



*On behalf of*

***HEALTH FIRST COLORADO***

*Portal Registration and PAR Submission Training*



**COLORADO**  
Department of Health Care  
Policy & Financing



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# *What is the Provider Portal?*

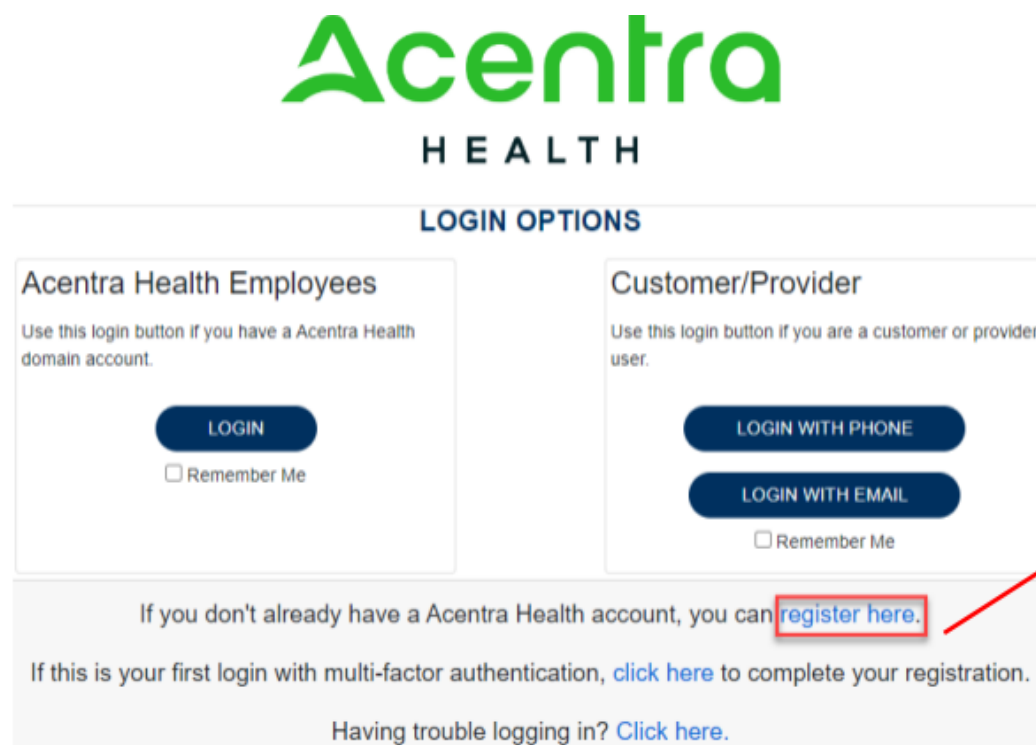
Atrezzo is a person-centered, web-based care management solution that transforms traditional, episodic-based care management into proactive and collaborative population healthcare management.

- Prior Authorization Requests (PARs) must be submitted via the provider portal, Atrezzo, at <https://portal.kepro.com/>
  - Each provider must appoint one person to be the administrator, or owner, of their provider portal account.
  - This person is typically a supervisor or leader as this user role holds the highest system permissions.
- The first person that registers the Provider NPI in the Atrezzo portal will automatically be deemed the group administrator for that NPI.
  - Provider locations only need to register one time
  - After initial registration, the group administrator will have the ability to create additional provider administrators and staff user accounts as well as register additional locations and NPI's.



# Registering for Atrezzo

- Go to <https://portal.kepro.com/>
- Click the register here link on the Login page.
- Enter your facility NPI.
- Enter the Provider Registration Code (this is the Medicaid ID number associated with the NPI being registered).
- Click Next.



**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.](#)



**Acentra**  
H E A L T H

Create a New Account - Specify Your Organization

NPI \*

PROVIDER REGISTRATION CODE \*

**< LOGIN**

**NEXT >**



# *Creating an Account*

- Complete your account information by creating a username.
- Consider a standard naming convention when creating usernames.



