



Hello and Welcome to the Acentra Health Opioid Health Home Atrezzo submission training. This video has been created to provide general guidance for Providers on how to submit an OHH and Additional Case Management requests in Acentra Health's Atrezzo platform.

The guidance presented in this presentation is meant to give providers a basic understanding of the August 21, 2022 OHH policy changes and how to submit requests for services in Atrezzo.

PART ONE

General Overview



Part one will be a general overview of the August 21, 2022, OHH Changes.

General Overview

Effective August 21, 2022, in order for a Section 92, Section 13, or Section 17 provider to jointly serve an OHH member, they will need to be part of the OHH Team.

Providers will need to have an authorization through Acentra Health for the additional provider support for OHH members.



Procedure Codes

Providers of Section 92, Section 13, or Section 17 who are jointly serving an OHH member, will use the following procedure codes to request certification from Acentra Health. Providers need to have an established contract with an OHH provider in order to use these codes.

Section 13	
T1017HG	HIV Case Management OHH Service
T1017U5HG	Homeless Case Management OHH Services
T1017UCHG	Section 13 Targeted Case Management Services
Section 17	
H2015HG	Section 17 Community Integration OHH Services
Section 92	
T2022HAHG	Behavioral Health Home Child OHH Services
T2022HBHG	Behavioral Health Home Adult OHH Services



PART TWO

Atrezzo Submission



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

Accessing Atrezzo



Visit www.qualitycareforme.com to access the Atrezzo portal



To access the Atrezzo portal, go to our informational website; 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](#).

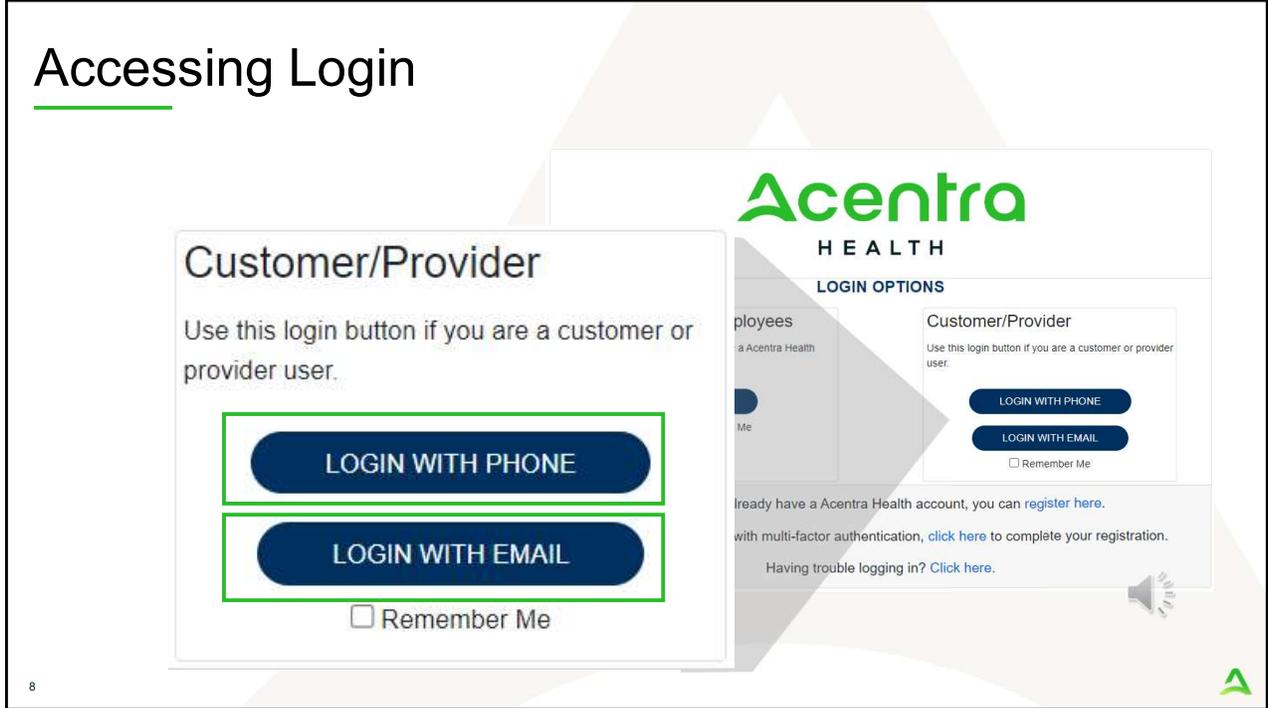
If this is your first login with multi-factor authentication, [click here](#) to complete your registration.

