

Module 2 – Provider Portal Training Frequently Asked Questions (FAQ's)

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General System Transition FAQ's ([Back to Top](#))

- 1. When do we need to start using the new system?**
 - a. The Atrezzo Next Generation (ANG) platform will be available to providers on Monday November 7, 2022.

- 2. When will the legacy (current) system end?**
 - a. The legacy system will run concurrently with the ANG portal through December 31, 2022. Effective January 1, 2023, all users will need to begin using the ANG portal.

- 3. Will our whole agency have to move to the new system at the same time?**
 - a. No. This will be up to each agency's determination. You can transition all or some of your agency to the new system beginning November 7, 2022, through December 31, 2023.

- 4. Can we login to the new system before the official go live date to submit cases?**
 - a. We do ask providers to wait for the 11/7 go live date to begin submitting cases to avoid any technical issues with case submissions.

- 5. Why are we switching to a new system in November and another in January?**
 - a. It is still the same system on the backend. The January changes will be a facelift of the system and will guide providers throughout the submission of a request.

- 6. If different programs within our agency adopt the new system at different stages, can program staff view cases that have been created in both systems or just the system the case was created in?**
 - a. Yes. Staff will be able to view the same cases and case information in either system.

- 7. If we continue using the legacy system until January, will the cases entered in from November through December also be switched over to the new system?**
 - a. Yes. It is still the same system on the backend, it just has a different look and feel. All information entered into the legacy portal will be available in the ANG portal.

- 8. Do any of these changes affect my billing/finance departments?**
 - a. Yes, if your billing and finance departments access Atrezzo to obtain authorization numbers, approved dates and units, they will need to use the new Atrezzo portal no later than January 1, 2023.

- 9. Is there an option to login and play around to get familiar with the system but not submit real requests?**
 - a. We do not have an external testing environment at this time.

Training Material FAQ's ([Back to Top](#))

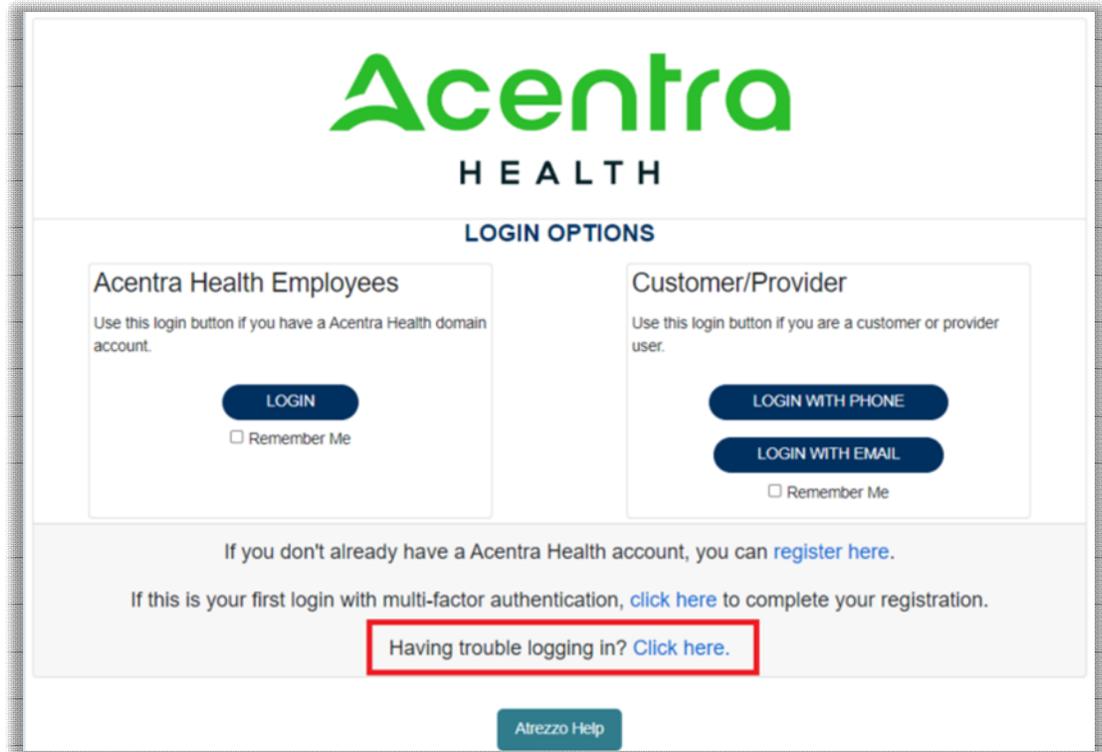
- 1. Can we get a paper copy of the steps?**