Create a New Account - Enter User Information

## Organizational Information

### Account Information

USERNAME \*



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# Complete Demographics

- Complete the account information by filling out the demographics.
- Fields that have an asterisk (\*) are required.
- Review the Terms of Use.
- Click the Acknowledgement check box.
- Click Next

**Contact Information**

FIRST NAME \*

LAST NAME \*

ADDRESS 1

ADDRESS 2

CITY

STATE

Select State ▼

ZIP CODE

EMAIL \*

CONFIRM EMAIL \*

PHONE

FAX \*

[← LOGIN](#) [NEXT →](#)

**Terms of Use Agreement**

THE HCPFP PORTAL IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE. BY PROCEEDING OR USING THE HCPFP PORTAL, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF USE AND AGREE TO BE BOUND BY THEM. IF YOU DO NOT UNDERSTAND THE TERMS OR CONDITIONS OF USE OR DO NOT AGREE TO BE BOUND BY THEM, DO NOT PROCEED OR OTHERWISE USE THE HCPFP PORTAL. UNAUTHORIZED ACCESS TO THE HCPFP PORTAL IS PROHIBITED.

HCPFP PORTAL TERMS OF USE

1. This Terms of Use Agreement (the "Agreement") is between Appis, Inc. ("Appis", "we" or "us"), the group/practice entity that has been provided an ID (as defined in Section 2 below) using this Portal (as defined below) (the "Provider") and the Users (as defined in Section 2 below) (the Provider and Users shall collectively be "You" or "Your"). This Agreement governs the use of the Appis Portal, including without limitation, all software, insurance codes, practice, login, test, documentation, user guides, releases and compilations of all materials other than Patient information (as defined in Section 6), advertisements, log/less, updates, modifications, and copies thereof, and all information, methods and processes contained therein (the "Portal"). By using the Portal, You agree that You accept the terms and conditions of use of the Portal and that You are an authorized user of the Portal. This Agreement is posted on the Portal and is subject to change at any time.

2. Authorized Personnel: This Portal is intended for access only by physicians and authorized members of their staff. Authorized members include only (a) the personal physician(s) access and use the Portal for Provider ("Standard User(s)") and (b) Standard Users who have been assigned certain administrative duties ("Administrative User(s)"; "Standard Users" and "Administrative Users" shall be collectively "Users"). If You are an Administrative User, it is Your responsibility to restrict Standard Users, and to authorize, monitor, and control access to and use of the Portal by such Standard Users. All Users using the Portal represent and warrant that s/he is authorized to use the Portal and to bind You to the terms of this Agreement.

If any subsequent breach of the same or any other provision, the title of the section hereof are for convenience only and do not in any way tend to amplify the terms and conditions of this Agreement, all sections hereof shall survive termination of this Agreement. This Agreement shall be interpreted and governed according to the laws of the Commonwealth of Pennsylvania, USA, regardless of any conflict of laws, provisions, and any claim or action shall be subject to arbitration pursuant to the rules and regulations of the American Arbitration Association with such arbitration to occur in Harrisburg, Pennsylvania.

Appis, Inc. 1117 East Park Drive Harrisburg PA 17111 | Toll Free: 800.222.0111 | Phone: 717.324.2281 | Fax: 717.324.2862 | www.Appis.com

I have read and agree to these terms of use

[CONTINUE →](#)



# Provider Login

- Customer/Provider users are any users who do not have an Acentra or Kepro account or Acentra.com or 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 URL <https://portal.kepro.com/> the login page will display

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HEALTH

**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](#).

**Atrezzo Help**



# Create Case

- Once logged in you will be taken to the Atrezzo home screen.
- This defaults to display “Request Saved But Not Submitted”
- From the home page, click Create Case.



CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
CO UM	UM-OUTPATIENT	TEMP001982023062100000	Ella Clark	07/17/2017	6/13/2024 2:38:22 PM
CO UM	UM-OUTPATIENT	TEMP001982024061200000	ella clark	07/17/2017	6/13/2024 1:53:14 PM





# Create Case

- Some information on this page will auto populate.
- If Case Type does not prepopulate, select UM.
- You will not need to select anything under Case Contract (prepopulates).
- Select the appropriate Request Type, Inpatient or Outpatient.
- Then click Go To Consumer Information

The screenshot shows the Acentra Health interface for creating a new case. The navigation bar includes Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The current context is 'CO Demo Provider, Colorado'. The form is titled 'New UM Case' and displays the following information:

<b>New UM Case</b>	CO Demo Provider	CO UM	-
	Requesting Provider	Outpatient	-

Step 1: Case Parameters / Choose Request Type

Case Type \*  
 UM

Case Contract \*  
CO UM

Request Type \*  
 Inpatient  Outpatient

Buttons: Cancel, Go To Consumer Information



# Consumer Search

- Place the member's Medicaid ID in the Consumer ID box and select Search.
- If you do not have the member ID, you will need to enter the last name and date of birth.
- The Member's name will generate at the bottom.
- Click Choose to select the appropriate member.

Requesting Provider: Outpatient

Step 1 Case Parameters | Step 2 Consumer Information

Consumer Information | Search Consumer | Results

CONSUMER ID: temp001982023062100000  
LAST NAME:   
FIRST NAME (MIN 1ST LETTER):   
DATE OF BIRTH: MM/DD/YYYY


\*Combination of DOB and Last Name or Consumer ID

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
Ella clerk	07/17/2017	9999 99th Ave Boulder, CO	TEMP001982023062100000	Colorado	2	<input type="button" value="Choose"/>

Showing 10 of 1

Not finding what you're looking for?

Page 1 of 1



# Consumer Search

- Review previous submitted requests to ensure there are no duplicates.
- If no duplicates are found, click Create Case.

The screenshot shows the Acentro 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 'Consumer Information: Search Consumer/ Consumer Cases'. It features two tabs: 'Submitted Requests' and 'Servicing Requests'. A table displays the following data:

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 231720053									
<a href="#">Request_01</a>	Submitted	6/21/2023	Outpatient	N/A	DME: Oral / Enteral / Parenteral	5/1/2023 - 4/29/2024	Approved: 1 <a href="#">View Procedures</a>	No letters available	<a href="#">Actions</a>
- Case: Pending Case ID									
<a href="#">Request_01</a>	Un-Submitted		Outpatient	N/A	DME: Oral / Enteral / Parenteral		<a href="#">View Procedures</a>	No letters available	No actions available

Showing 10 of 2

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

[Cancel](#) [Create Case](#)



# Creating Temporary Consumer

- Enter member's name and date of birth.
- Click Search
- If member does not have a Medicaid ID yet, results will show no records found. (Verify correct spelling and/or ID number were entered)
- Click Add Temporary Consumer.

Step 1 Case Parameters Step 2 Consumer Information

Consumer Information/ Search Consumer/ Results

CONSUMER ID LAST NAME FIRST NAME (MIN 1ST LETTER) DATE OF BIRTH

Clark Ryan 04/12/1996

\*Combination of DOB and Last Name or Consumer ID

Cancel Search

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
No records found.						

Showing 10 of 0

Previous Page 1 of 1 Next

Unable to find the consumer you are looking for?  
Please refine search to continue.

Not finding what you're looking for? [Add temporary consumer](#)

Back

# Creating Temporary Consumer

- Complete all required fields with member's demographics.
- Click Create Temporary Consumer and then Create Case

Step 1 Case Parameters Step 2 Consumer Information

### CONSUMER DETAILS

PREFIX: Select One FIRST NAME: Ryan MIDDLE NAME: LAST NAME: Clark SUFFIX: Select One

GENDER:  Male  Female

DATE OF BIRTH: 04/12/1996 LANGUAGE: Select One

### CONTACT INFORMATION

Use Facility Address

ADDRESS LINE 1: 999 90th Ave ADDRESS LINE 2: CITY: Boulder COUNTRY:  Canada  United States