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

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.

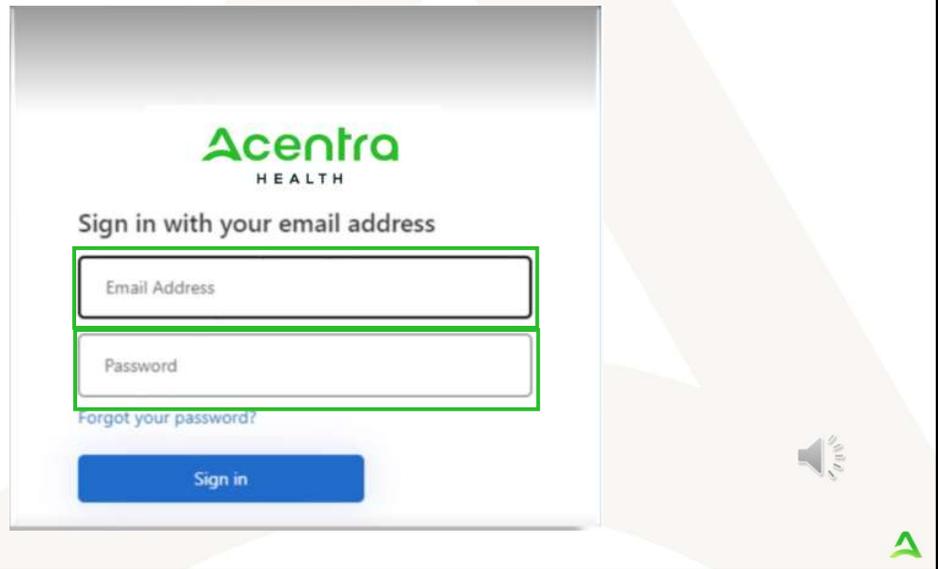


Accessing Login



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.