- a. Yes. We are currently working on posting short videos that breakdown the steps, along with quick reference guides, and FAQ's. These will be posted on our website at <https://me.kepro.com/resources/training>
- 2. How do we submit discharges?**
 - a. You can view the discharge training video by visiting <https://me.kepro.com/resources/training>
- 3. I cannot find the module training videos on your website.**
 - a. The three module training videos are located at <https://me.kepro.com/resources/training/>. The modules require a brief form to be completed and once completed, the video will play.

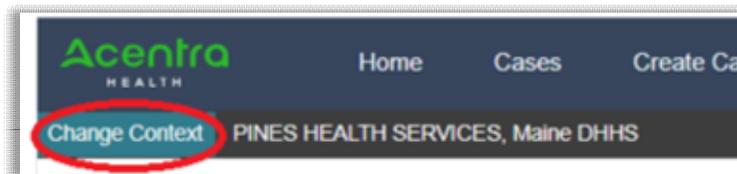
General System Functionality FAQ's ([Back to Top](#))

- 1. Is there a function that exists in the legacy system that does not exist in the new system?**
 - a. All the functionality that exists on the legacy system will be in the ANG portal. There are some additional enhancements in the ANG portal that do not exist in the legacy portal.
- 2. If we are adding clinical information, will the new system recognize that we are in the request, so it doesn't log us out?**
 - a. You do have to be active in the system to avoid being timed out. The system will give you a 2-minute warning and an option to remain active prior to being logged out.
- 3. We used to be able to save a case without submitting is that still available?**
 - a. Yes, once you create the case and go into the unsubmitted request, the autosave feature begins working.
- 4. Does each section have to be saved before submitting?**
 - a. The system has an automatic save function once you create the case and are in the unsubmitted request. You do not need to save each section.
- 5. Are we losing the history of our cases that have already been submitted prior to the update on November 7, 2022?**
 - a. No. All current cases and case information will remain in the new system.
- 6. Will we still be able to see all saved CSR's, not just the ones I created?**
 - a. The only saved cases that you may see are those within your organization. This functionality exists because some organizations may have an admin create the case, save it and the supervisor reviews and submits the request.
- 7. Will cases that we create but do not submit appear on our home page?**
 - a. Yes, any case that was started and not submitted will be on the home page for you to go back in and complete. You would simply click the pencil icon to finish the submission.

- 8. **What is the difference between the Cases Tab and the Consumer's tab?**
 - a. You can create a case by going to either tab. This is truly provider preference on how you would like to create a case.
- 9. **What if you can't remember your password?**
 - a. You may ask your internal administrator to reset your password, or you can click the link at the bottom of the login page.



- 10. **Do we have to enter the MFA every time we login?**
 - a. Yes, you will have to verify your identity each time you login in. You can click remember me to have the system remember your MFA for four (4) hours.
- 11. **Will the speed of the system be faster?**
 - a. From a user standpoint the system may be a little faster.
- 12. **How do you change context in the ANG portal?**
 - a. The change context function is located under the Acentra Health logo.



- 13. Is there a way to view the location address of an NPI on the case while entering information?**
 - a. The NPI location can be viewed under the Provider/Facility Ribbon
- 14. Are we still able to upload multiple documents?**
 - a. Yes, the system will allow you to upload more than one document to a request.
- 15. How do we access the Case Wizard?**
 - a. The case wizard functionality will not be available until January. Acentra Health will send out provider communication when the Case Wizard enhancement goes live.
- 16. Do we have to use case ID or can we search using the MaineCare number?**
 - a. You can search by either case ID or MaineCare number. If you do not have either, you can also search for the member by using their last name and date of birth. To search by a member, you would select the Consumers tab in Atrezzo.

