

Hello and Welcome to the Acentra Health Hold for Service Referral training. This video has been created to provide general guidance for Providers on the process for submitting a hold for service request, called a referral, for any member who cannot immediately be served.

The guidance presented in this presentation is meant to give a providers a basic understanding of the hold for service process, its intended use as it relates to the Consent Decree, and the Atrezzo submission process.

PART ONE

# Consent Decree



In part one, we will provide a general overview of the Consent Decree

# What is the Consent Decree?

In 2007, the Department of Health and Human Services (DHHS) entered into an agreement settling a class action lawsuit that was brought on behalf of residents of the Augusta Mental Health Institute (AMHI). The purpose was to correct problems at AMHI and ensure access to community-based mental health services.

In January of 2021, DHHS and Disability Rights Maine entered into a new agreement and set standards that must be met in order to achieve substantial compliance. The focus of the current standards is on:

- Timely access to services for adults experiencing Serious Mental Illness
- Contract Management and enforcement of rules
- Making effective use of inpatient capacity at Riverview Psychiatric Center
- Timely Reporting

Source: <https://www.maine.gov/dhhs/obh/about/consent-decree>



## Hold for Service Consent Decree Standards

- 60% of Community Integration referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.
- 60% of ACT referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.
- 60% of BHH referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.

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There are three consent decree measures pertaining to the Hold for Service Referral Process.

1. 60% of Community Integration referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.
2. 60% of ACT referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.
3. 60% of BHH referrals are seen face-to-face within seven (7) business days and 85% within thirty (30) calendar days excluding those who agree to be put on hold for service.

It is important that providers are reporting members who cannot be immediately served as a hold for service referral in the Atrezzo system in order to calculate the above consent decree standards.

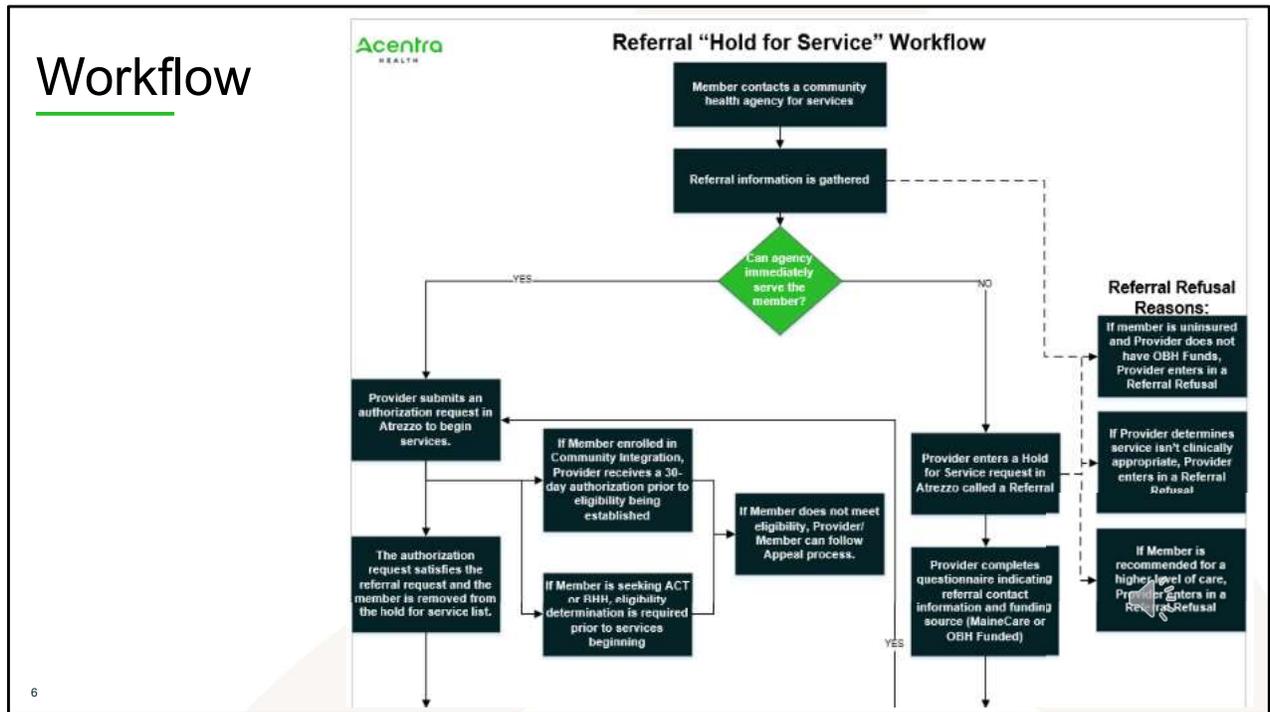
PART TWO

# Referral Hold for Service Workflow



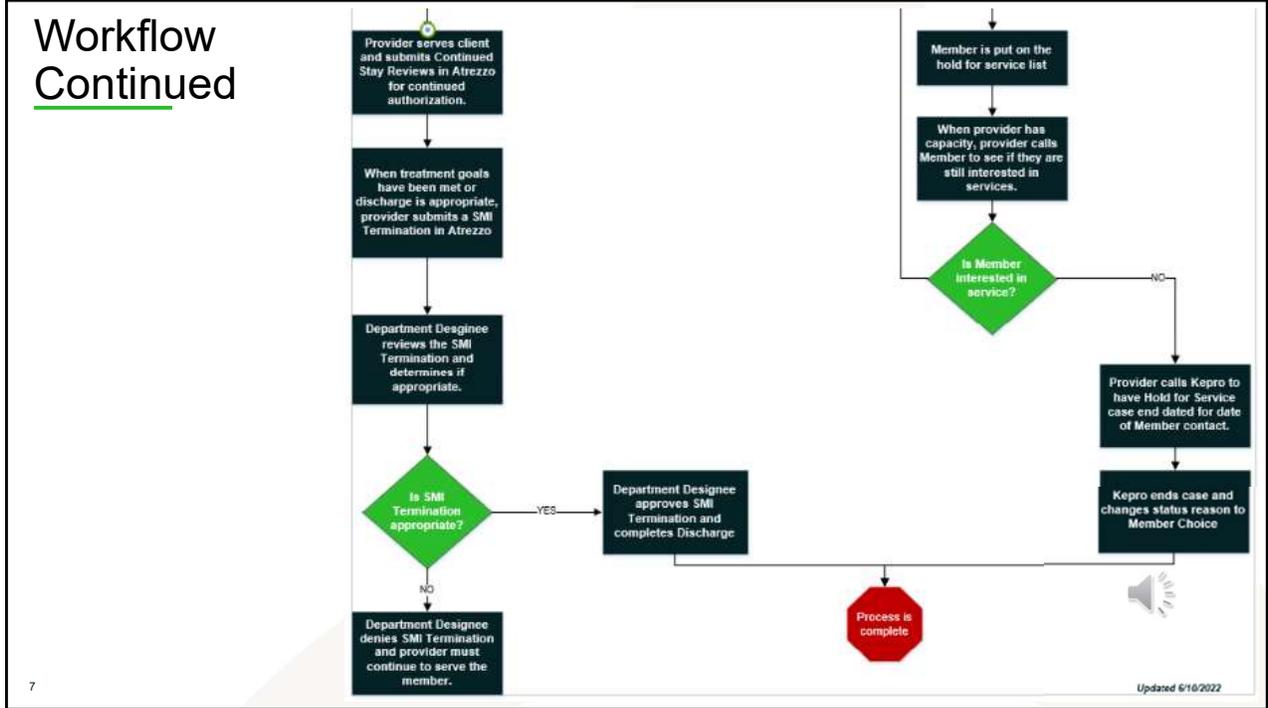
In part two, we will go over the hold for service workflow.

