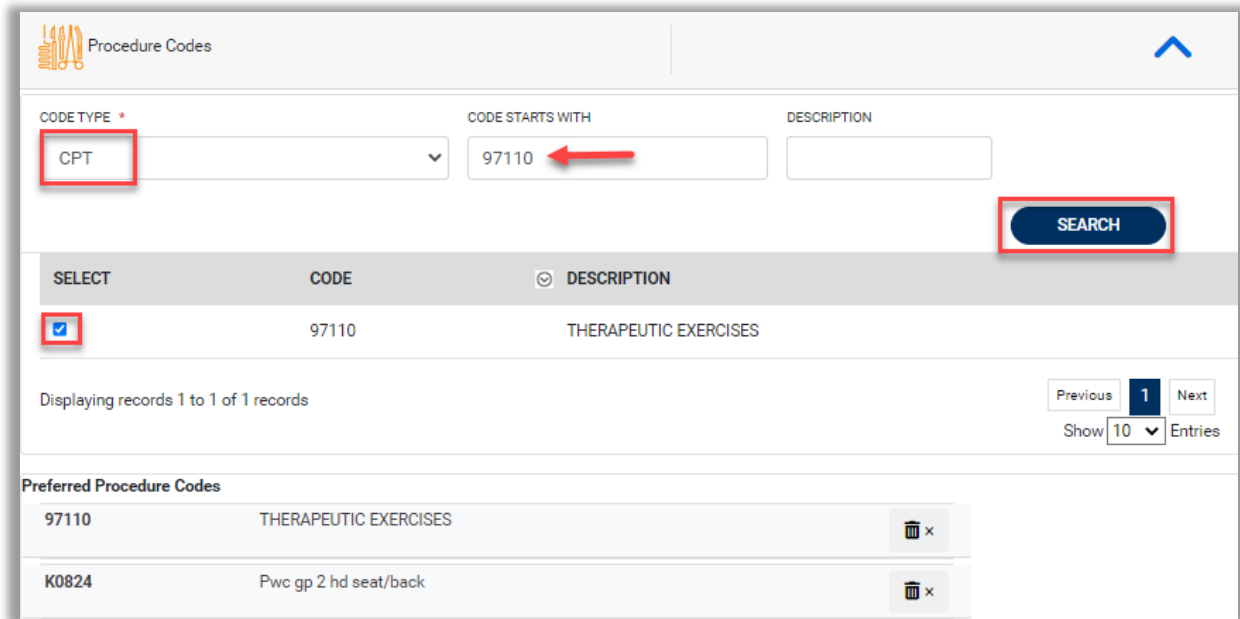

To add a new procedure code, select your **Code Type**, enter at least one search field, and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

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

Diagnosis Codes

Click on the caret next to the Procedure Codes ribbon to expand. All previously added preferred diagnosis codes will be listed.
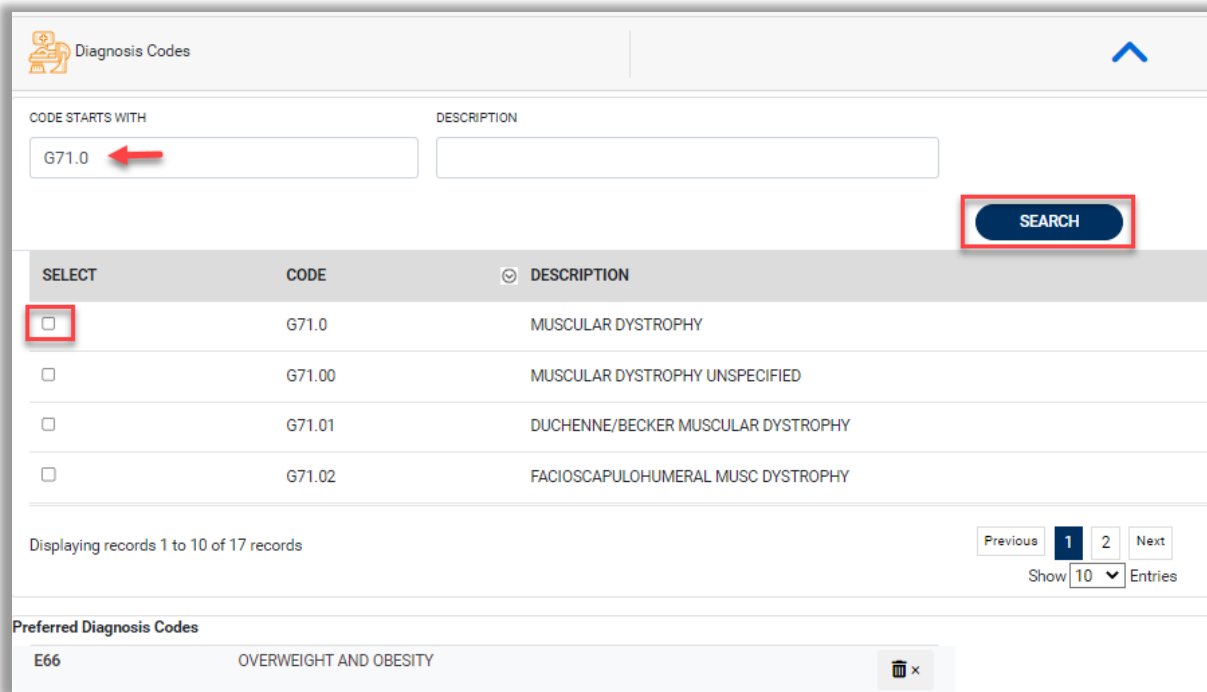
To add a new diagnosis code, enter at least one search field and click **Search**. Select the boxes next to the appropriate entry to add it to the preferred list below.

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

Help Guide

Clicking the Help icon will open a menu of options including the User Guide, FAQ, Latest Release Notes, and Password Guidelines. These items are updated regularly and may change over time. **NOTE:** Not all items are visible to all users.
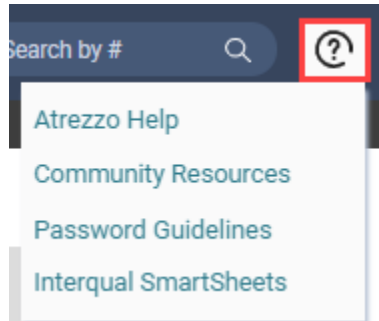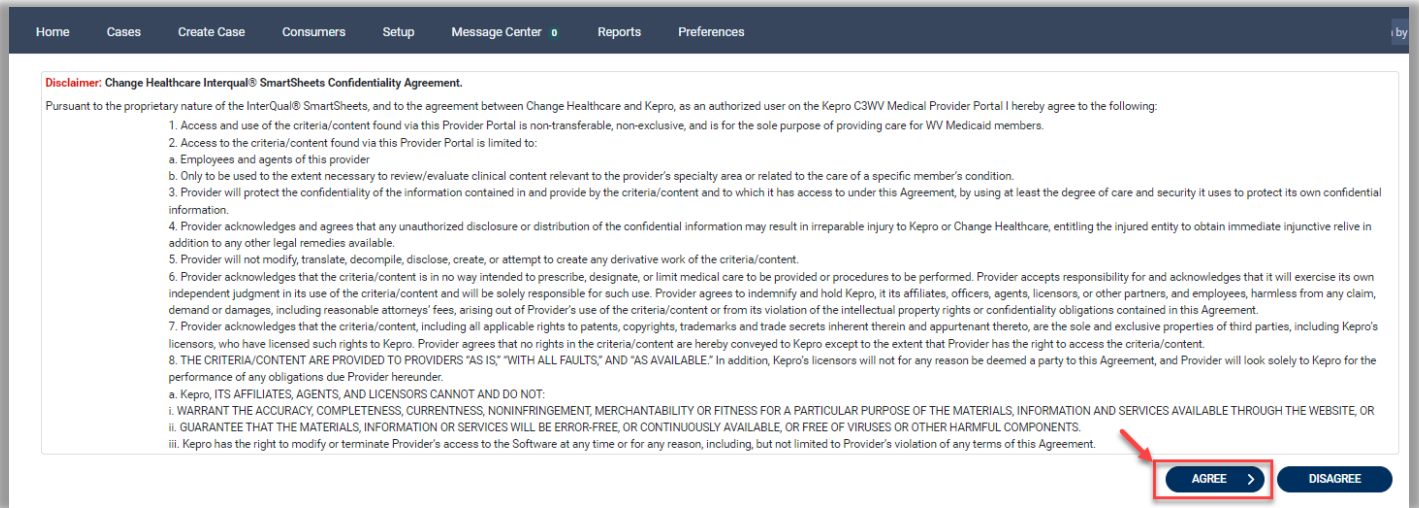