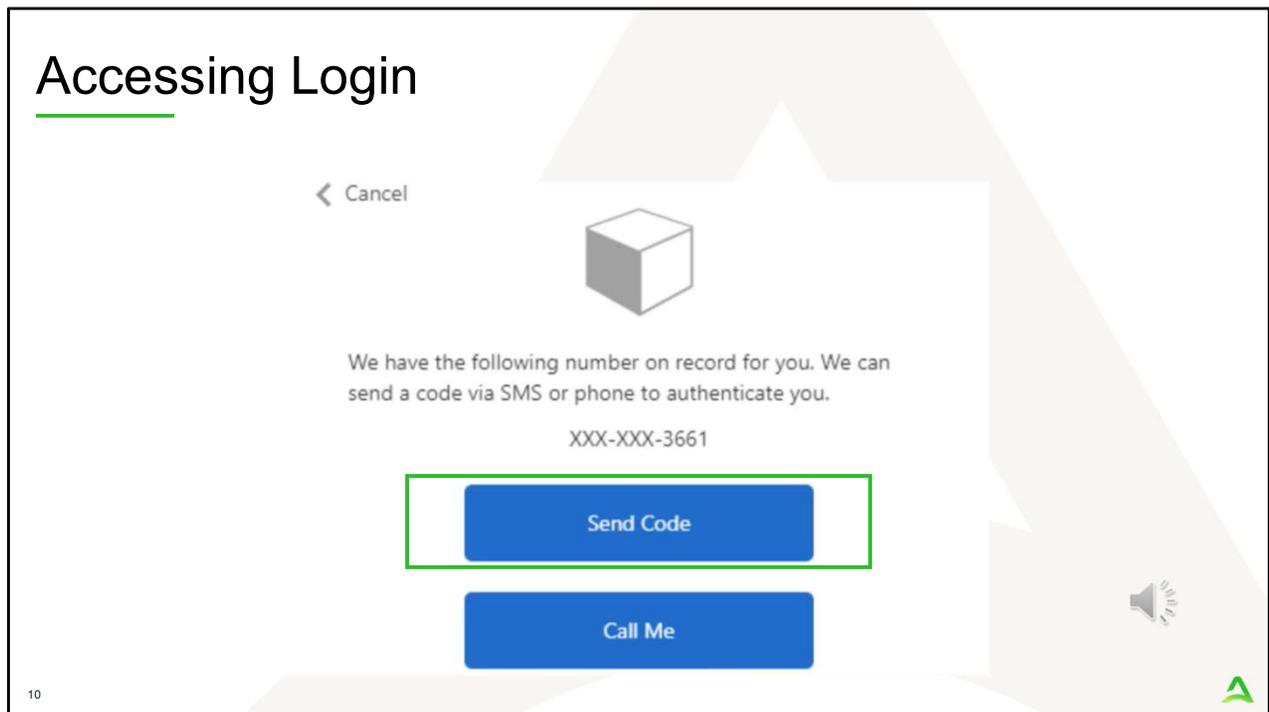
Accessing Login



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 is a speaker icon, and in the bottom right corner of the slide is a small green Acentra logo.

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

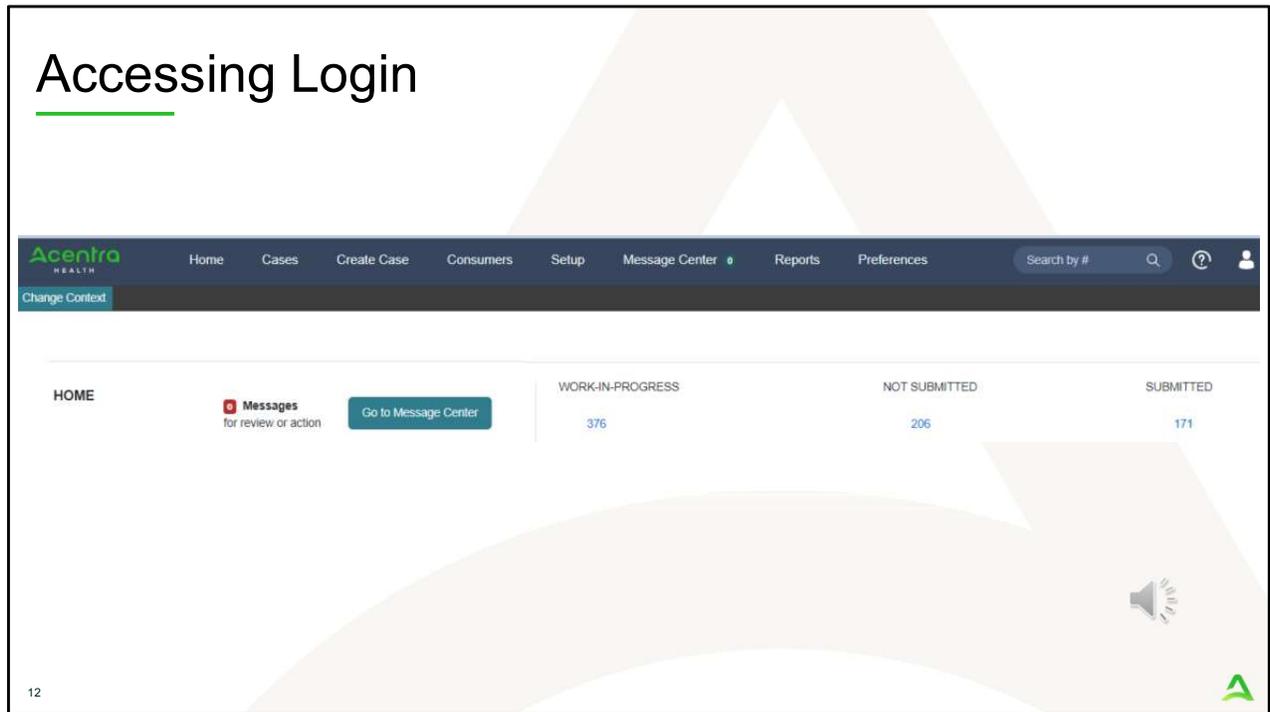
Enter your verification code below, or [send a new code](#)



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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 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 highlighted in blue, indicating it is the next step. A 'Cancel' button is also present.

