

Welcome to Kepro systems overview training before we begin, let's go over a few housekeeping items.

If you're experiencing audio or sound issues, you may call into the phone conference line.

However, you will not be able to see the presentation or access to the chat box if you only call into the phone conference line and do not join the webinar.

Please turn off your camera and keep yourself on mute.

Google Chrome is the preferred Internet browser and should be used to avoid any potential technical issues.

There will be a copy of this training posted on the Colorado PAR website in the near future.

If you're having difficulty seeing the PowerPoint presentation, please make sure you are looking at the right screen in teams.

If you have any questions during the presentation.

Please place those in the chat box.

To access the chat in teams

go to the toolbar and click on the message button at the top right corner of the screen.

You'll now see a list on the right side of the screen in the meeting chat, you can type your new message and all participants in the meeting will be able to see it.

We will address these questions at the end of the presentation.

Today, we'll go over provider login, how to create a case, entering case information, completing questionnaires, uploading documents, responding to pends, revisions, reconsiderations and peer to peers and then provide additional resources and support.

Customer/Provider users are any users who do not have a Kepro account or a kepro.com email address.

These users should use the login button under the customer provider heading to the right hand side of the login page.

After entering the Atrezzo provider portal at [portal.kepro.com](http://portal.kepro.com), the login page will display the link on the bottom of this slide will take you directly to the Atrezzo user guide.

Once you have logged in, you will be taken to the Atrezzo home screen.

This defaults to display requests saved but not submitted from the home page.

You will click on create case.

Some of the information on this page will auto populate if case type does not prepopulate, select UM.

You will not need to select anything under the case contract as that will prepopulate.

You will then select the appropriate request type.

If it's inpatient or outpatient, next you will place the members Medicaid ID in the subscriber ID box and select search.

If you do not have the Member ID, you will need to enter the full name and date of birth, then select search.

The member's name will generate at the bottom.

You will click choose to select the appropriate member.

You will then need to review previous submitted requests to ensure that there are no duplicates, if none are found, then you will click on create case.

In certain situations, a member will not have a Medicaid ID yet, and you will need to create a temporary consumer.

To do so, you will still need to enter at the members name and date of birth and click the search.

Then, if the Member does not have the Medicaid ID yet, the results will show that no records are found.

Please verify that the correct spelling and for Medicaid ID number were entered before clicking add temporary consumer.

You will then complete all required fields with the members demographics and click create temporary consumer.

You will need to review previous submitted requests to ensure that there are no duplicates, and if none are found then you will click on create case.

You will then review the disclaimer that states case created but not submitted and once again click create case.

Now that the case has been created, you will be able to see the additional steps listed across the top.

Some helpful hints when entering and provider information.

The servicing provider is the billing provider, and this is who will get paid.

The servicing provider and the requesting provider may or may not have the same NPI.

The attending or ordering provider is not required but it is recommended.

Here you will need to review the selected providers.

The servicing provider will automatically default to the requesting provider and NPI number.

If you need to update that, please click update to change the servicing provider.

Remember that is who is going to get paid.

You will search for the new provider and then click choose to add the updated servicing provider.

Here you will add the attending physician if applicable, you will search for the physician and then click choose to add the attending physician.

This is not a required field. However, it is helpful to have in the case in the event that a reviewer needs to contact the ordering physician for any additional information.

You will need to enter the fax number if it is not auto populated and then click on go to service details.

You will need to select the appropriate service type from the drop down and then click on go to diagnosis.

To enter diagnosis you will need to select the appropriate code type and then enter the diagnosis code or description in the search box.

You will then select the proper code from all the results returned.

You can repeat these steps to Add all necessary diagnosis codes and then if you need to set a primary diagnosis, you can drag and drop it to the top of the list.

Once all diagnosis codes are completed, you will click on go to request.

Select the request type from the drop down.

If you need to leave a note for the reviewer, you can do so here by clicking add a note, then click on go to procedures.

The code type will default, but it can be changed if needed.

Then you will select and enter the appropriate code.

Repeat all of the steps to add any necessary codes for the authorization being requested.

For inpatient cases, you will need to click into the length of stay field.

You will need to enter the requested start date.

Then you can either enter in the requested end date or the requested duration and the other will auto populate.

The entries will autosave, but they can be changed prior to submission if needed.

For most cases, a questionnaire will need to be completed.

Click on go to questionnaires.

If applicable all the required questionnaires will be populated and need to be completed prior to submission.

Click take questionnaire and then tap.

You can click jump to submit if you do not provide any attachments or communications.

You will want to answer all questions on the questionnaire and then click mark as complete to return to the case wizard.

Repeat this process for all required questionnaires.

Then click go to attachments.

Click upload a document to attach any required clinical or other documentation to the case.

Select the document type and then add the document by either dragging and dropping or by clicking the browse.

Then click the upload.

Please note that for most cases an order is required.

You will need to select the document type, physician order and upload the order to that document type.

If you do not have the appropriate document type, physician selected in an order is required, you will receive an error message when trying to submit.

Then select go to communications to additional information and click add a note.

If additional information is not needed, you may click jump to submit it.

Add your note in the provided text box and click add note to save it.

Then click go to submit.

The review page will display cards of all information that has been entered.

If needed, you can click update on the appropriate card to edit a specific section.

Once your review is complete, click submit.

You will then read the disclaimer that pops up and click agree.

Your case has now been submitted and the submitted case will display.

You should make note of the case ID, which is specific to this request and can be used for tracking status of it later.

Once a case has been submitted, you are still able to submit additional information or request a revision, a reconsideration, or a peer-to-peer review.

To do so, you will select the actions tab.

From the actions tab, you will choose from the drop-down which action is needed.

You will then select the appropriate request number and click next.

This is where you will add any additional notes or documents is needed.

For instance, if the dates of service requested need to be adjusted, you can place a note in the text box asking the reviewer to change to the corrected date.

If additional documentation is needed, you can upload the documents by either browsing your files or you can select documents to drag and drop into the box and click submit.

You will want to verify that the new information before clicking submit.

If applicable, you will see that the notice visible, that the document type has been chosen, and that documents and have been uploaded.

Once all the new information has been verified click submit.

Once additional information has been submitted, the case status will not change.

You can verify that the items were added, by viewing the documents or the notes section.

The provider portal Atrezzo ,can be accessed at [portal.kepro.com](http://portal.kepro.com) and is available 24 hours a day at 365 days a year.

For provider communication and you can email [Coproviderissue@kepro.com](mailto:Coproviderissue@kepro.com)

For provider education and outreach along with system training materials and to locate the provider manual, please visit [hcpf.colorado.gov](http://hcpf.colorado.gov)

For the inpatient Hospital Review program please visit [HCPF.colorado.gov/IHRP](http://HCPF.colorado.gov/IHRP)

For any questions or concerns you can contact Kepro customer service at 720-689-6340 or email [Coproviderissue@kepro.com](mailto:Coproviderissue@kepro.com)

For registration questions, please email [Coproviderregistration@kepro.com](mailto:Coproviderregistration@kepro.com)

If you have any escalated concerns, please contact [HCPF\\_um@state.co.US](mailto:HCPF_um@state.co.US) .

This concludes today's presentation.

Thank you for your time and participation.