InterQual SmartSheets

InterQual SmartSheets provides a concise format of InterQual Criteria that help facilitate communication between payers and providers. To open it, click **InterQual SmartSheets** link from the Help icon drop down menu.
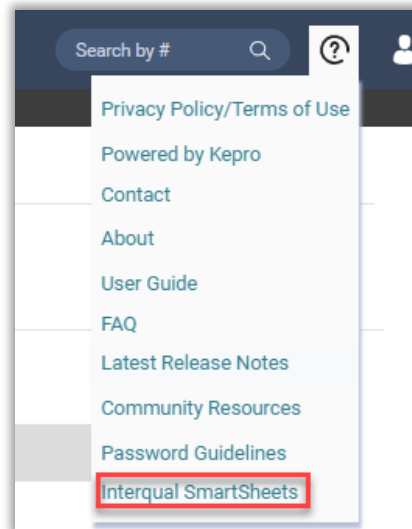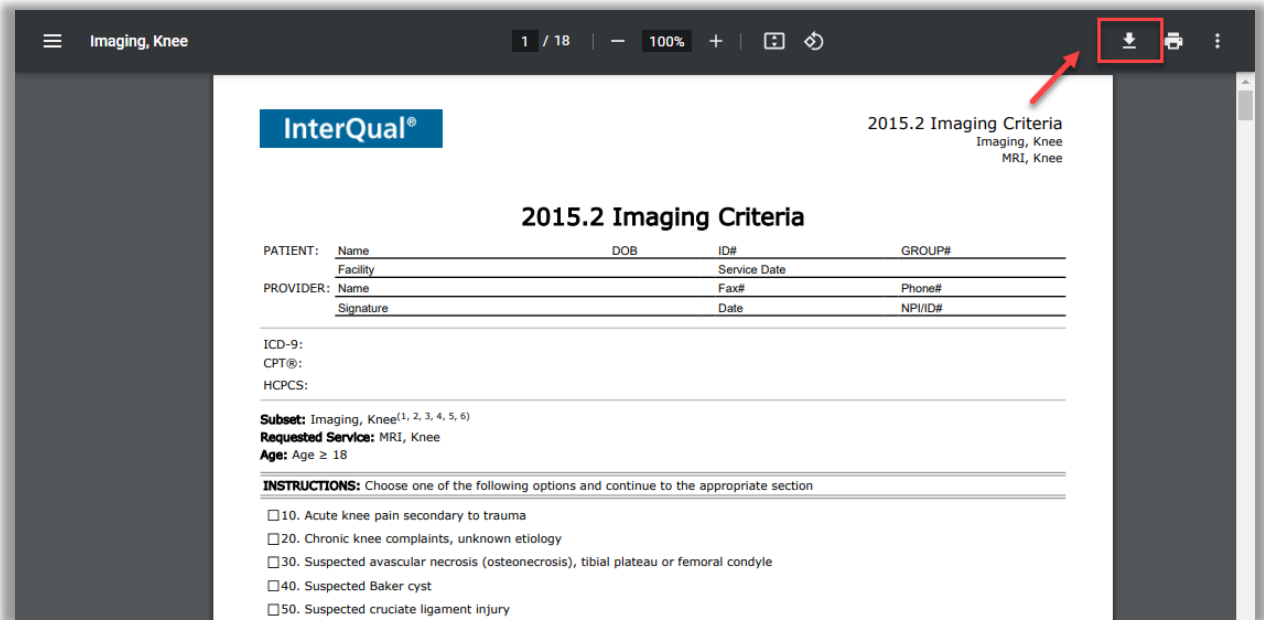
Upon opening, you will need to review and agree to the confidentiality agreement.
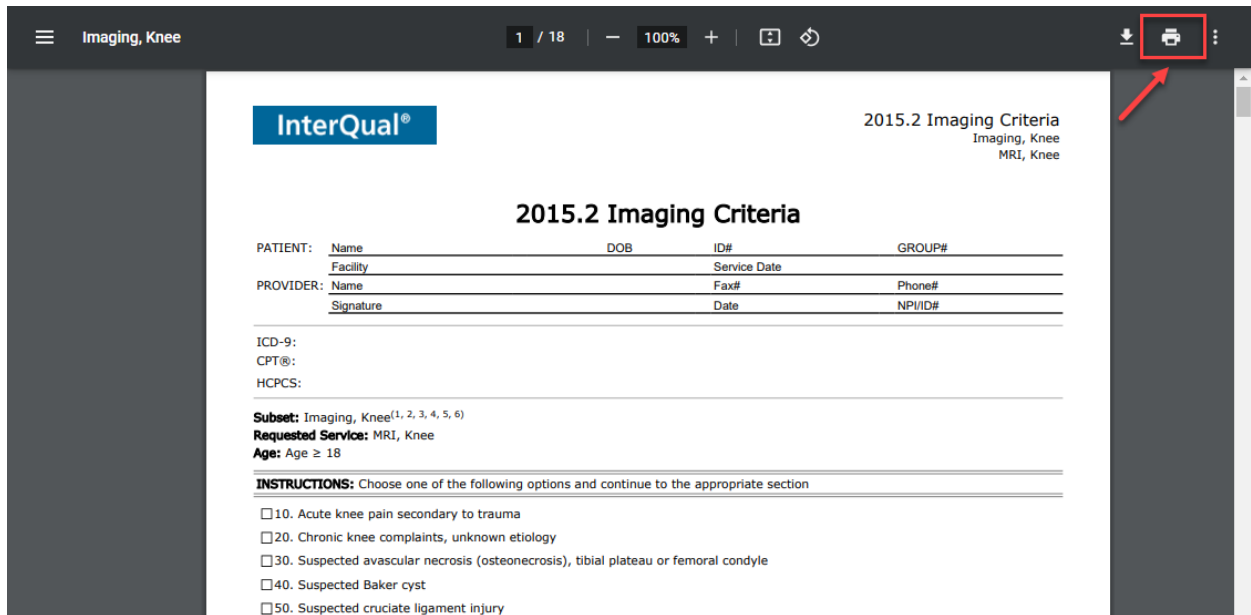

The system will populate a list of available SmartSheets. Click the title hyperlink to open a PDF in a new tab.
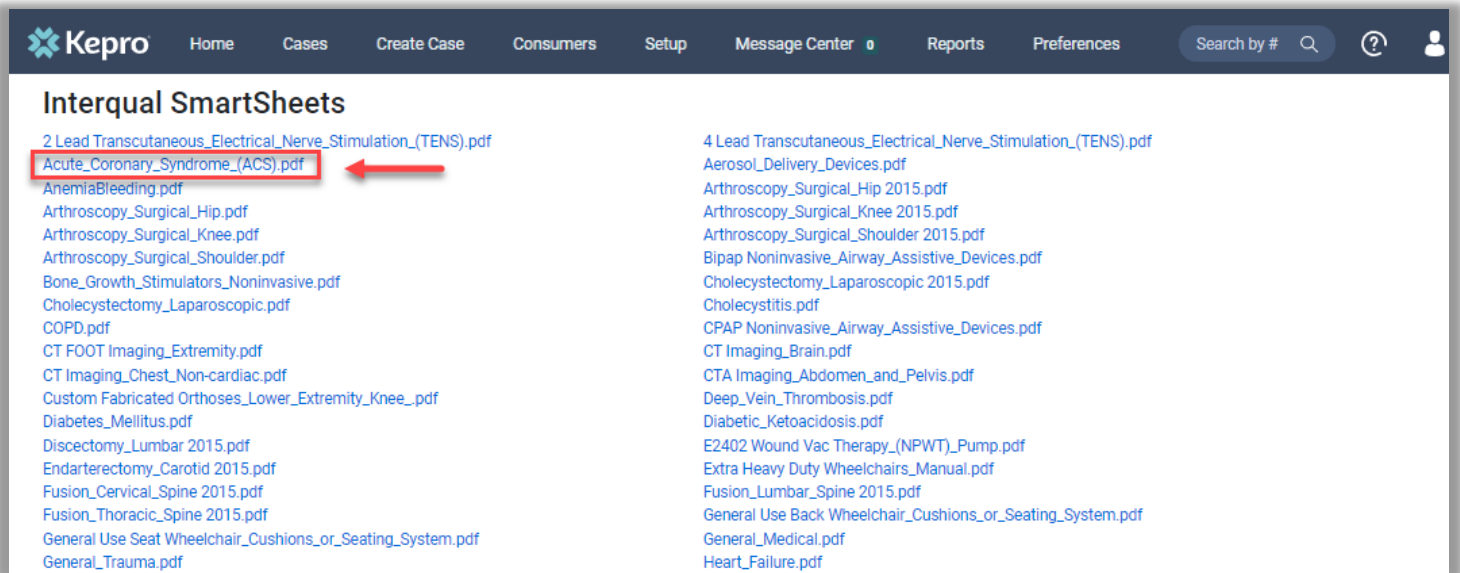
From there you can review the document. Click the download button to download a copy to your downloads folder.
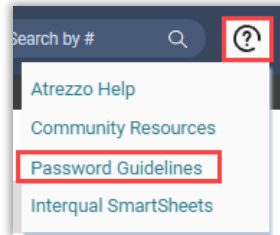

To print, click the printer icon.

Password Guidelines

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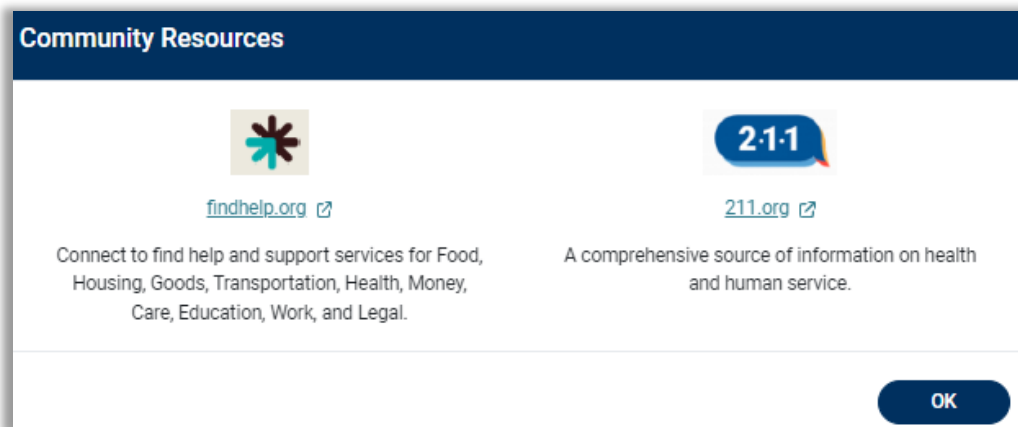
Community Resources

The Community Resources tab will guide you to outside resources for members if needed.
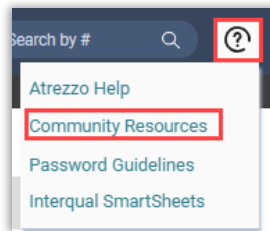
A pop-up window will display available resources. Click the resource hyperlink to be taken to that website outside the Atrezzo system.