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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

Change Context: PINES HEALTH SERVICES, Maine DHHS

New UM Case: PINES HEALTH SERVICES, Maine ASO, Requesting Provider, Outpatient

Step 1: Case Parameters, Step 2: Consumer Information

Consumer Information/ Search Consumer/ Results

CONSUMER ID (1): 0000001a, LAST NAME, FIRST NAME (MIN 1ST LETTER), DATE OF BIRTH (MM/DD/YYYY)

*Combination of DOB and Last Name or Member ID

Cancel, Search (2)

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
Jane Doe	11/29/1985	400 Winter Way Portland, ME	0000001A	Maine DHHS	9	Choose (3)

Showing 10 of 1, Previous Page 1 of 1

Not finding what you're looking for? Add temporary consumer

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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**.

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)
- Member ID: 01/01/1960

The 'Case Parameters' section is active, and the 'Consumer Information' tab is selected. A table lists previous case submissions:

Request ID	Status	Service Type	Agency	Effective Date	Expiration Date	View Procedures	No letters available	No actions available	
Request 01	Un-Submitted	Outpatient	N/A			View Procedures	No letters available	No actions available	
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	
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	
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	Actions

At the bottom, there is a 'Showing 10 of 108' indicator, a 'Previous Page 1 of 11 Next' navigation bar, and a 'Cancel' button next to a 'Create Case' button. A green circle with the number '1' is placed over the 'Create Case' button, and a mouse cursor is pointing at it. A note below the table states: 'Once you click **Create Case**, your changes will be saved and the case will be created **but not submitted**.'

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 options: 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 'PINES HEALTH SERVICES' (Requesting Provider), 'Maine ASO' (Outpatient), and 'Test Member 1 (M)' (01/01/1960). A progress bar indicates the current step is 'Step 3: Additional Providers', with other steps including Consumer Information, Service Details, Diagnoses, Requests, Questionnaires, Attachments, Communications, and Submit Case. Below the progress bar, there is a section for 'Additional Providers: Provider/Facility' with an 'Add Attending Physician' button. A table titled 'Selected Providers' lists two providers, both from 'PINES HEALTH SERVICES' with the same Medicaid ID (PMP000023088520) and NPI (1922449834). The table columns include Provider Type, Name, Medicaid ID, Specialty, NPI, Address, County, Phone, Fax, and Action. The 'Requesting' provider is listed with 'No Specialty Required' and the 'Servicing' provider is also listed with 'No Specialty Required'. Both have the same address: '1260 MAIN ST, WADE, ME US 04786' and phone number '(207) 498-1164'. The 'Action' column for the 'Requesting' provider has an 'Update' button, and for the 'Servicing' provider, it has 'Update' and 'Remove' buttons. A green circle with the number '1' and a 'Go to Service Details' button are visible at the bottom right of the table area. A small speaker icon is located at the bottom right 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

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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

The screenshot shows the Acentra Health web application interface. The top navigation bar includes links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The main content area is titled 'New UM Case' and shows a progress indicator for steps 2 through 10. Step 5, 'Diagnoses', is currently active. Below the progress indicator, there is a 'Diagnosis/Add Diagnosis' section. This section includes a 'Code Type' dropdown set to 'ICD10', a 'Search' box containing 'f33 9', and a search result dropdown menu. The search results are displayed in a table with columns for Order Rank, Code, Description, Source, Created By, and Deactivate. The first result is 'F33.9 MAJOR DEPRESSIVE D/O RECURRENT UNS' with a rank of 1. The second result is 'F41.1 GENERALIZED ANXIETY DISORDER' with a rank of 2. There are green callout numbers 1 through 4 on the screenshot: 1 points to the search box, 2 points to the order rank column, 3 points to the 'Remove' link, and 4 points to the 'Go to Requests' button.