# Workflow



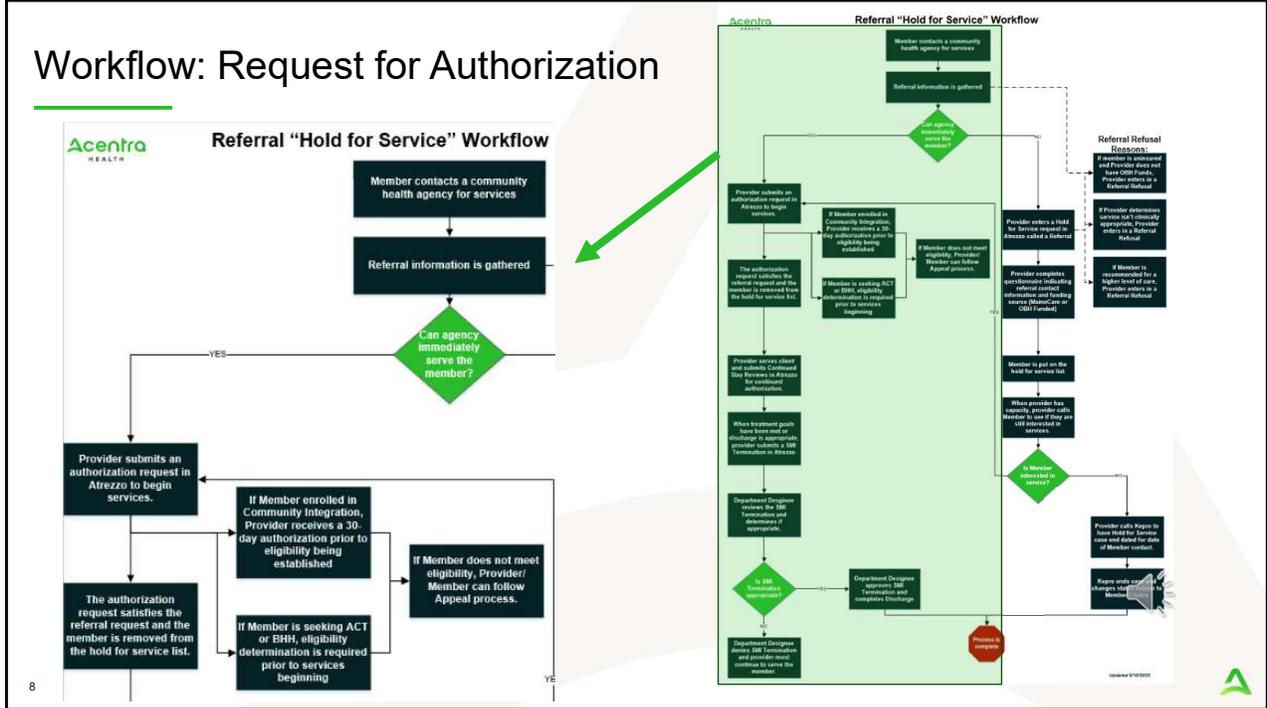
There are three different categories in which a member can fall into once they have contacted a community health agency for service; a request for authorization, hold for service request, or referral refusal. The screen shot is depicting the first part of the workflow.

## Workflow Continued



This screen shot is a continuation of the workflow shown on the previous slide.