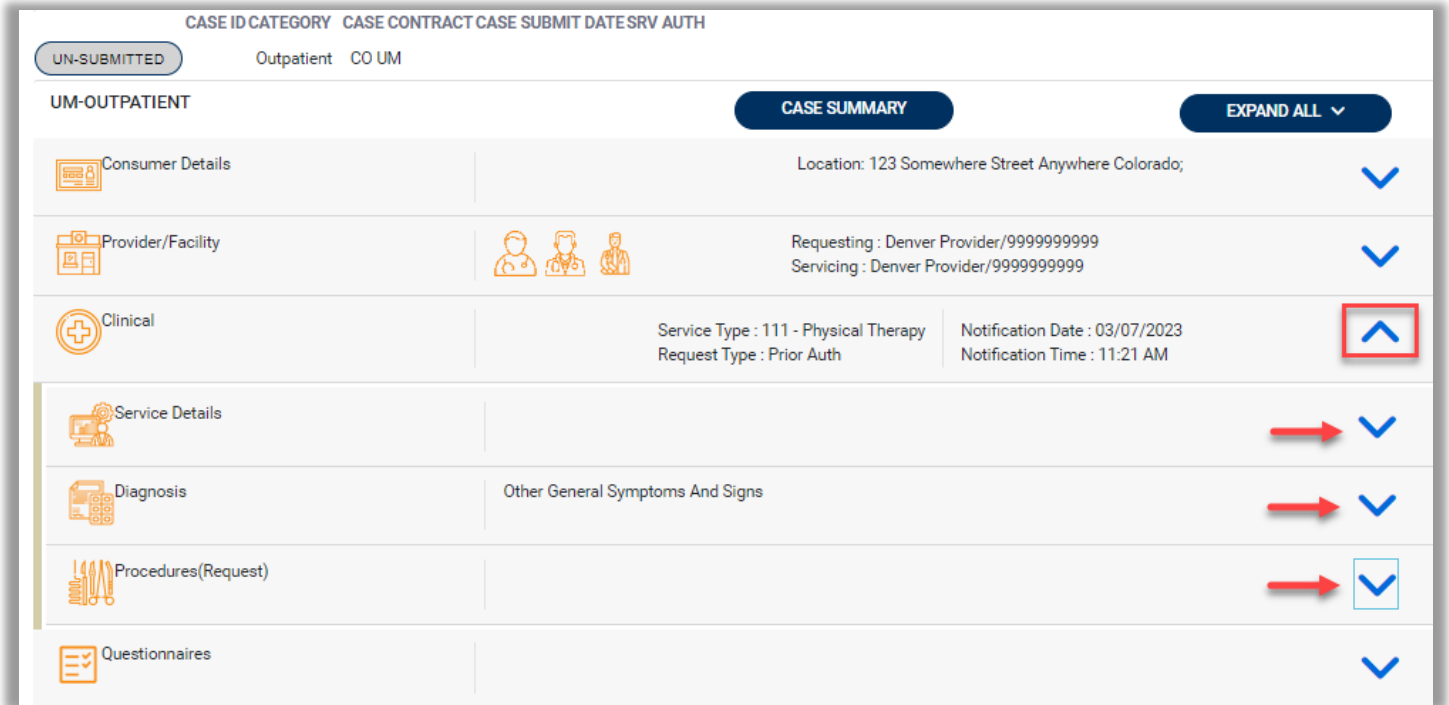# How to Complete a 'Request Saved but Not Submitted'

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

	0 NEW MESSAGES	WORK-IN-PROGRESS	NOT SUBMITTED	SUBMITTED
HOME	Go to Message Center	109	9	100

Request Saved But Not Submitted

CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED	
CO UM	UM-INPATIENT	TEMP0019820230307000000	Test Test	12/15/1960	3/7/2023 10:30:27 AM	
CO UM	UM-OUTPATIENT	TEMP0019820210323000000	Amy Train	12/15/1960	3/7/2023 10:24:39 AM	
CO UM	UM-INPATIENT	TEMP0019820230307000000	Test Test	12/15/1960	3/7/2023 9:56:29 AM	

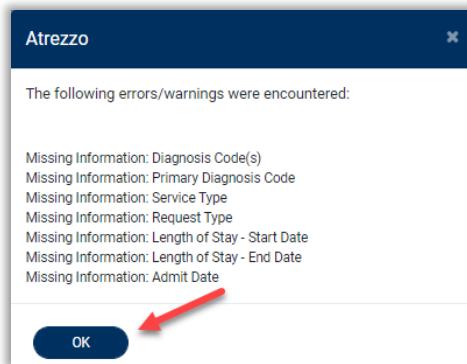To complete the saved request, hover over the request line and click the edit (pencil) icon.

Request Saved But Not Submitted

CONTRACT	CASE TYPE	MEMBER ID	MEMBER NAME	DATE OF BIRTH	LAST MODIFIED	
Indiana FSSA	UM-OUTPATIENT	300093469999	ADULT CASETEST	12/12/1920	7/19/2023 5:01:21 PM	✏️
Indiana FSSA	UM-INPATIENT	300093469999	ADULT CASETEST	12/12/1920	7/18/2023 10:32:59 AM	

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


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 creation page will display a red exclamation point which will identify which sections where required information is missing. Expand each section with a red exclamation point displayed.
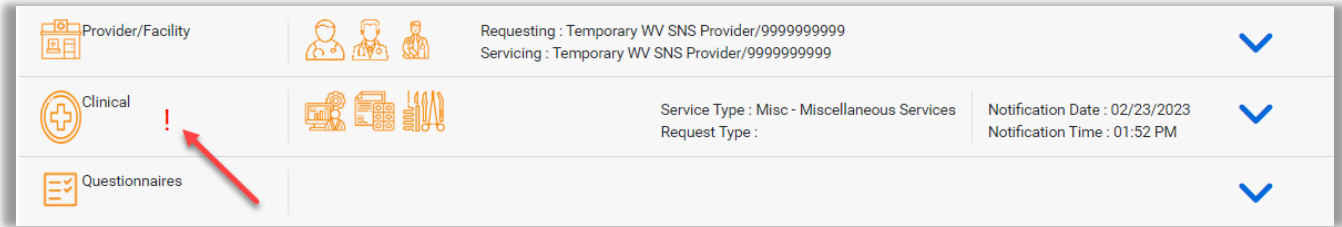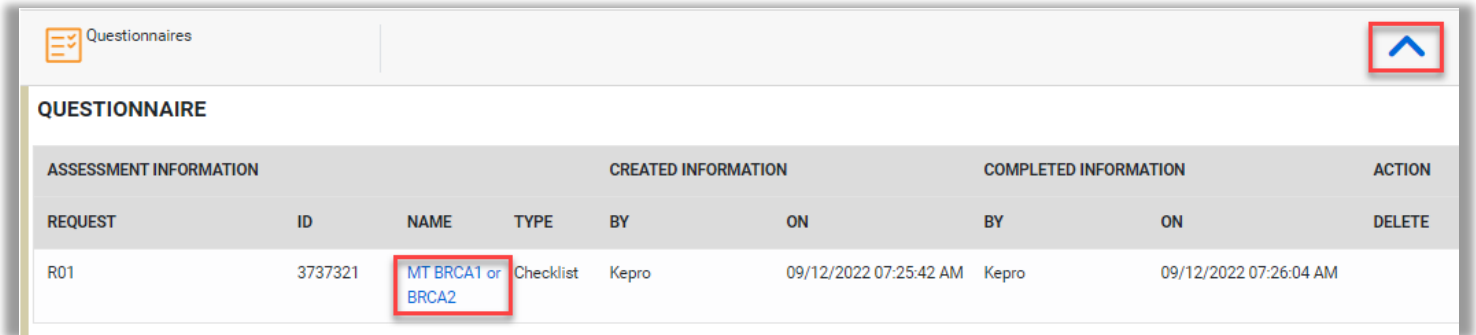
Once required information is added, the red exclamation indicator will disappear, and the case can be submitted.