STATE/PROVINCE: Colorado COUNTY: Boulder POSTAL CODE: 99999

PHONE NUMBER: EMAIL:

Cancel Create Temporary Consumer

Step 1 Case Parameters Step 2 Consumer Information

Consumer Information/ Search Consumer/ Consumer Cases

Submitted Requests Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
Showing 10 of 0									

Previous Page 1 of 1 Next

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

Cancel Create Case



# Create Case

At this point, the case has been created; notice the additional steps for case completion now listed across the top.

**Selected Providers**

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	CO Demo Provider	1111111111		1111111111	Address 1 , City, CO US 12345		(111) 111-1111	(999) 999-9999	
Servicing	CO Demo Provider	1111111111		1111111111	Address 1 , City, CO US 12345		(111) 111-1111		Update Remove

Providers in receipt of faxed determination letters: Official communication of service authorization will be sent to the fax number entered above.

Buttons: Add a Note, Cancel, Go to Service Details



<https://hcpf.colorado.gov/par>



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# Add Providers

- Review selected providers.
- Click Update to make changes to servicing providers if necessary.
- Search for new provider.
- Click Choose to add the updated servicing provider.

Selected Providers										
Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action	
Requesting	CO Demo Provider	1111111111		1111111111	Address 1, City, CO US 12345		(111) 111-1111	(999) 999-9999		
Servicing	CO Demo Provider	1111111111		1111111111	Address 1, City, CO US 12345		(111) 111-1111		<a href="#">Update</a>	<a href="#">Remove</a>

Providers in receipt of faxed determination letters. Official communication of service authorization will be sent to the fax number entered above.

**PROVIDER TYPE** \*

Facility  Provider

FIRST NAME

LAST NAME

NPI

MEDICAID ID

COUNTRY

Canada  United States

STATE/PROVINCE

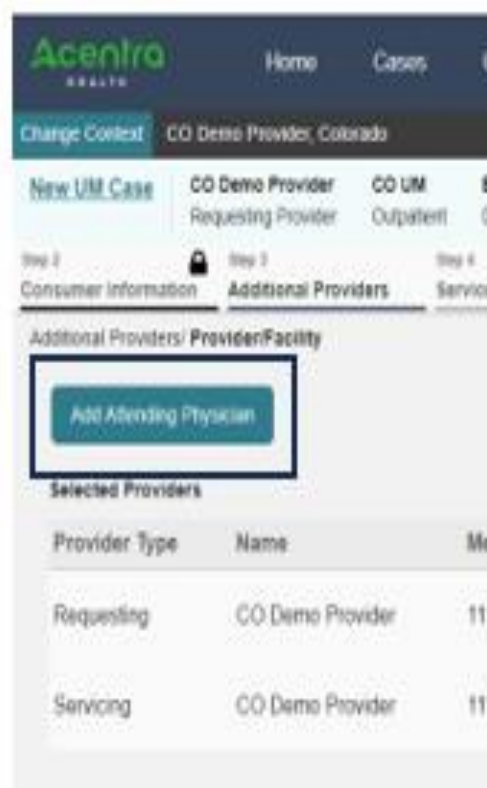
Preferred Providers

Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
Donald Duck	PCP		999999999	999999999	234 Disney, Omaha, NE US 68007	US		<a href="#">Choose</a>



# Add Attending Physician

- Click Add Attending Physician if applicable.
- Place the NPI in the NPI field to search.
- If you do not have the NPI, place the Last Name in the Name field to search.
- Search for Physician.
- Click Choose to add the attending physician.



PROVIDER TYPE \*

Provider

FIRST NAME LAST NAME NPI MEDICAID ID NETWORK TAX ID

Test    Select One

COUNTRY

Canada  United States

STATE/PROVINCE COUNTY CITY POSTAL CODE SPECIALITY

Select One Select One    Search

Search Results

First Name	Last Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
		Physician	Physician				US	Boulder	Choose





# Fax Number

- Fax number is required, enter it in the field if not auto populated.
- Click Go to Service Details.