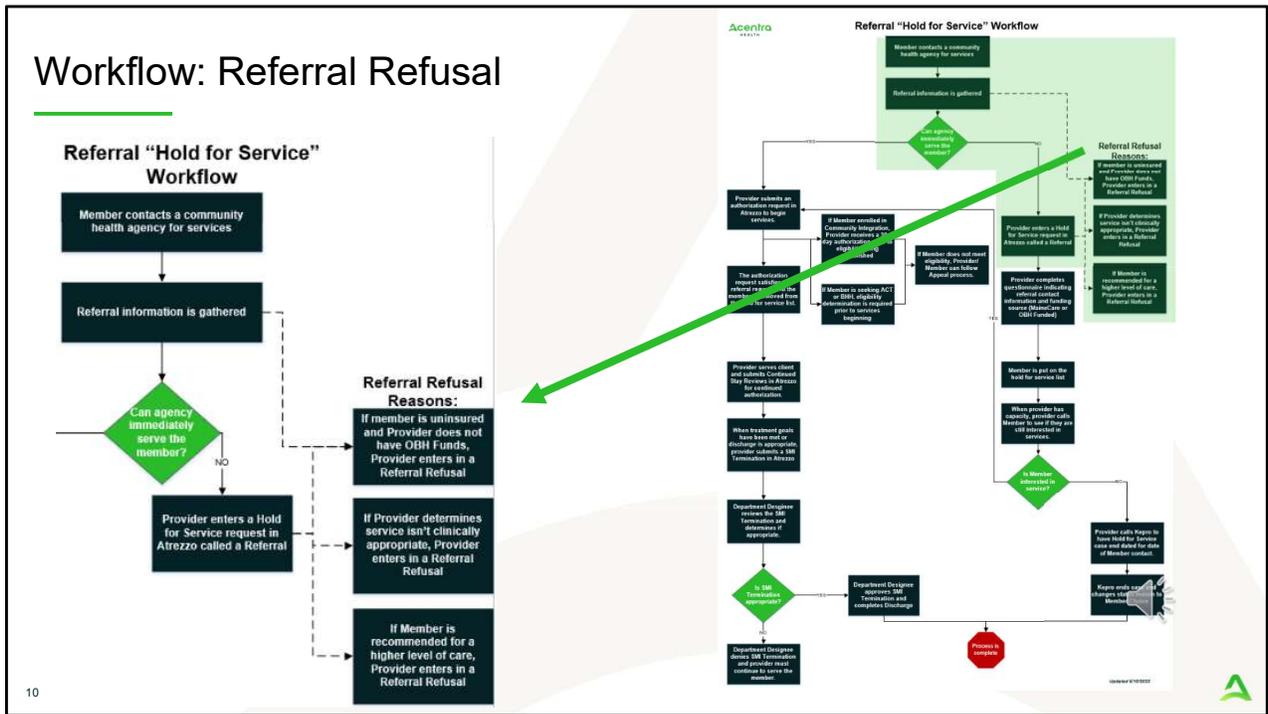
# Workflow: Request for Authorization



REQUEST FOR AUTHORIZATION: If the provider can immediately serve the member (defined as same day), the provider would submit an authorization request in Atrezzo . If the member is entering into community integration, the provider will receive a 30-day authorization prior to eligibility being established. Providers would need to provide eligibility information on day 31. If the member is entering into ACT or BHH services, eligibility is required to be established prior to beginning services. After the initial authorization period, the provider would submit a continued stay review for continued authorization. When treatment goals have been met or discharge is appropriate, the provider would submit an SMI termination in Atrezzo. The SMI Termination will be reviewed and if appropriate, the SMI termination is approved, and discharge is completed. If the SMI termination is not determined to be appropriate, the request to terminate would be denied and the provider must continue to serve the member.



# Workflow: Referral Refusal



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REFERRAL REFUSAL: There may be times within the process where a hold for service referral or authorization request is not appropriate. If when gathering the necessary referral information, the member is uninsured and the provider does not have OBH funds available, the provider would enter in a Referral Refusal request in Atrezzo. Additionally, if the provider determines the service isn't clinically appropriate or if the member is recommended for a higher level of care, the provider would enter in a Referral Refusal request in Atrezzo. Referral Refusal requests will be reviewed and if approved, the provider does not have to accept the member on the hold for service list. If the Referral Refusal is denied, the provider must either put the member on the hold for service list or begin services with the member.

PART THREE

# Atrezzo Submission



In part three, we will walk through the Atrezzo submission process.

## Accessing Atrezzo



Visit [www.qualitycareforme.com](http://www.qualitycareforme.com) to access the Atrezzo portal



To access the Atrezzo portal, go to our informational website; [www.qualitycareforme.com](http://www.qualitycareforme.com) and click on the Atrezzo login button

## Accessing Login

**Acentra**  
H E A L T H

**LOGIN OPTIONS**

**Acentra Health Employees**  
Use this login button if you have a Acentra Health domain account.

**LOGIN**

Remember Me

**Customer/Provider**  
Use this login button if you are a customer or provider user.

**LOGIN WITH PHONE**

**LOGIN WITH EMAIL**

Remember Me

If you don't already have a Acentra Health account, you can [register here](#).

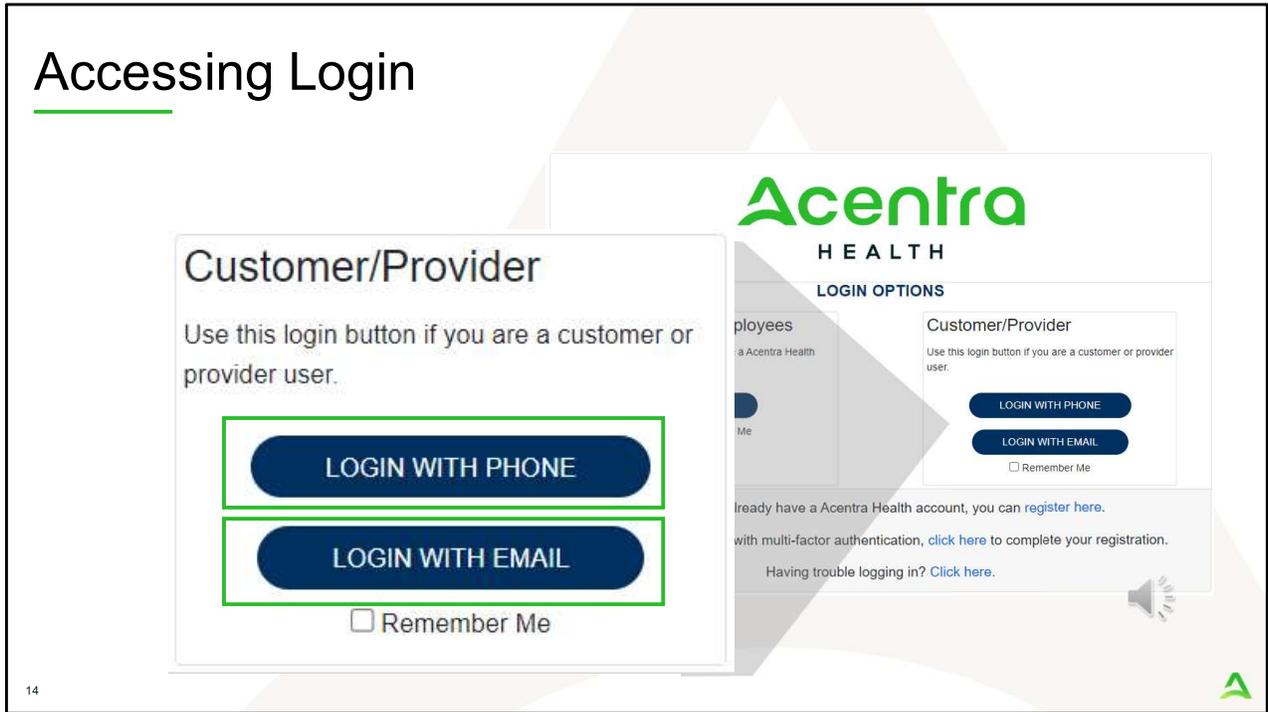
If this is your first login with multi-factor authentication, [click here](#) to complete your registration.

Having trouble logging in? [Click here](#).