To add a note, expand the **Communications** ribbon, then expand **Notes** and click **Add Note**. Select **Request** and add your **Note**. Then click **Save**.
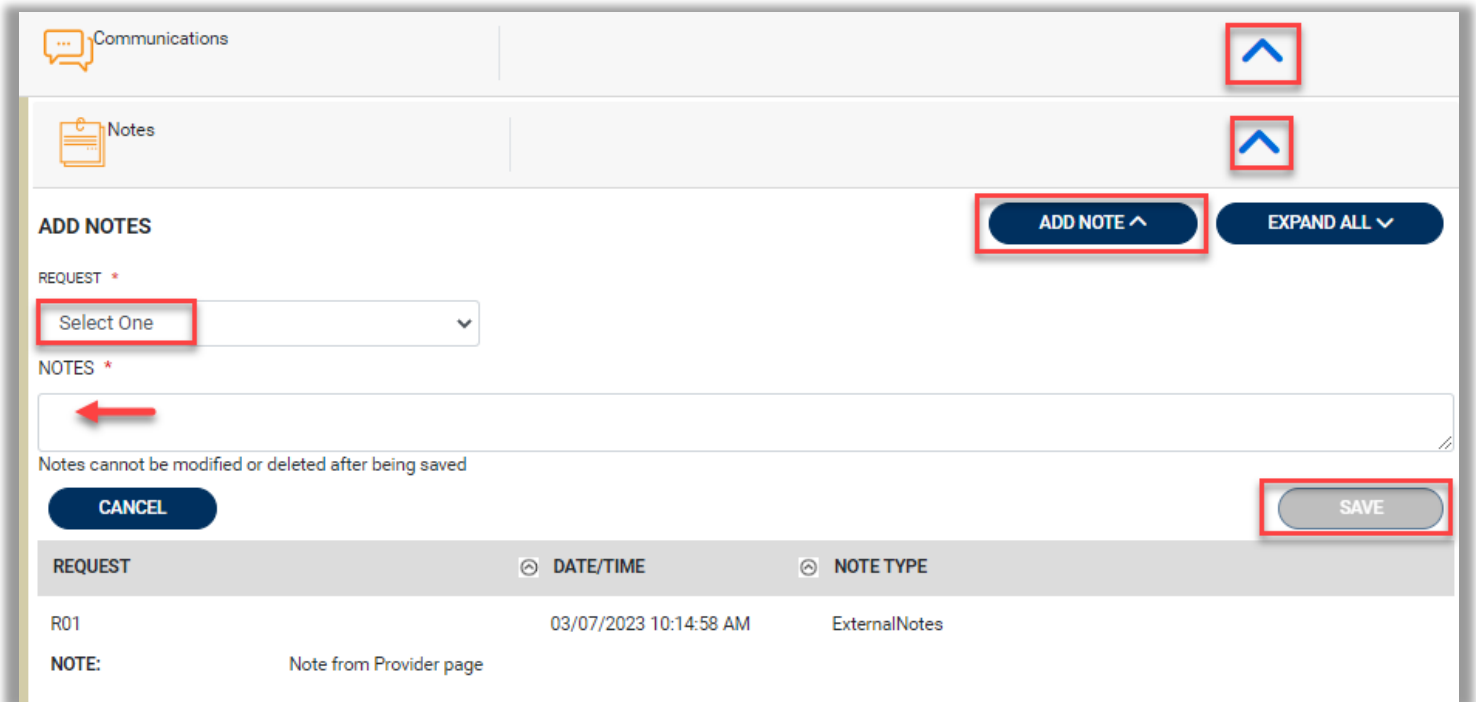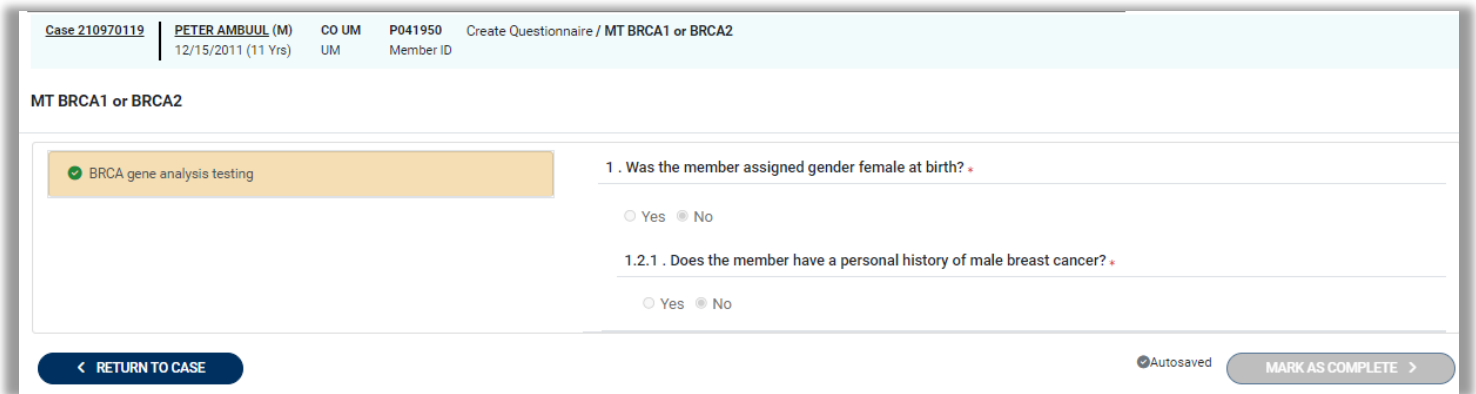
To access questionnaires in the unsubmitted case, expand the Questionnaires ribbon. Click on the hyperlink questionnaire name to open it in a new tab.

Complete the questionnaire as appropriate. Use this link to see details on completing a questionnaire.
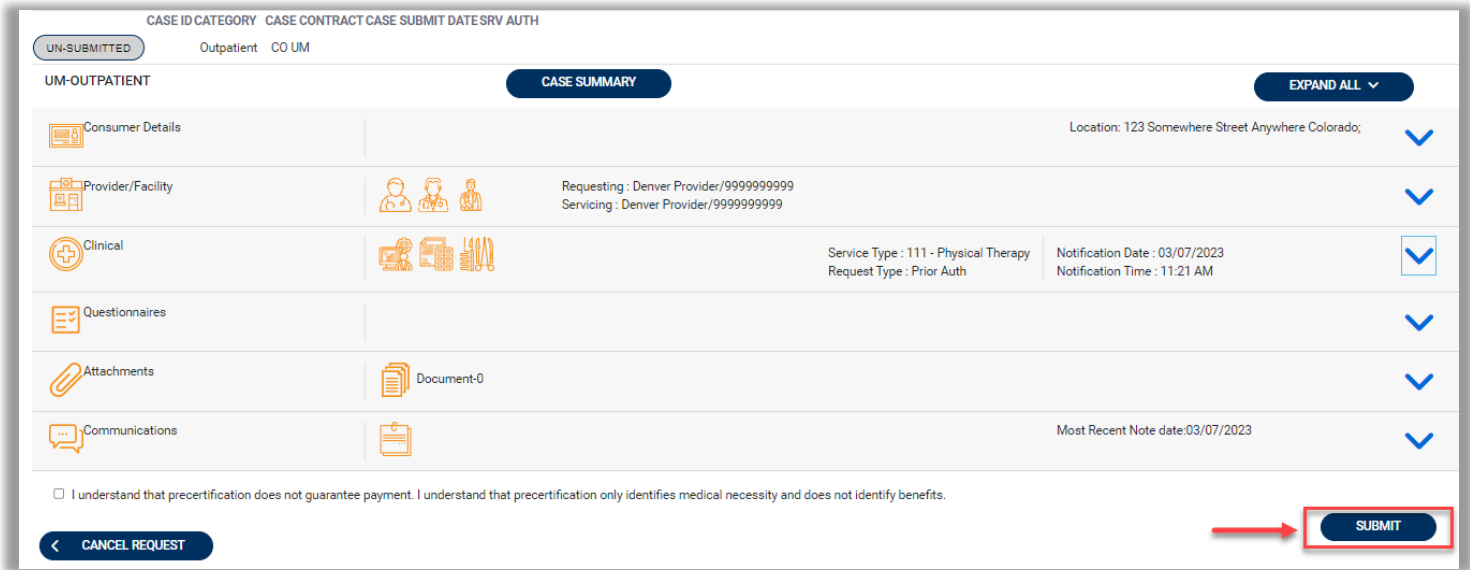
Once the case is complete, click **Submit** at the bottom of the page. Once it has been submitted, it will no longer appear on the Home page under "Requests Saved but Not Submitted."

How to View Status of a Submitted Request

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

The UM case will display the case status at the top.
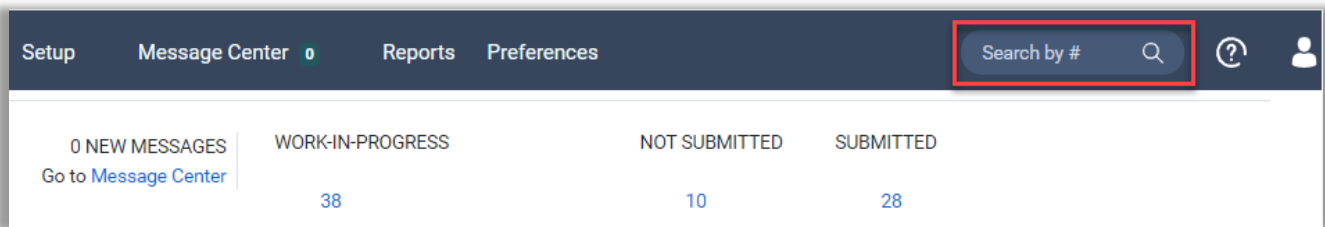
Unsubmitted	This identifies a case that has been started but has not been submitted. You will only see this status if you enter a case from the Request Saved but Not Submitted section of the Home page. Once all information is entered, the case will move to Submitted status pending clinical review.
Submitted	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.
Active Review	This identifies a case that is being reviewed by a clinical reviewer. Once the case is completed, you will receive an email of a status change.