The screenshot shows the Acentra Health interface for a 'New UM Case'. The current step is 'Additional Providers'. A table lists providers with columns for Provider Type, Name, Medicaid ID, Specialty, NPI, Address, County, Phone, Fax, and Action. The 'Fax' field for the first provider is highlighted with a blue box and contains the value '(999) 999-9999'. The 'Go to Service Details' button is also highlighted with a blue box.

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	CO Demo Provider	1111111111		1111111111	Address 1 , City, CO US 12345		(111) 111-1111	(999) 999-9999	
Servicing	CO Demo Provider	1111111111		1111111111	Address 1 , City, CO US 12345		(111) 111-1111		Update Remove



# Service Details

- Select appropriate options from each of the drop downs.
- Click Go to Diagnosis.

The screenshot shows the Acentra Health web application interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A search bar is located on the right. Below the navigation bar, there is a 'Change Context' section showing 'CO Demo Provider, Colorado'. The main content area displays a multi-step process for creating a new UM case. The steps are: Step 2 Consumer Information, Step 3 Additional Providers, Step 4 Service Details (current step), Step 5 Diagnoses, Step 6 Requests, Step 7 Questionnaires, Step 8 Attachments, Step 9 Communications, and Step 10 Submit Case. The 'Service Details' step is active, and the 'Service Type' dropdown menu is open, showing a list of service codes and descriptions. The 'Go to Diagnoses' button is highlighted with a black box.



# Enter Diagnosis

- Select appropriate Code Type
- Enter diagnosis code or description in search box.
- Select the proper code from the results returned.
- Repeat these steps to add all necessary diagnosis codes.
- To set primary diagnosis, you can drag and drop it to the top of the list.
- Click Go to Requests once all diagnosis codes are entered.

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. A search bar is located in the top right corner. Below the navigation bar, there is a section for 'Change Context' and 'New UM Case' with details for 'CO Demo Provider', 'CO UM', and 'Ella Clark (F)' on '07/17/2017'. A progress indicator shows the current step is 'Step 4: Diagnoses'. The main content area features a search box for diagnosis codes with a dropdown menu set to 'ICD-10'. Below the search box is a table of results with columns for Order Rank, Code, Description, Source, Created By, and Deactivate. The table contains one entry: '101', 'G81.10', 'SPASTIC HEMIPLEGIA.AFFECT UNS SIDE', 'Manual', 'coprovider5', and 'Remove'. At the bottom right of the table, there is a 'Go to Requests' button.

Order Rank	Code	Description	Source	Created By	Deactivate
101	G81.10	SPASTIC HEMIPLEGIA.AFFECT UNS SIDE	Manual	coprovider5	Remove



# Request Type

- Select the Request Type from the dropdown.
- Click Go to Procedures.

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, a breadcrumb trail indicates the current context: CO Demo Provider, Colorado. The main content area displays a workflow for a 'New UM Case' for 'CO Demo Provider' (Requesting Provider) and 'CO UM' (Outpatient) for 'Ella Clark (F)' (01/17/2017). The workflow steps are: Step 1: Consumer Information, Step 2: Additional Providers, Step 3: Service Details, Step 4: Diagnoses, Step 5: Requests (highlighted), Step 6: Questionnaires, Step 7: Attachments, Step 8: Communications, and Step 9: Submit Case. The 'Requests' step is active, showing a form with fields for 'Request Type', 'FIPS Code', 'Notification Date', and 'Notification Time'. The 'Request Type' dropdown menu is open, showing options: Concurrent, Expedited, NICU, Non-NICU, Prior Auth, and Rapid. The 'Go to Procedures' button is highlighted with a red box.



# Procedures

- Code Type will default but can be changed if needed.
- Select and enter the appropriate code.
- Enter modifier(s) if applicable.
- Complete all required fields.
- Repeat the above steps to add all necessary codes for which authorization is being requested.
- Click Go to Questionnaires.