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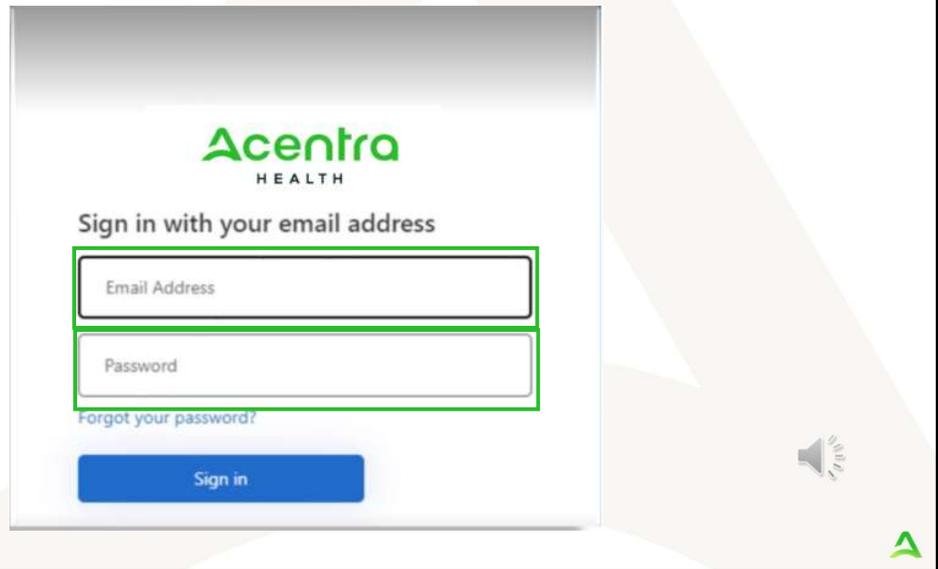
The Atrezzo system uses a Multi-Factor Authentication (MFA) login process. Each user who currently has an Acentra Health login, will click here, if this is your first with multi-factor authentication (MFA) to complete your registration.

## Accessing Login



When you arrive to the login screen, you will use the Customer/Provider login. Here you will choose Login with Phone or Login with email depending on how your registered for the multi-factor authentication. Please note, if you chose to register with phone and you do not currently have your phone you can still login with email. If you click remember me, the system will remember your login for four hours. Please do not use the remember me feature on a shared device. In this demonstration, we will click Login with phone because that is how we registered our multi-factor authentication.

## Accessing Login

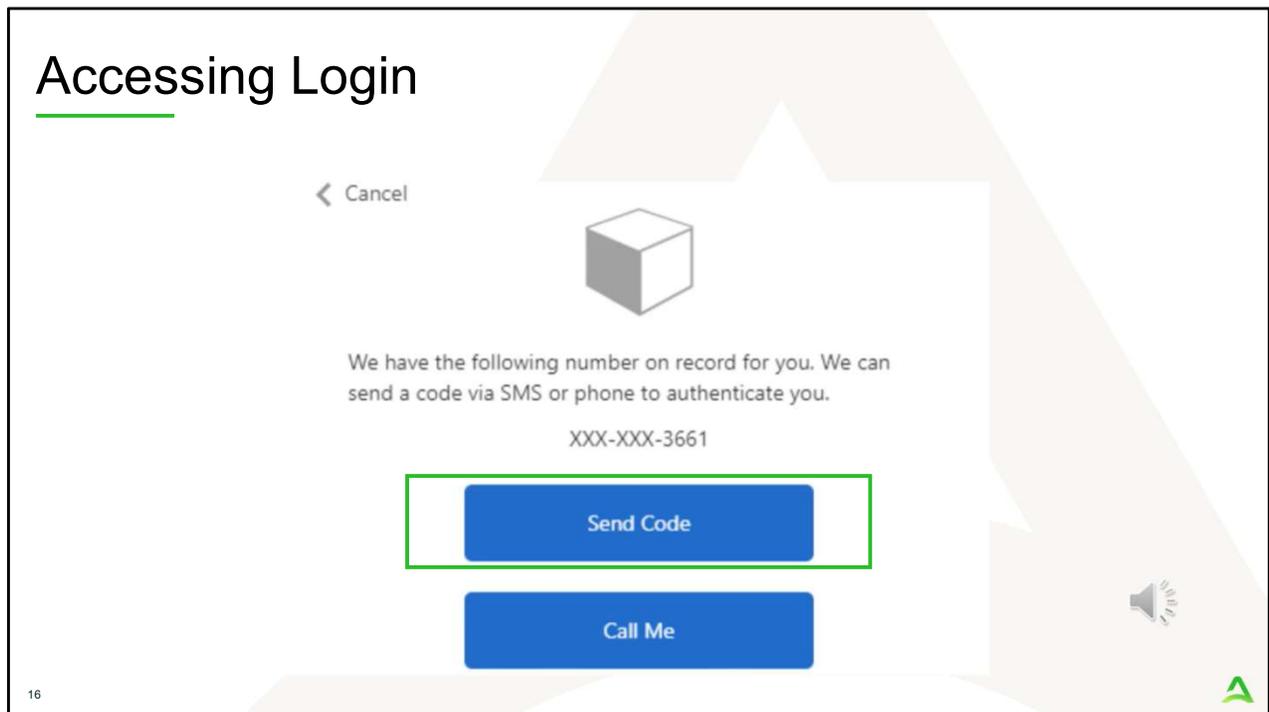


The image shows a login form for Acentra Health. At the top, the Acentra Health logo is displayed in green. Below the logo, the text "Sign in with your email address" is centered. There are two input fields: "Email Address" and "Password", both outlined in green. Below the "Password" field is a link that says "Forgot your password?". At the bottom of the form is a blue button labeled "Sign in". To the right of the form, there is a speaker icon and a small green "A" logo in the bottom right corner.

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To sign in, you will enter your email and password then click Sign in.

## Accessing Login



Next, you will choose how you want to receive your verification code. You can click send code or call me. Send code will send a SMS text to your cell phone with your verification code. Call me will prompt a phone call to your phone where you will press a specific digit. In this example, we will chose send code.

## Accessing Login

< Cancel



We have the following number on record for you. We can send a code via SMS or phone to authenticate you.