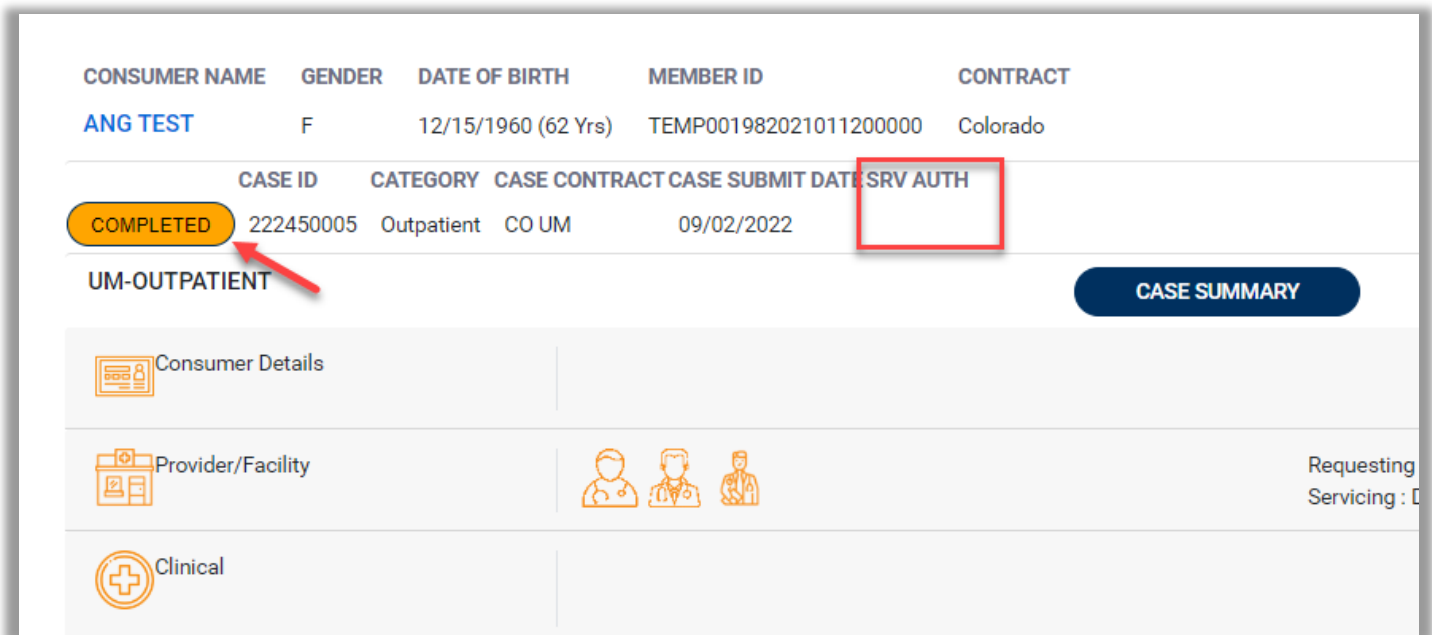|	
Completed	This identifies a case that has been submitted, reviewed, a determination made, and is complete. A Complete case status does not identify the outcome of the clinical review (i.e., approved, denied, partial approval, etc.). To see the details of the determination, please see How to View a Determination Letter.

View Status by Case ID

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

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

Case Summary

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

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

Appeals

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

Questionnaires

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

Documents

Request	File Name	Document Type	Received On	Modified On

Letters

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

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

View Status by 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**.

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

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

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

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

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

Email Notification

When a status change has occurred on a submitted request, you will receive an email notification to the email address provided when setting up the user account. The email notification will provide the Case ID to direct you to the specified request. No PHI will be included in the email for security purposes.

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

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

How to View a Determination Letter

This section will identify how to view a determination letter once a decision has been entered. Using the case ID or looking up the consumer, open the case detail page. Expand Attachments, then expand Letters. The available determination letters will be hyperlinks.
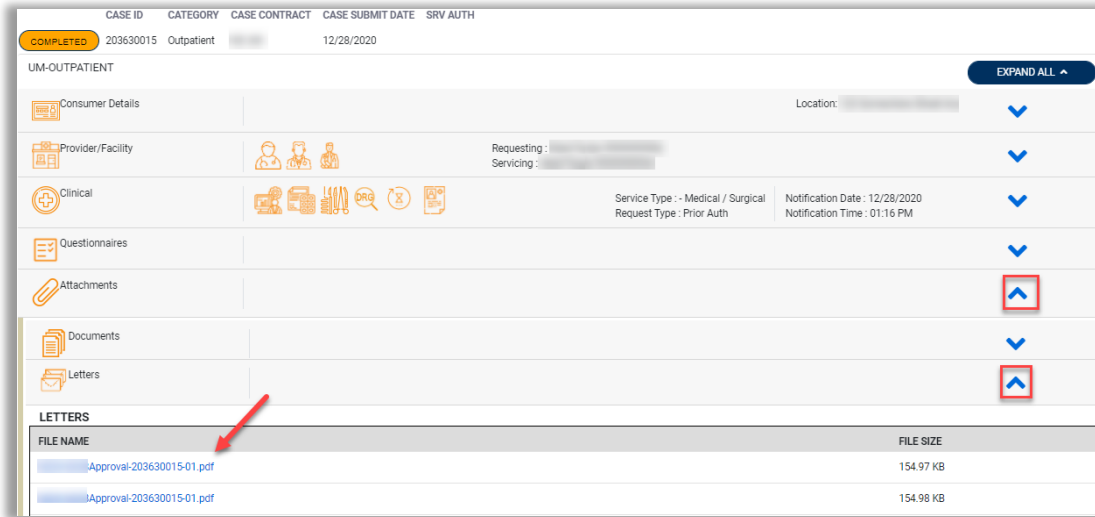
To view the determination letter, click the file name hyperlink. The file will open outside of the Provider Portal for viewing, downloading/saving, and/or printing if needed. In most instances, the file will be visible in the bottom or top banner, you will need to click the file to view the document.
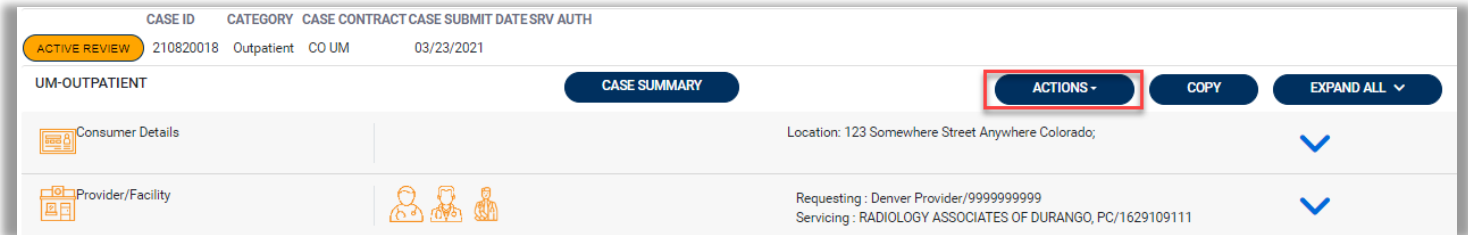
Actions Button Options
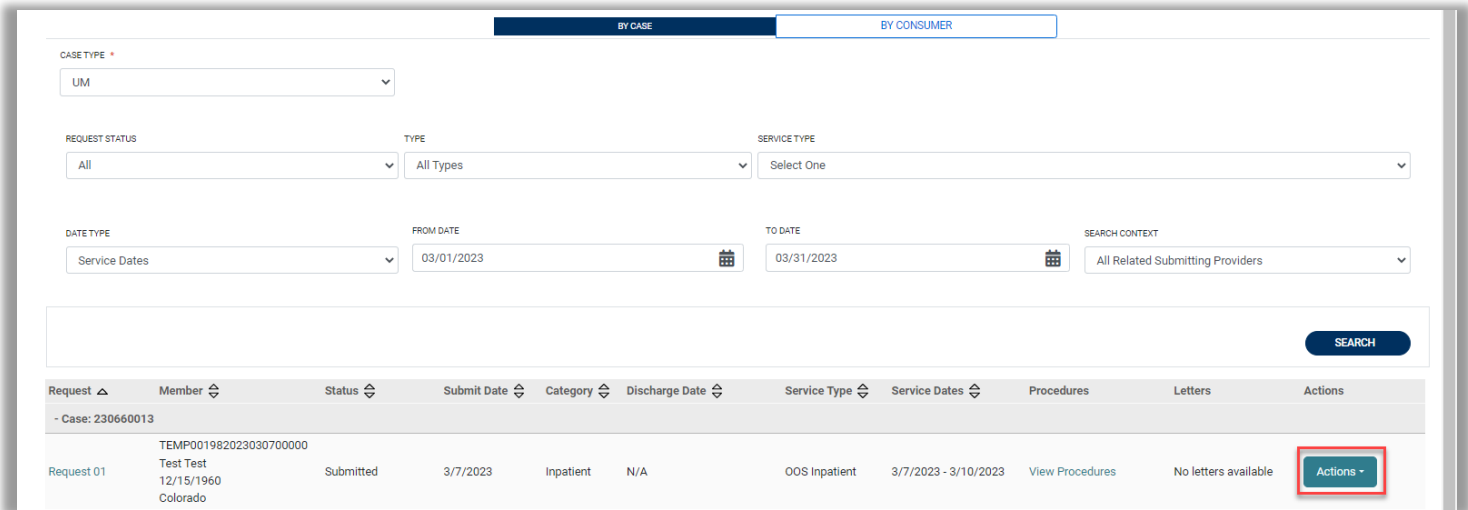
All actions carried out after a case has been submitted will be done through the Actions button.