Questionnaire FAQ's ([Back to Top](#))

- 1. Do we need to mark the questionnaire(s) as complete?**
 - a. Yes. All questionnaires need to be marked as complete except for the Referral Questionnaire. Please do not mark the Referral Questionnaire as complete.
- 2. Should we mark a referral questionnaire complete?**
 - a. The Referral Questionnaire should *not* be marked as complete. This will allow you to update the questionnaire should the member's information change or the referral information changes. If the questionnaire is marked as complete and information has changed, a new referral questionnaire will need to be completed.
- 3. Are any of the questionnaires changing?**
 - a. The content of the questionnaires will not be changing; however, the questions may be broken out into different sections.
- 4. Can I use the same questionnaire as my initial request for my Continued Stay Review?**
 - a. Questionnaires do not carry over to a Continued Stay Review. You will need to fill out the questionnaire(s) each time you request a Continued Stay Review.
- 5. When can I view the questionnaires?**
 - a. The questionnaires can be viewed now by visiting <https://me.kepro.com/providers/atrezzo-questionnaires/>
- 6. Does the new system have the same character limitations in the questionnaire as the current system?**
 - a. Yes. The character limits that are in existence today would be the same in the ANG portal.
- 7. Does the information in the questionnaire save automatically if you choose not to submit and want to add something else later on?**

- a. Yes. You would click Return to Case instead of Mark as complete. The questionnaire will automatically save what you have input allowing you to return to the request to complete it at a later time.
- 8. For a PA, do we only need to complete the questionnaire?**
 - a. All clinical requirements will remain the same from the legacy system to the new system.
 - 9. Are there questionnaires for every type of service request now?**
 - a. Yes, most service types have unique questionnaires. To see a list of the questionnaires, you may visit <https://me.kepro.com/providers/atrezzo-questionnaires/>

Service Code, Duration & Units FAQ's ([Back to Top](#))

- 1. What is the difference between duration and quantity.**
 - a. The duration is the length of time of the request. This is determined by request type (i.e., Prior Authorization) and procedure code. Quantity is the number of units you are requesting. The MaineCare Funded and OBH Funded Service grids are posted on our website at <https://me.kepro.com/resources/manuals-forms/> and will give you the standard duration and default units for each procedure code.
- 2. What is CPT?**
 - a. CPT is the procedure code you are requesting.
- 3. Is there an area to differentiate level of care?**
 - a. Yes, it would be differentiated by the procedure code you are requesting.
- 4. Is it recommended to keep assessment and counseling request as separate submittals or keep them together?**
 - a. It will depend on the type of request you are asking for. You wouldn't be able to combine services from different sections of MaineCare policy, but you could request like services. For example, outpatient therapy and the comprehensive assessment are commonly requested in the same case.
- 5. If you request the comp assessment and the outpatient codes on the case, will they have separate authorization numbers?**
 - a. Codes that are submitted on the same request, will have the same authorization number.
- 6. Does the end date automatically populate?**
 - a. Yes. Once you enter in the start date, enter in the duration and the end date will populate.
- 7. If requesting inpatient mental health, is there a CPT code that needs to be put in as well?**

- a. For inpatient requests you would enter in a “dummy code” in the CPT box. A list of those codes can be found on our service grid under Section 45 & 46
<https://me.kepro.com/resources/manuals-forms/>

Extend, Copy, Request Revision Actions FAQ's ([Back to Top](#))

- 1. Can we still use the extend and copy functions?**
 - a. Yes. The extend and copy functions will still be available for use. There are also new functions available which include, Request Revision, Reconsideration, and Additional Information.
- 2. Is extending a case the same as doing a Continued Stay Review?**
 - a. Yes, you will select extend anytime you need to complete a Continued Stay Review.
- 3. If I need to request additional units for a case, do select Request Revision?**
 - a. Yes, you would use the request revision option.
- 4. When would I use the Copy function?**
 - a. Copy is used for multiple purposes. It is most commonly used if a consumer has multiple service types and you want to build a new request without entering the entire request over. It may also be used in instances where a consumer was discharge and returns for services. Do not use the copy function to submit a Continued Stay Review.
- 5. What are examples of Request Revision?**
 - a. You may want to request a revision to units, request a change in the dates (i.e., you entered the wrong start/end date on accident), or you need a request voided.
- 6. Would we always create a new case even if it's a CSR?**
 - a. No. You would use the extend function to request a Continued Stay Review.
- 7. How do we respond to a case that has been pended for more provider information?**
 - a. You would search for the pended case or click “go to case” from the message center. At that point, you would select the “Add Clinical Information” button which will allow you to add a note and/or upload documents to address the pend/hold.
- 8. How do you remove a diagnosis on a CSR if it's no longer pertinent?**
 - a. You can use the Request Revision function to add a note to remove the diagnosis code.