XXX-XXX-3661

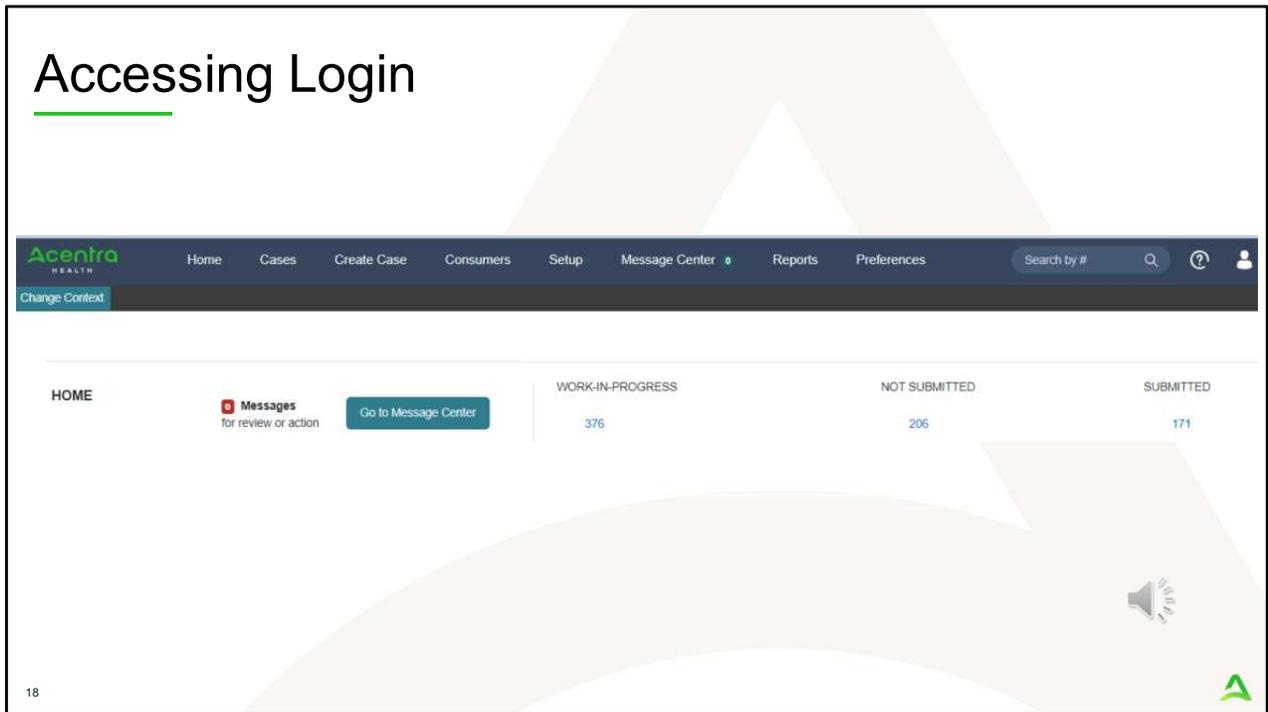
Enter your verification code below, or [send a new code](#)



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Enter in your verification code.

# Accessing Login



The system will automatically verify your account and you will be logged into the home screen.

## Creating the Request



To create a new request for either an authorization request, a hold for service referral or a referral refusal, click on the create case tab.

## Step 1 – Case Parameters

The screenshot shows the Acentra Health interface for creating a new UM case. The navigation bar includes Home, Cases, Create Case, Consumers, Setup, and Message Center. The main content area is titled 'New UM Case' and shows 'Maine ASO' as the 'Requesting Provider' and 'Outpatient' as the 'Request Type'. The 'Case Parameters' section is active, with 'Case Type' set to 'UM' (1), 'Case Contract' set to 'Maine ASO' (2), and 'Request Type' set to 'Outpatient' (3). A 'Go To Consumer Information' button (4) is located at the bottom right, next to a speaker icon. A 'Cancel' button is also present at the bottom left.

Step 1 – Case Parameters:

1. Select UM for **Case Type**
2. Select Maine ASO for **Case Contract**
3. Select Outpatient for the **Request Type**
4. Click **Go to Consumer Information**. Note: Go to Consumer will remain grayed out until all required fields are completed.

## Step 2 – Consumer Information

The screenshot shows the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, the 'Change Context' is set to 'PINES HEALTH SERVICES, Maine DHHS'. The 'New UM Case' section shows 'Requesting Provider' as 'PINES HEALTH SERVICES' and 'Maine ASO' as 'Outpatient'. The 'Case Parameters' section indicates 'Step 1' is complete and 'Step 2' is active. The 'Consumer Information' form has four input fields: 'CONSUMER ID' (containing '0000001a'), 'LAST NAME', 'FIRST NAME (MIN 1ST LETTER)', and 'DATE OF BIRTH' (with a calendar icon). A 'Search' button is to the right of the date field. Below the form, a table displays search results for 'Jane Doe' with columns for Name, DOB, Address, Consumer ID, Contract, Case Count, and Actions. The 'Choose' button is highlighted in the Actions column. At the bottom, there is a message 'Not finding what you're looking for?' and an 'Add temporary consumer' button.

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
Jane Doe	11/29/1985	400 Winter Way Portland, ME	0000001A	Maine DHHS	9	Choose

### In Step 2 – Consumer Information

1. In the **Consumer ID** box enter the Member's MaineCare number. You may also search for the Member by using their last name and Date of Birth.
2. Click **Search**.
3. Review the search results. If the correct member match is found, click **Choose**.
4. If a member match is not found, click **Add Temporary Member** to create a temporary ID for this member. The temporary ID will be used as the member's member ID in order to submit your request in Atrezzo.

## Step 2 – Consumer Information

The screenshot displays the 'Create Case' interface in the Acentra Health system. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. The main content area is titled 'New UM Case' and shows the following details:

- Requesting Provider: Maine ASO
- Outpatient: Test Member 1 (M)
- 01/01/1960

Step 1: Case Parameters | Step 2: Consumer Information

Request ID	Status	Location	Member ID	Service	Effective Date	View Procedures	No letters available	No actions available
- Case: Pending Case ID								
Request 01	Un-Submitted	Outpatient	N/A			View Procedures	No letters available	No actions available
- Case: Pending Case ID								
Request 01	Un-Submitted	Outpatient	N/A	Section 65 Behavioral Health Services	2/1/2021 - 1/31/2022	View Procedures	No letters available	No actions available
- Case: Pending Case ID								
Request 01	Un-Submitted	Outpatient	N/A	Section 97 Private Non-Med Institution (PNMI)	2/16/2021 - 2/15/2022	View Procedures	No letters available	No actions available
- Case: 210470003								
Request 01	Submitted	2/16/2021	Outpatient	N/A	Section 97 Private Non-Med Institution (PNMI)	2/16/2021 - 3/15/2021	View Procedures	No letters available

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Once you click **Create Case**, your changes will be saved and the case will be created **but not submitted**.

Buttons: Cancel, **Create Case** (highlighted with a green circle and mouse cursor)

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## Step 2 – Consumer Information

1. If there have been previous submissions for this member under your agency, those will display here. Scroll down and click on Create Case. Otherwise, if this is the first case that is being created for this member under your agency, you will not have this page and you will be immediately brought to step 3.