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

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

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

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

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

Copy Request

In cases where the same diagnosis and procedures are necessary for the same consumer, you can copy a request. Locate your request and click **Actions** (Click here for details on finding the action button). Then click **Copy**.

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

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

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

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

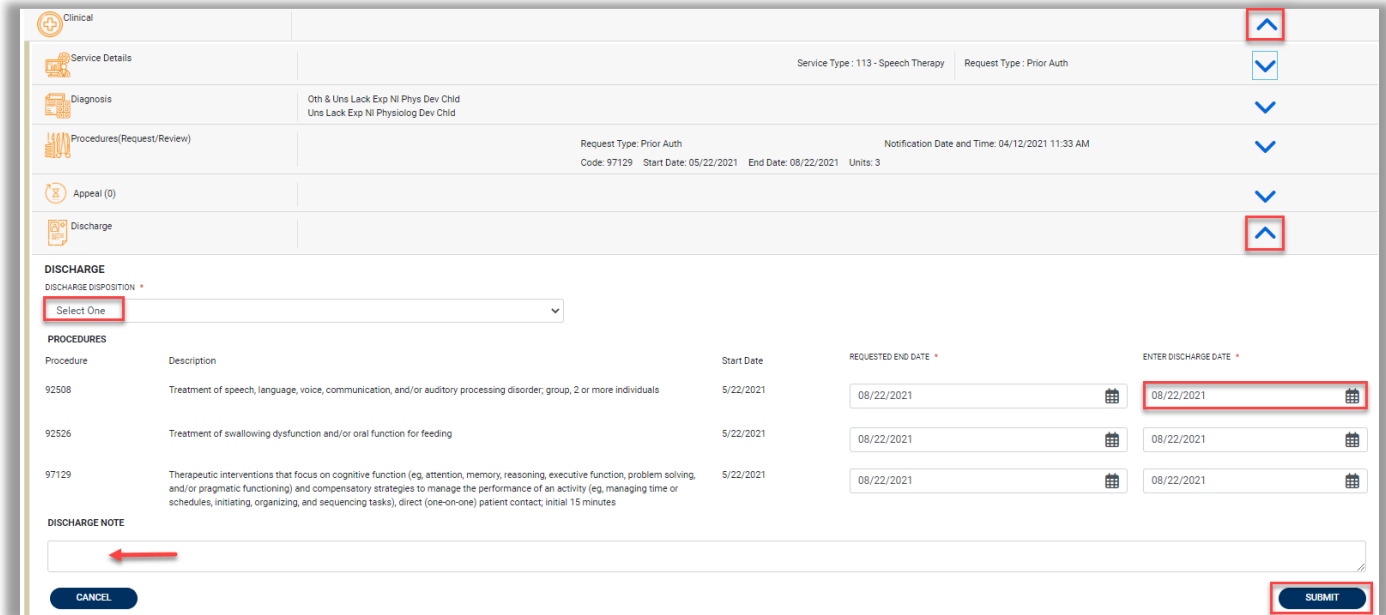# Extend Request

To extend a Request, locate your request and click **Actions** (Click here for details on finding the action button). Then click **Extend**.

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

The system will create an un-submitted case with some information auto populated from the previous request. Expand the **Clinical** ribbon and scroll down to the **Procedures** ribbon. Notice that there are red alerts in certain sections letting you know that changes to diagnosis, service type, and procedure codes will either not work or will change the prior request.
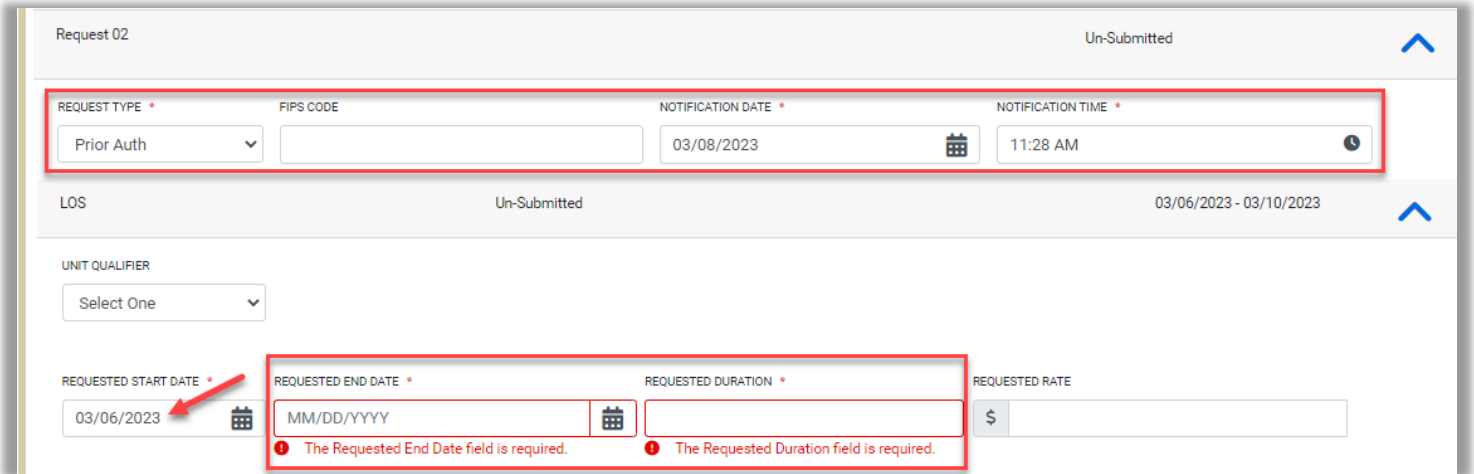
 Also notice that there are two requests listed under the **Procedures** ribbon. **Request 01** is the original request. **Request 02** is your extension, and you will need to update information in this section.

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

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

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

Discharge Request

To add a discharge, locate your request and click **Actions** (Click here for details on finding the action button). Then click **Discharge**.

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

Add Additional Clinical Documentation

If additional supporting documentation needs to be uploaded after the request has been submitted, you will need to return to the specified request, click **Actions** (Click here for details on finding the action button). Then click **Add Additional Clinical Documentation**.

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

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

![Kepro logo]

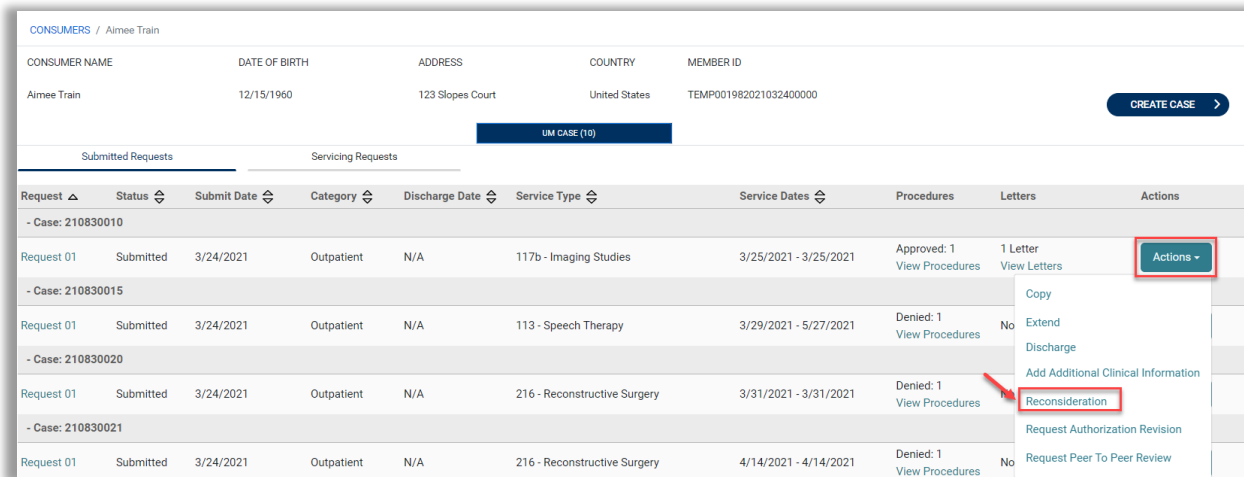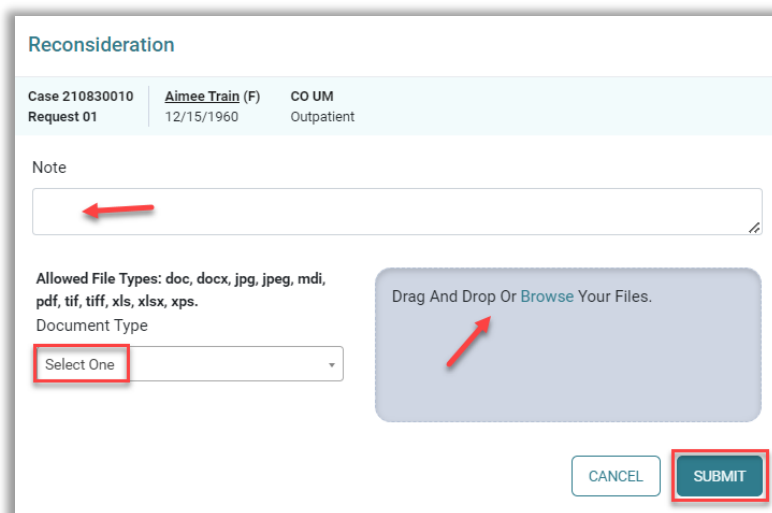## Request a Reconsideration

To request a reconsideration review after an adverse decision in the provider portal, locate your request and click **Actions** (Click here for details on finding the action button). Then click **Reconsideration**.