Clinical Submission FAQ's ([Back to Top](#))

- 1. Do you expect a quicker turnaround time on all requests?**
 - a. There are some enhancements available to our clinical team reviewing the requests that may help. Per our contract, we have 48 hours to review requests with the caveat that if something is put on hold, the hold will be in place for 7 calendar days.

- 2. What does UM stand for in the Case Type section?**
 - a. Utilization Management. This is an internal configuration to distinguish between the different types of programs across the Acentra Health organization.

- 3. What do you do if a document is too large to upload?**
 - a. The maximum file size is 10MB. If the file is larger than 10MB, we request that you break it down into more than one document.

- 4. Have the submit times changed or is it still the same?**
 - a. The submit times are still the same. Requests can be backdated up to 5 calendar days from submit date and can be submitted 30 calendar days in advance of the start date under the 1135 waiver. When the 1135 waiver ends the 30-day advance period will return to 10 calendar days.

- 5. When doing a Continued Stay Review, do we have to input the diagnosis each time?**
 - a. The diagnosis will carry forward from the Registration/Prior Authorization when you click the extend function.

- 6. Can you explain what R01 and R02 mean?**
 - a. R01 is the original request. R02 only appears when an extension has been submitted and is the first CSR. R03 would be the third request and second CSR and so on.

- 7. When doing a CSR, do we need to keep track what request number (i.e., R01) it is?**
 - a. No. Typically when you are doing a CSR, the request number will be the most recent request line.

- 8. Do documents need to be in PDF format?**
 - a. Documents can be uploaded in the following types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, and xps.

- 9. Do we still need to type a clinical summary?**
 - a. No. The questionnaires are designed to capture the required clinical information needed for each service we review. We do not require a clinical summary, however, if there is information you feel you like to share that is not captured in the questionnaire you may add it as a note under the communications ribbon.

- 10. Are SPMI Terminations going to be submitted as a discharge or will those be done by submitting a new request?**
 - a. You would follow the current process by creating a SMI Termination request.

- 11. Are Service Notification Extensions going to be the same as a CSR?**
 - a. Yes, there is a Service Notification Extension. The process will remain the same as it is now.

- 12. Will I still be required to upload documents?**

- a. There will be no changes to required clinical information. If you are required to upload documents today, you will be required to upload them when we move to the new portal.

13. Will the auths just be the numbers or will they still have the APS in front of them?

- a. The authorization numbers will still contain the APS prefix or will contain the OHH/BHH prefix for certifications.

14. Will the system tell us if the diagnosis code is not a billable code?

- a. Unfortunately, our system will not alert you if the diagnosis code is considered unbillable.

Provider Notification FAQ's ([Back to Top](#))

1. Will we be notified via email if a case is put on hold and what additional information is needed?

- a. If you are the submitting provider, you will receive a message when you log in to the system the next time. Additionally, you will receive a system generated email to you. The Daily Authorization report will also still be available to providers in the ANG portal.

2. Will the system give you an automated approval like it does now?

- a. Registrations will continue to auto-approve if MaineCare policy allows (for example, the first Outpatient Therapy request).

3. Will providers be notified when the site is ready to register their MFA?

- a. Yes, we will notify provider through our website www.qualitycareforme.com and through our listserv when the new portal has been activated for providers to complete their MFA process.

Provider Reports FAQ's ([Back to Top](#))

1. Will the CANS report still be available in the ANG system and how many pages are there when you print the CANS report?

- a. The CANS report will still be available to providers in the ANG portal. The report will run in a 2-page report.

2. Will the provider hold for additional information still show on the Daily Authorization Report?

- a. Yes, the Daily Authorization Report will be carried forward to the new system under the Reports tab. Additionally, the new system will send system generated email notifications to the submitting provider for cases that are on hold for more information.