## Step 3 – Additional Providers

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows 'Change Content' > 'PINES HEALTH SERVICES, Maine DRHS'. The main content area is titled 'New UM Case' and shows details for a 'Requesting Provider' (PINES HEALTH SERVICES, Maine ASO, Outpatient, 01/01/1960) and a 'Test Member 1 (M)'. A progress bar indicates the current step is 'Step 3: Additional Providers', with other steps like 'Consumer Information', 'Service Details', 'Diagnoses', 'Requests', 'Questionnaires', 'Attachments', 'Communications', and 'Submit Case' visible. Below the progress bar, there is a section for 'Additional Providers: Provider/Facility' with an 'Add Attending Physician' button. A table lists 'Selected Providers' with columns for Provider Type, Name, Medicaid ID, Specialty, NPI, Address, County, Phone, Fax, and Action. Two providers are listed, both with the name 'PINES HEALTH SERVICES' and NPI '1922449834'. The 'Requesting' provider has a Medicaid ID of 'PMP000023088520' and a specialty of 'No Specialty Required'. The 'Servicing' provider has the same Medicaid ID and specialty. The 'Action' column for the servicing provider includes 'Update' and 'Remove' buttons. A green circle with the number '1' and a 'Go to Service Details' button are located at the bottom right of the table area. A small speaker icon is visible in the bottom right corner of the screenshot.

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	PINES HEALTH SERVICES	PMP000023088520	No Specialty Required	1922449834	1260 MAIN ST , WADE, ME US 04786	Aroostook	(207) 498-1164	(123) 456-7890	
Servicing	PINES HEALTH SERVICES	PMP000023088520	No Specialty Required	1922449834	1260 MAIN ST , WADE, ME US 04786	Aroostook	(207) 498-1164		Update Remove

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## Step 3 – Additional Providers

1. The Requesting and Servicing providers will automatically be indicated based on the NPI number your login is associated with. Click on Go to Service Details

## Step 4 – Service Details

The screenshot shows the Acentra Health interface for entering service details. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. The main header indicates the context is 'PINES HEALTH SERVICES, Maine DHHS'. Below this, a 'New UM Case' summary shows the provider as 'Maine ASO' and the patient as 'Jane Doe (F)' with a birth date of '11/29/1985'. A progress bar shows steps from 'Consumer Information' to 'Attach', with 'Service Details' (Step 4) currently active. The 'Service Details/ Enter Service Details' form contains a 'Place Of Service' dropdown, an 'Add a Note' button, and a 'Service Type' dropdown. The 'Service Type' dropdown is open, listing various MaineCare policy sections, with '140 - Section 17 Community Support Services - Adults' selected. A green circle with the number '1' is placed next to the 'Service Type' dropdown. To the right of the dropdown, there is a 'Cancel' button and a 'Go to Diagnoses' button, with a green circle with the number '2' next to the 'Go to Diagnoses' button. A speaker icon is also visible in the bottom right corner of the form area.

### Step 4 – Service Details:

1. Select the section of MaineCare Policy for the service you are providing from the **Service Type** drop down. In this instance we have selected Section 17 Community Support Services. The place of service field is not required; however, you can complete this field if you choose to.
2. Click **Go to Diagnoses**

## Step 5 – Diagnosis

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### Step 5 – Diagnosis:

The Atrezzo system will require you to enter in at least one diagnosis code. If you are submitting an authorization request for ACT or BHH, eligibility determination is required before beginning services, so a valid diagnosis will need to be added. If you are submitting a 30-day initial authorization request for Community Integration, a hold for service referral or a referral refusal, you may enter in the diagnosis code of R69 for illness unspecified. For members who are enrolling into Community Integration, you must provide a valid diagnosis code at day 31 when you submit a Continued Stay Review.

1. In the Diagnosis **Search** box, start typing in either the diagnosis code or the description of the code. You will need to enter in at least three characters for the search feature to start finding results. Once you have found the diagnosis code, click on it to automatically add it to your request. Repeat the same search process for each additional diagnosis code.
2. If you have added more than one diagnosis code, you can rearrange

the order of how the diagnosis codes appear by clicking on the diagnosis line and dragging it up or down in the list.

3. If you have added a diagnosis code in error, you may remove it by clicking on the **Remove** link. Please note: Once your request has been submitted, you will not be able to remove the diagnosis code.
4. When you have finished added the diagnosis code(s), click on **Go to Requests**

## Step 6 – Requests

The screenshot displays the Acentra Health software interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows 'Change Context' and 'PINES HEALTH SERVICES, Maine DHHS'. The main header area includes 'New UM Case', 'PINES HEALTH SERVICES', 'Maine ASO', and 'Jane Doe (F)'. A progress bar indicates the current step is 'Step 6: Requests', with other steps like 'Consumer Information', 'Additional Providers', 'Service Details', 'Diagnoses', 'Questionnaires', 'Attachments', 'Communications', and 'Submit Case' also visible. The 'Requests/Request Details' section contains a 'Request Type' dropdown menu (with a green '1' callout), 'FIPS Code' field, 'Notification Date' (03/08/2024), and 'Notification Time' (12:03 PM). The dropdown menu is open, showing options: Referral Refusal, Referral (Grant Funded), Referral Refusal (highlighted), Registration, Retroactive MaineCare Eligibility, Service Notification, and Service Notification Extension. A green '2' callout points to the 'Go to Procedures' button. A speaker icon is located at the bottom right of the form area.

### Step 6 – Requests:

1. In the **Request Type** box, select Prior Auth if you can immediately serve for either ACT or Behavioral Health Homes services. Select Registration if you can immediately serve the member if they are requesting Community Integration. Select Referral if you cannot serve the member and they are going to be holding for service. Select Referral Refusal if the member meets one of the referral refusal reasons indicated earlier in this presentation. Please refer to the [Maine ASO Service Grid](#) for information on request type.
2. Click **Go to Procedures**

## Step 6 – Requests Continued

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, and Reports. Below this, a 'Change Context' bar shows 'PINES HEALTH SERVICES, Maine DHHS'. A 'New UM Case' section provides details for the requesting provider (PINES HEALTH SERVICES, Maine ASO Outpatient) and the consumer (Jane Doe (F), 11/29/1985). A progress indicator shows seven steps: Step 2 (Consumer Information), Step 3 (Additional Providers), Step 4 (Service Details), Step 5 (Diagnoses), Step 6 (Requests), and Step 7 (Questionnaires). The 'Requests' step is currently active. Below the progress indicator, the section is titled 'Requests/Request 01/Procedures'. It features a 'Code Type' dropdown menu set to 'CPT' and a 'Search' box. The search box contains the text 'Search by code or description' and a list of search results: 'H2015', 'Preferred', 'All', 'H2015 Comp comm supp svc, 15 min', and 'H2015HG Community Integration OHH services'. A green circle with the number '1' is positioned above the search box, indicating the first step in this section. A small green 'A' logo is visible in the bottom right corner of the screenshot.

Step 6 – Requests Continued:

1. In the **Search** box, start typing in either the procedure code or the description of the code. You will need to enter in at least three characters for the search feature to start finding results. Once you have found the procedure code, click on it to automatically add it to your request.