Requesting Product: Outpatient, 01/11/2017

Step 2 Consumer Information | Step 3 Additional Providers | **Step 4 Service Details** | Step 5 Diagnosis | Step 6 Requests | Step 7 Questionnaires | Step 8 Attachments | Step 9 Communications | Step 10 Submit Case

CPT Search by code or description

Request 01 (Un-Submitted) 1/0

K0001 (Un-Submitted) 05/01/2024 - 04/30/2025 (1/0)

**K0001 Standard wheelchair** Remove

Modifier: NU | Modifier 2: Select One | Modifier 3: Select One | Modifier 4: Select One | Unit Qualifier: Select One

Requested

Requested Start Date: 05/01/2024 | Requested End Date: 04/30/2025

Requested Duration: 365 | Requested Quantity: 1 | Requested Frequency: Select One

Rates

Requested Rate: \$

Add a Note

Jump to Submit | Cancel | **Go to Questionnaires**



# Questionnaires

- For most cases, you will be prompted to complete at least one questionnaire.
- Click Jump to Submit if you do not need to provide any questionnaires, attachments or communications.
- All required questionnaires will be populated and must be completed prior to submission.
- Click Open to open the questionnaire in a new tab.
- Once questionnaires are completed or if no questionnaire is required, click Go to Attachments.

The screenshot shows the Acentra Health interface for a 'New UM Case'. The workflow progress bar indicates that the 'Questionnaires' step is the current active step. Below the progress bar, there is a table titled 'Questionnaires: Take Questionnaires' with the following data:

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3766008	Checklist	* Rapid	Acentra Health	06/21/2024 01:01:03 PM			0	<a href="#">Open</a>
R01	3766010	Checklist	* Wheelchair and CRT	Acentra Health	06/21/2024 01:01:05 PM			0	<a href="#">Open</a>

At the bottom of the interface, there are buttons for 'Jump to Submit' and 'Go to Attachments', both of which are highlighted with red boxes in the image. A 'View Notes (1)' button is also visible on the left side.



# Complete Questionnaire

- Answer all questions.
- Click Mark as Complete to return to the case wizard.
- Repeat this process with all questionnaires.
- Then, click Go to Attachments.

Case | ANQ\_Test (F) | CO UM | TEMP001982021011200000 | Create Questionnaire / Physical Therapy  
12/15/1960 (63 Yrs) | UM | Consumer ID

Physical Therapy

Physical Therapy

1. Has the member received PT services in the last 90 days? \*

Yes  No

2. Attestations \*

Signed order attached

Documentation supporting medical necessity attached

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

Step 2 Consumer Information | Step 3 Additional Providers | Step 4 Service Details | Step 5 Diagnoses | Step 6 Requests | Step 7 Questionnaires | Step 8 Attachments | Step 9 Communications | Step 10 Submit Case

Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3766862	Checklist	* Physical Therapy	Acentra Health	07/31/2024 11:44:56 AM	Kristen Carlton	07/31/2024 11:47:37 AM	3	<a href="#">View</a>

Showing 10 of 1

[Add a Note](#) [Jump to Submit](#) [Cancel](#) [Go to Attachments](#)



# Attachments/Documents

- Click Upload a Document in order to attach any needed clinical or other documentation.
- Select the appropriate Document Type.
- Add the document by dragging and dropping or by clicking Browse.
- Click Upload

The screenshot displays the Acentra Health portal interface. The top navigation bar includes links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The main content area shows a 'New UM Case' for 'CO Demo Provider' with 'Ella Clark (F)' as the patient. The progress bar indicates the current step is 'Attachments'. The 'Attachments/Documents' section shows 'No documents have been added yet.' and a button labeled 'Upload a document'. A modal window titled 'Upload a document' is open, displaying the following information:

- Max File Size: 10 MB
- Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps
- Request: R01
- Document Type: Physician Order
- Drag And Drop Or Browse Your Files.
- Buttons: Cancel, Upload

Below the modal, a disclaimer states: 'All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload. Larger files will take longer to upload/download. Please be patient.'