Order Rank	Code	Description	Source	Created By	Deactivate
1	F33.9	MAJOR DEPRESSIVE D/O RECURRENT UNS	Manual	pinest	Remove
2	F41.1	GENERALIZED ANXIETY DISORDER	Manual	pinest	Remove

Step 5 – Diagnosis:

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 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 'Change Context' bar shows 'PINES HEALTH SERVICES, Maine DHHS'. The main content area is titled 'New UM Case' and shows case details: 'PINES HEALTH SERVICES' as the Requesting Provider, 'Maine ASO' as the Outpatient, and 'Jane Doe (F)' with the date '11/29/1985'. A progress bar indicates the current step is 'Step 6: Requests', with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses) completed. The 'Requests/Request Details' form includes a 'Request Type' dropdown menu (with a green circle '1' next to it) showing options like 'Continued Stay Review', 'Crisis Call', 'Critical Incident', 'OBH Funded Continued Stay Review', 'OBH Funded Review', and 'Prior Auth'. Other fields include 'FIPS Code', 'Notification Date' (03/12/2024), and 'Notification Time' (11:48 AM). A 'Go to Procedures' button (with a green circle '2' next to it) and a 'Cancel' button are also visible. A speaker icon and the Acentra logo are in the bottom right corner.

Step 6 – Requests:

1. In the **Request Type** box, select the appropriate request type depending on what service you are providing. 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 includes 'Requesting Provider: PINES HEALTH SERVICES', 'Maine ASO: Outpatient', and 'Jane Doe (F) 11/29/1985'. A progress bar indicates the current step is Step 6, 'Requests', with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses) marked as complete. The main content area 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 'H2015' and a green circle with the number '1' above it. Below the search box, a dropdown menu shows search results: 'H2015', 'Preferred', 'All', 'H2015 Comp comm supp svc, 15 min', and 'H2015HG Community Integration OHH services'. The 'H2015HG Community Integration OHH services' option is highlighted with a green border. A small speaker icon is visible in the bottom right corner of the search results area.

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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. In this example, we have selected the H2015HG Community Integration OHH Services code.

Step 6 – Requests Continued

The screenshot displays the Acentra Health web application interface for Step 6 of the request process. The page title is "Step 6 – Requests Continued". The interface includes a navigation bar with options like Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A progress indicator shows the current step (Step 6: Requests) and previous steps (Step 2: Consumer Information, Step 3: Additional Providers, Step 4: Service Details, Step 5: Diagnoses). The main form area is titled "H2015HG" and "Community Integration OHH services". It contains several input fields: "Requested Start Date" (marked with a green circle '1'), "Requested End Date" (marked with a green circle '3'), "Requested Duration" (marked with a green circle '2'), "Requested Quantity" (marked with a green circle '3'), and "Requested Rate" (marked with a green circle '4'). There is also a "Remove" button (marked with a green circle '4') and a "Go to Questionnaires" button (marked with a green circle '5'). The bottom of the form has buttons for "Jump to Submit", "Cancel", and "Go to Questionnaires".

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.
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, or if there are no questionnaires required for the service you are requesting, you can click on jump to submit.

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 Consumer Information to Submit Case. Step 7, 'Questionnaires', is highlighted. Below the progress bar, there is a section for 'Questionnaires/ Add Questionnaires' with a search bar and an 'Add' button. A table lists the questionnaires associated with the request R01. The table has columns for Request, Questionnaire ID, Questionnaire Type, Questionnaire's Name, Created By, Created Date, Completed By, Completed Date, and Score. The row for R01 shows a score of 0 and a green '1' in a circle, with 'Open' and 'Remove' buttons. At the bottom, 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.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	12805190	Assessment	* Opioid Health Homes (OHH)	Rules Engine	03/12/2024 12:22:59 PM			0	Open Remove

Step 7 - Questionnaires

The type of request you are submitting will determine the type of questionnaire(s) that attach to the request if any. If you are submitting a Section 93 OHH request, you will have a questionnaire to complete. There are no questionnaires required if you are submitting a request for additional case management services under Section 13, 17, or 92.

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

Step 7 – Questionnaires Continued

Acentra HEALTH Work Queue Cases Create Case Consumers Providers Reports

Change Context

Case	Jane Doe (F)	Maine ASO	00000001A	Create Questionnaire / Opioid Health Homes (OHH)
	11/29/2012 (11 Yrs)	UM	Member ID	

Opioid Health Homes (OHH)

Employment

1. Is the client currently without employment? **1**

Yes

No

2. Select the member's current vocational/employment status: **2**

[RETURN TO CASE](#) Autosaved [MARK AS COMPLETE](#)

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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 form. 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 '25' 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.