## Step 6 – Requests Continued

The screenshot displays the Acentro Health web application interface for Step 6: Requests. The top navigation bar includes links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The main header shows the case context: PINES HEALTH SERVICES, Maine DHS, and Jane Doe (F), 11/29/1985. The progress bar indicates the current step is Step 6: Requests. The form area is titled 'H2015 Community Integration (CI)' and contains the following fields:

- Modifier:** Select One (dropdown)
- Unit Qualifier:** Select One (dropdown)
- Requested Start Date:** 03/08/2024 (calendar icon, marked 1)
- Requested End Date:** 03/08/2024 (calendar icon)
- Requested Duration:** 1 (input field, marked 2)
- Requested Quantity:** 1 (input field, marked 3)
- Requested Frequency:** Select One (dropdown)
- Requested Rate:** \$ (input field)
- Remove:** (button, marked 4)
- Go to Questionnaires:** (button, marked 5)

### Step 6 – Requests Continued:

1. In the **Requested Start Date** box, enter the start date of this request.
2. In the **Requested Duration** box, enter in the total amount of days you need for this request. This will automatically populate the end date. Please note, Hold for Service referrals should be submitted for 365 days.
3. In the **Requested Quantity** box, enter in the total amount of units needed for this request. Please use the Maine ASO Service Grid located at <https://me.kepro.com/resources/manuals-forms/> to calculate the number of units based on procedure code. .
4. If you have added a procedure code in error, you can click on **Remove**.
5. Most requests will require you to complete the questionnaire(s). Click on **Go to Questionnaires** to navigate to the next step.

## Step 7 – Questionnaires

The screenshot displays the Acentra Health software interface. At the top, there is a navigation bar with options like Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows the current case: PINES HEALTH SERVICES, Maine DHHS. The main area features a progress bar with steps from 2 to 10. Step 7, 'Questionnaires', is highlighted in green. Below the progress bar, there is a section for 'Questionnaires/ Add Questionnaires'. This section includes a 'Request' dropdown menu set to 'R01' and a 'Questionnaires' search field with a placeholder 'Select Any' and an 'Add' button. Below this is a table with the following columns: Request, Questionnaire ID, Questionnaire Type, Questionnaire's Name, Created By, Created Date, Completed By, Completed Date, Score, and Action. The table contains one row with the following data: Request: R01, Questionnaire ID: 12773143, Questionnaire Type: Provider Questionnaire, Questionnaire's Name: \*Referral Refusal, Created By: Rules Engine, Created Date: 03/08/2024 12:48:10 PM, Completed By: (empty), Completed Date: (empty), Score: 0, and Action: Open (with a green circle containing the number 1) and Remove. At the bottom of the interface, there are buttons for 'Add a Note', 'Add an Interaction', 'Jump to Submit', 'Cancel', 'Validate Request', and 'Go to Attachments'. A speaker icon is visible in the bottom right corner of the interface area.

### Step 7 - Questionnaires

The type of request you are submitting will determine the type of questionnaire(s) that attach to the request if any.

1. Any required questionnaires will be displayed on the questionnaire page. Click on **Open** to begin the questionnaire.

## Step 7 – Questionnaires Continued

The screenshot shows the Acentra Health interface for a 'Referral Refusal' questionnaire. The top navigation bar includes 'Work Queue', 'Cases', 'Create Case', 'Consumers', 'Providers', and 'Reports'. A search bar is on the right. Below the navigation, a case summary is displayed: 'Case | Jane.Doe (F) | 11/29/2012 (11 Yrs) | Maine ASO UH | 0000001A Member ID | Create Questionnaire / Referral Refusal'. The main form area is titled 'Referral Refusal' and contains a section 'Referral Refusal Information' with a green '1' in a circle. The form has four numbered fields: 1. Agency Contact Name (with a dropdown arrow), 2. Agency Contact Phone Number (digits only) (with a dropdown arrow), 3. Agency Contact Email Address (with a dropdown arrow), and 4. Please indicate the date member was referred to service (with a dropdown arrow and a date input field showing 'MM/DD/YYYY'). At the bottom left is a 'RETURN TO CASE' button. At the bottom right is an 'Autosaved' indicator and a 'MARK AS COMPLETE' button with a green '2' in a circle and a speaker icon. A small green 'A' logo is in the bottom right corner.

### Step 7 - Questionnaires

1. The questionnaire will open in a separate window. Begin by answering the question of the first section. Please note, as you answer questions, additional questions may cascade.
2. **All** questions within each section of the questionnaire **must be** filled out. When you have finished filling out the questionnaire, click on Mark as Complete. If all questions have been filled out, you will be returned to the main screen. If there are questions that have been missed, you will see an error message and the missing questions will display in red text. You must fill out the missing questions in order to mark your questionnaire as complete.

## Step 7 – Questionnaires Continued

The screenshot displays the Acentra Health software interface. At the top, there is a navigation bar with options like Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows the current case: PINES HEALTH SERVICES, Maine DHRIS. The main content area is titled 'Questionnaires/ Add Questionnaires'. It features a form with a 'Request' dropdown set to 'R01' and a 'Questionnaires' dropdown set to 'Select Any'. An 'Add' button is visible next to the dropdowns. Below the form is a table with the following data:

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	12773143	Provider Questionnaire	* Referral Refusal	Rules Engine	03/08/2024 12:48:10 PM			0	Open Remove

Below the table, there are buttons for 'Add a Note', 'Add an Interaction', and 'Jump to Submit' (highlighted with a green circle and the number 1). Other buttons include 'Cancel', 'Validate Request', and 'Go to Attachments'. The page number '31' is visible in the bottom left corner, and the Acentra logo is in the bottom right corner.

### Step 7 – Questionnaires Continued

1. After completing the questionnaire, you will be brought to the main Atrezzo page. Click on jump to submit. We will skip steps 8 and 9 as they are not required for a Hold for Service Referral Request, Referral Refusal, or Registration.

## Step 10 – Submit Case

The screenshot displays the Acentra Health 'Submit Case' interface. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. The 'Change Context' dropdown is set to 'PINES HEALTH SERVICES, Maine DHHS'. The 'New UM Case' section shows 'Requesting Provider: PINES HEALTH SERVICES', 'Maine ASO Outpatient', and 'Jane Doe (F)' with a birth date of 11/29/1985. A progress bar indicates steps 2 through 10, with Step 10 'Submit Case' being the active step. Below the progress bar, the 'Submit Case/ Review' section contains seven tiles: 'Providers' (Requesting and Servicing: PINES HEALTH SERVICES), 'Service Details' (Service Type: 140 - Section 17 Community Support Services - Adults), 'Diagnoses' (1 Diagnosis: R69), 'Requests' (Notification Date: N/A, Request Type: Referral Refusal, 1 Procedure: H2015), 'Questionnaires' (0), 'Attachments' (0 Documents), and 'Communications' (0 Notes). Each tile has an 'Update' link. At the bottom right, there is a 'Submit' button and a 'Cancel' button.