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

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

Request Authorization Revision

To request an authorization revision in the provider portal, locate your request and click **Actions** (Click here for details on finding the action button). Then click **Request Authorization Revision**.

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

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

Request Peer to Peer Review

To request a Peer-to-Peer review in the provider portal locate your request and click **Actions** (click here for details on finding the action button). Then click **Request Peer-to-Peer Review**.

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

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

![Kepro logo]

Appendices

How to Add Google Chrome to Computer

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

One the Google Chrome Download page, click Download Chrome, then follow the prompts.
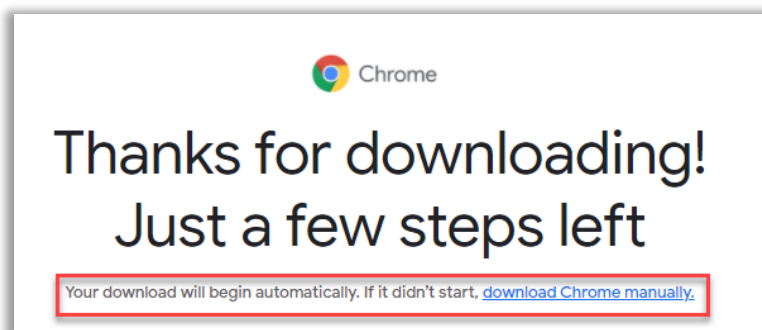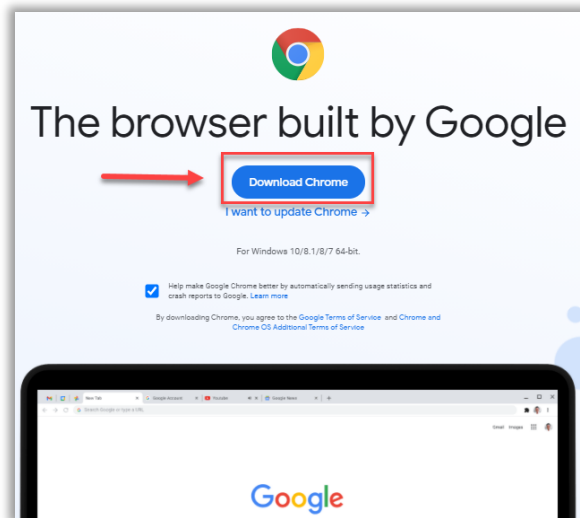
STEP 1

Open

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

Can't find your installer?

🔷 ChromeSetup.exe   ⌃
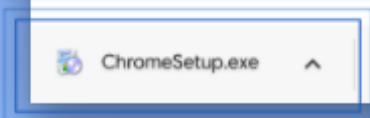
STEP 2

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

Open Microsoft Edge   Install anyway

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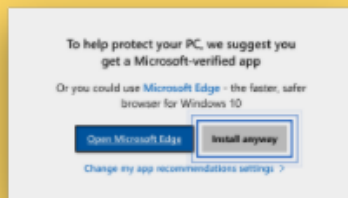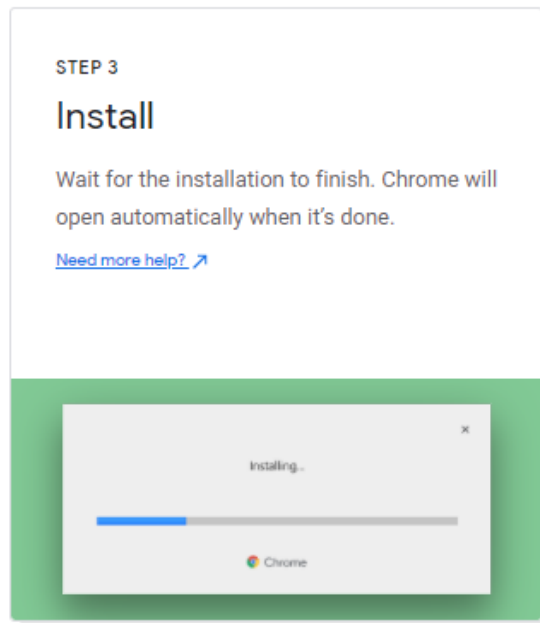
Once installed, Chrome can be set as a default browser for all applications, or you can simply create a shortcut for Atrezzo within the application.

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, select Settings from the drop down.
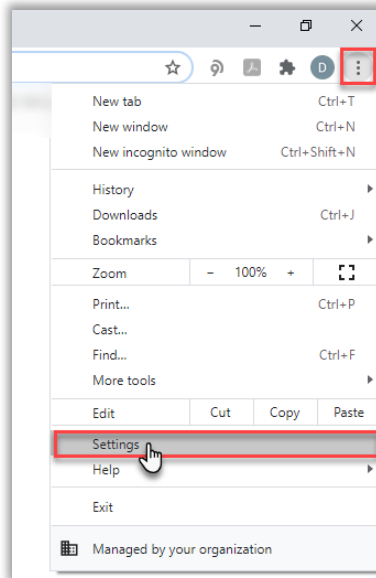
Select Default browser from the menu options on the left side of the page.
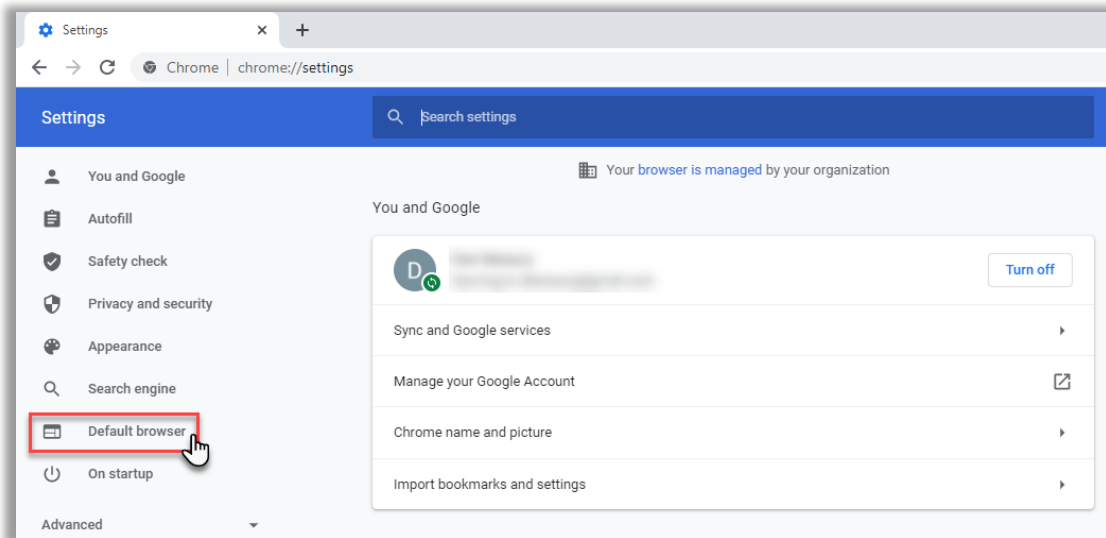
Select Make Default under Default browser.
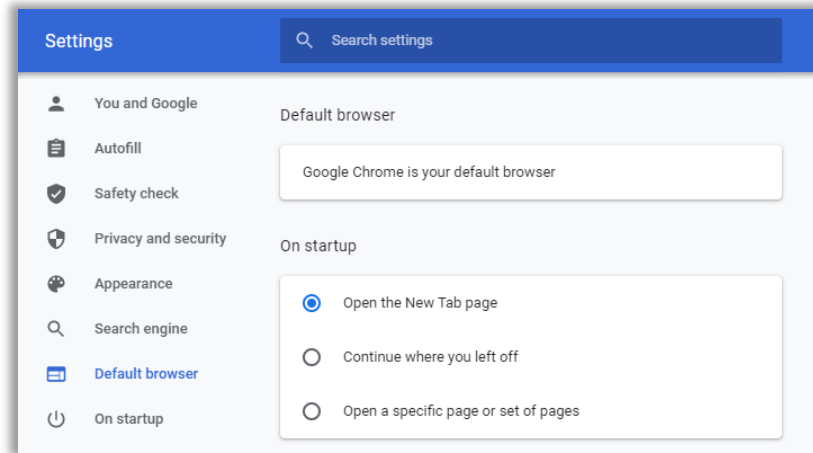
How to Set Atrezzo Bookmark in Chrome