# Add Communications

- To add additional information, click Add a Note.
- If additional information is not needed, you can click Go to Submit.

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Communications/Notes

No notes have been added yet.

Add a Note

Cancel Go to Submit



# Add Note

- Enter your note in the provided text box and click Add Note to save it.
- Click Go to Submit

Add a Note

Note Type \*

External

Note \*

Wheelchair needed for hospital discharge

Notes cannot be modified or deleted after being saved.

Add a Note

Wheelchair needed for hospital discharge

ExternalNotes • 06/21/2024 01:03:18 PM • 4 minutes ago • External



# Review Case

- The review page will now display a card of all information entered.
- If needed, click Update on the appropriate card to edit a specific section.
- Once your review is complete, click Submit.

**Acentro HEALTH** Home Cases Create Case Consumers Setup Message Center Reports Preferences Search by #

Change Certified CO Demo Provider, Colorado

New UM Case CO Demo Provider CO UM Ella Clark (F) 07/17/2017  
Requesting Provider Outpatient

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Submit Case Review

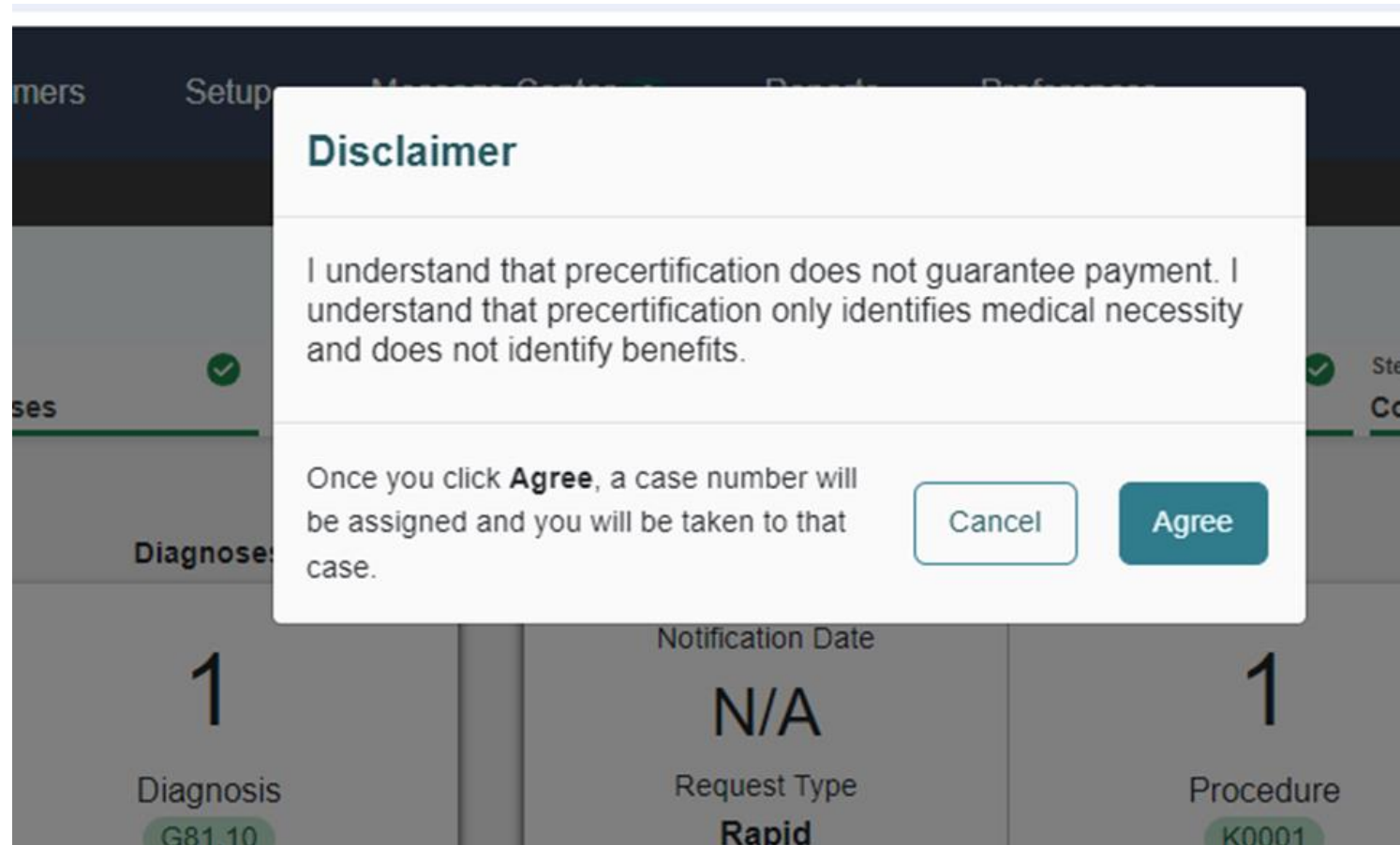
Providers	Service Details	Diagnoses	Requests
Requesting CO Demo Provider Servicing CO Demo Provider Update Providers	Service Type 130 - DME: Wheelchairs and Accessories Update Service Details	1 Diagnosis G81.10 Update Diagnoses	Notification Date N/A Request Type Rapid Update Requests
Questionnaires	Attachments	Communications	1 Procedure K0001 Update Procedures
2 Questionnaires View Questionnaires	1 Document Update Documents	1 Note Update Notes	