### Step 10 – Submit Case

1. Once you have completed the request, the information you have inputted will be displayed as tiles. If you need to update information prior to submitting, you can click on the tile to navigate back to that section. When you are finished, click on **Submit**.

## Step 10 – Submit Case Continued

**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.

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### In Step 10 – Submit Case

1. Once you click submit a Disclaimer popup will appear indicating that precertification does not guarantee payment and precertification only identifies medical necessity and does not identify benefits. Click on **Agree**.
2. If there are no errors, your case will submit and you will receive a case ID number. If there are errors, you will receive a message indicating what the errors are that need to be addressed before the case can be submitted.

# Submitted Case

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Once the case has been submitted it will bring you to the request overview page. This will be a receipt of all information provided in the request. It is important to document the Case ID to reference this request at a later time

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc. If calling Acentra Health regarding this request, three pieces of identifying information will be required to confirm the member's identity. For example, member's name, member's address, and date of birth.

PART FOUR

# Post Submission

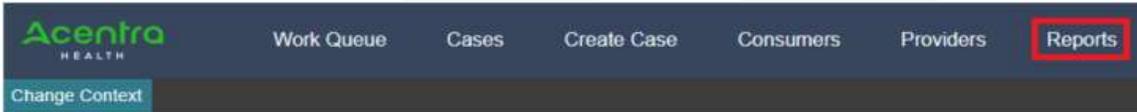


# Daily Authorization Report

1

## Click on the Reports Tab

Users who have been setup with report capabilities will have the reports tab in Atrezzo.



2

## Select the Report

Click on the ME Daily Authorization Report to open the search parameters.



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The Daily Authorization Report is the primary way Acentra Health communicates to providers regarding the status of a case.

1. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin +Reports User role will have a Reports tab. Click on it to access the reports section.
2. Next, click on the ME Daily Authorization Report.

## Daily Authorization Report Continued

3

### Select Search Parameters

Enter in the start date and end date you want to search by. Then select the types of requests you want to search by and click view report. Anything matching your search criteria will display.

The screenshot shows the Acentra Health interface. At the top left is the logo "Acentra HEALTH". Below it are two date input fields: "Start Date" and "End Date", both containing "1/29/2024". To the right of these fields is a "Request Type" dropdown menu. The dropdown is open, showing a list of options with checkboxes: "(Select All)", "Continued Stay Review", "Critical Incident", "OBH Funded Continued Stay I", and "OBH Funded Review". To the right of the dropdown is a "View Report" button. A red box highlights the date fields, the dropdown menu, and the "View Report" button. A speaker icon is visible in the bottom right corner of the interface.

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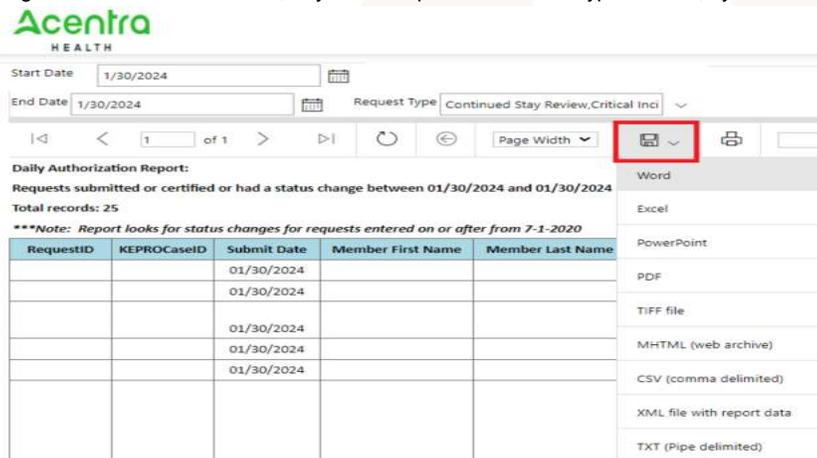
3. Enter in the start date and end date you want to search by. Then select the request types you want to search by and click view report.

## Daily Authorization Report Continued

4

### View Report

Once the report runs, you will be able to see all cases that match your search criteria. You can view the report right from the Atrezzo screen, or you can export into different types of files, by click on the Save icon.



The screenshot displays the Acentra Health interface. At the top, the Acentra Health logo is visible. Below it, there are search filters for Start Date (1/30/2024) and End Date (1/30/2024), and a Request Type dropdown menu set to 'Continued Stay Review, Critical Inci'. A navigation bar includes a 'Page Width' dropdown and a 'Save' icon (a floppy disk) which is highlighted with a red box. Below the navigation bar, the report title 'Daily Authorization Report:' is shown, followed by the text 'Requests submitted or certified or had a status change between 01/30/2024 and 01/30/2024' and 'Total records: 25'. A note states: '\*\*\*Note: Report looks for status changes for requests entered on or after from 7-1-2020'. A table with the following columns is displayed: RequestID, KEPROCaseID, Submit Date, Member First Name, and Member Last Name. The table contains five rows of data, all with a Submit Date of 01/30/2024. To the right of the table, an export menu is open, listing various file formats: Word, Excel, PowerPoint, PDF, TIFF file, MHTML (web archive), CSV (comma delimited), XML file with report data, and TXT (Pipe delimited). A speaker icon is visible in the bottom right corner of the interface.

- Once the report runs, any cases that have been entered in Atrezzo under your agency's NPI number that match your search criteria will display. The report will provide you with a Acentra Health Case ID, start date, status and notes section which will show any notes that have been added to the case. You can view the report right from the Atrezzo screen, or you can click on the save icon and export it into several file types.

## Questions?



- Toll-Free Phone: (866) 521-0027

- Option 1 – Member Services
- Option 2 – Katie Beckett
- Option 3 – Provider Relations
- Option 4 – Care Management
- Option 5 – Appeals
- Option 6 – Level I Critical Incident Reporting

- Email: [ProviderRelationsME@Kepro.com](mailto:ProviderRelationsME@Kepro.com)

- Chat with an Acentra Health Representative at [www.qualitycareforme.com](http://www.qualitycareforme.com)



Thank you for joining the Acentra Health Hold for Service Referral training. If you have further questions or need assistance, please call us at 866-521-0027. For technical assistance, please press Option 3 to reach a member of our Provider Relations Team. You can also reach a member of our Provider Relations Team via email at [ProviderRelaitonsME@Kepro.com](mailto:ProviderRelaitonsME@Kepro.com) or through our online chat at [www.qualitycareforme.com](http://www.qualitycareforme.com). Our hours of operation are Monday thru Friday 8am to 6pm.