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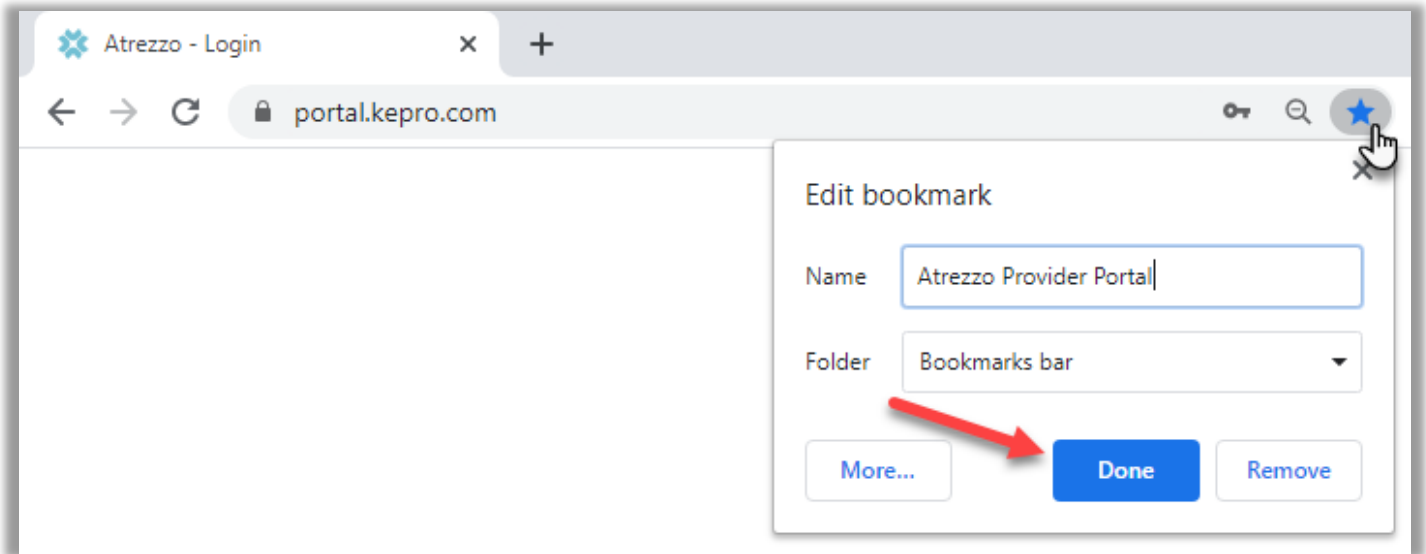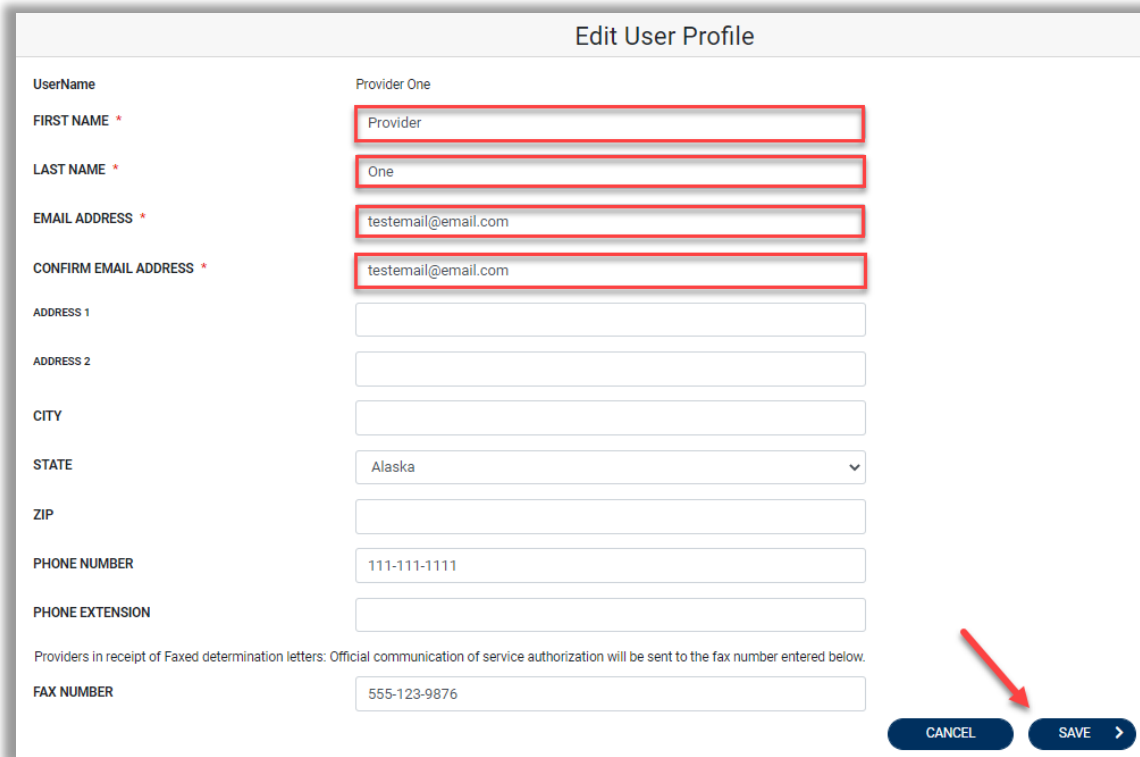
Updating User Profile

To update user profile information once an account has been created, click on the person icon in the upper right corner. Once the menu opens, click **Edit User Profile**.
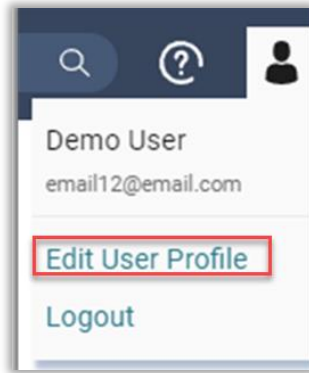
Once the profile screen displays, update information and include all required fields, then click **Save**.

Change Password

To change your password, click the person icon in the upper right corner, then select **Change Password**.
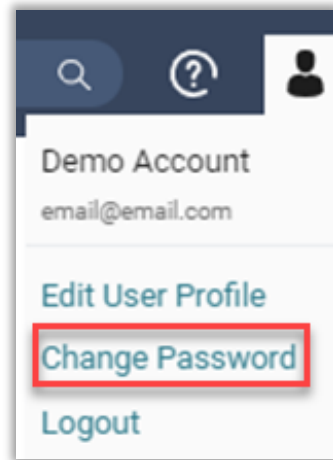
Enter the email address associated with your Atrezzo account and click **Send Verification Code**.
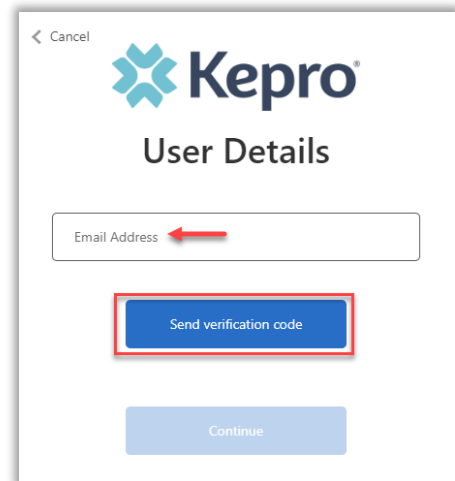
Enter the code from the system generated email and click **Verify Code**.
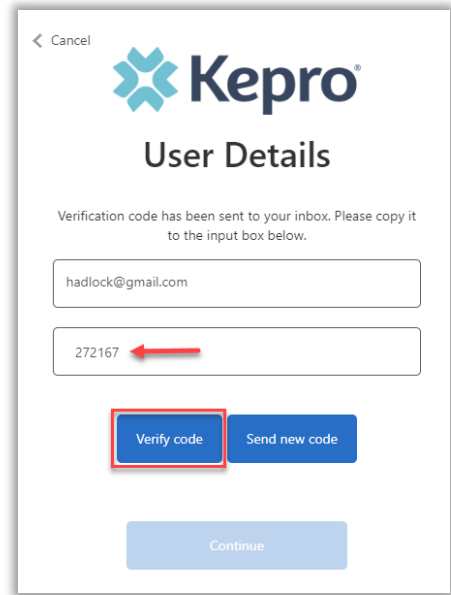
Once your email address is verified click **Continue** to change password.

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

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

Informational Error/Warning Messages

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

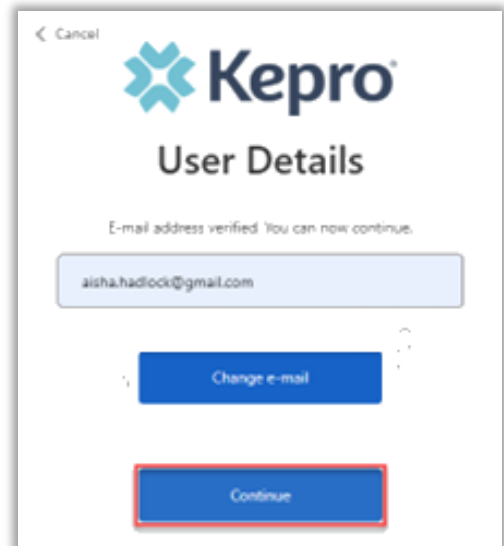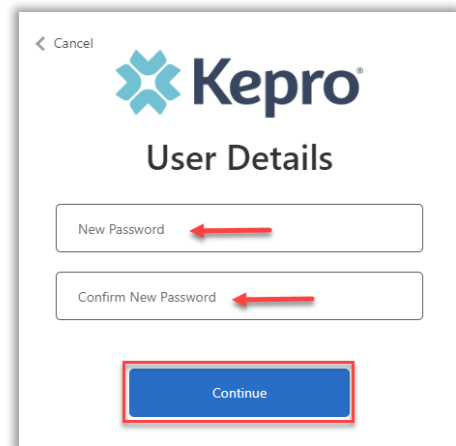| Informational Message	Explanation
Servicing Provider Type Not Allowed for Service Type	This message displays when the servicing provider does not match with the requested service type. The servicing provider must be corrected to be a provider that can bill for the requested service type.
Member Ineligible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

How to Access Technical Assistance

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