Step 10 – Submit Case

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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

Change Context

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
TEST MEMBER 1	M	01/01/1960 (62 Yrs)	00000001A	Maine DHHS

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
222870015	Outpatient	Maine ASO	10/14/2022	

UM-OUTPATIENT

CASE ID

222870015

CASE SUMMARY ACTIONS COPY EXTEND EXPAND ALL

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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 THREE

Post Submission

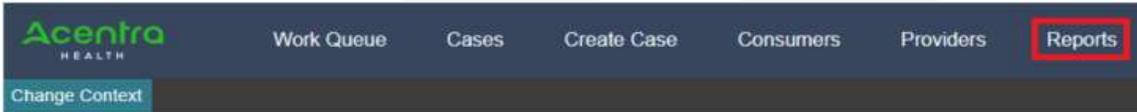


Daily Authorization Report

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 Acentra HEALTH logo. Below it are two date input fields: "Start Date" and "End Date", both set to "1/29/2024". To the right of these fields is a "Request Type" dropdown menu. The dropdown menu 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 menu 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

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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 shows the Acentra Health interface. At the top, there are search filters for Start Date (1/30/2024) and End Date (1/30/2024), and a Request Type dropdown set to 'Continued Stay Review, Critical Inci'. Below the filters is a navigation bar with a 'Save' icon highlighted in a red box. The main content area displays a 'Daily Authorization Report' for the period 01/30/2024 to 01/30/2024, with 25 total records. A table lists the records with columns for 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 is an export menu with options: 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.

RequestID	KEPROCaseID	Submit Date	Member First Name	Member Last Name
		01/30/2024		
		01/30/2024		
		01/30/2024		
		01/30/2024		
		01/30/2024		

- 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.

PART FOUR

Frequently Asked Questions



In part four we will review some of the most common questions regarding the new OHH changes.

FAQ's

- **Will there be a transition period granted?**
 - Yes. The Department will allow a maximum 90-day transition period for providers to coordinate services, develop contracts for passthrough payments, and discuss these changes to members. The transition period will be from August 21, 2022, to November 20, 2022.
- **Do I need to upload a treatment plan or eligibility letter for the additional case management services under Section 13, 17, or 92?**
 - No. This is not required for an Acentra Health Certification.
- **Can I request an additional case management service if the member is not in an OHH program?**
 - No. In order to receive a certification for an additional case management service under Section 13, 17, or 92, the member must have an open certification for OHH. If a request for additional case management is submitted and there is no open OHH certification, Acentra Health will void your request and instruct you to resubmit under the regular Section 13, 17, or 92 codes.
- **What if I am providing an additional case management service and I do not have a diagnosis code?**
 - You can use R69 Illness Unspecified as the diagnosis code for an additional case management service.



FAQ's Continued

- **A member has a certification for additional case management services under Section 13, 17, or 92 and has a certification for T1012 or T1041HH. What happens if the member discharges from the additional case management service?**
 - Acentra Health will notify the OHH provider through the Atrezzo portal to enter a new request under the T2022 or T1041 code.
- **A member has a certification for additional case management services under Section 13, 17, or 92 and has a certification for T1012 or T1041HH. What happens if the member discharges from OHH services?**
 - Acentra Health will end date the additional case management request and send a notification to the provider through the Atrezzo portal.
- **What if I put in a certification for T1012 but the member does not have an additional case management service under Section 13, 17, or 92?**
 - Acentra Health will void the request and send a notification to the provider through the Atrezzo portal to enter a new request under the T2022 code.
- **What if I have a denied claim for duplication of service during this transition period?**
 - Please send the claim number to Kaley Boucher at kaley.boucher@maine.gov and she will have it reversed.



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

- Chat with an Acentra Health Representative at www.qualitycareforme.com



Thank you for joining the Acentra Health OHH provider 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 or through our online chat at www.qualitycareforme.com. Our hours of operation are Monday thru Friday 8am to 6pm.