Cancel Submit



# Disclaimer

Read the disclaimer that pops up and click Agree.



# Case ID

- The system will submit the case and the submitted case will display.
- Make note of the Case ID which is specific to this request and can be used for tracking status later.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
ELLA CLARK	F	07/17/2017 (6 Yrs)	TEMP001962023062100000	CO UM

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
241730014	Outpatient	CO UM	06/21/2024	

UM-OUTPATIENT

**CASE SUMMARY**    ACTIONS +    COPY    EXTEND    EXPAND ALL ▾

Consumer Details		Location: 9999 98th Ave Boulder Colorado.	▾
Provider/Facility		Requesting : CO Demo Provider/1111111111 Servicing : CO Demo Provider/1111111111	▾
Clinical		Service Type : 130 - DME: Wheelchairs and Accessories Request Type : Rapid	Notification Date : 06/21/2024 Notification Time : 01:09 PM ▾
Questionnaires		Complete: 2, Incomplete: 0	▾
Attachments	Document-1	Letters- 0	▾
Communications		Most Recent Note date 06/21/2024	▾



# Submitting Additional Information

- Once a case is submitted you are still able to submit additional information, request a revision, a reconsideration, or a peer-to-peer review.
- To do so, click actions and select the appropriate option.

The screenshot displays a case management interface. At the top, a table lists consumer details: CONSUMER NAME (ANG TEST), GENDER (F), DATE OF BIRTH (12/15/1960 (63 Yrs)), MEMBER ID (TEMP001982021011200000), and CONTRACT (CO UM). Below this, a case summary table shows CASE ID (242130030), CATEGORY (Outpatient), CONTRACT (CO UM), and SUBMIT DATE (07/31/2024). The case status is 'COMPLETED'. A 'CASE SUMMARY' button is visible. On the right, an 'ACTIONS' dropdown menu is open, listing options: 'Add Additional Clinical Information', 'Reconsideration', 'Request Authorization Revision', and 'Request Peer To Peer Review'. A blue arrow points to the 'ACTIONS' button.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
ANG TEST	F	12/15/1960 (63 Yrs)	TEMP001982021011200000	CO UM

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
242130030	Outpatient	CO UM	07/31/2024	

COMPLETED

UM-OUTPATIENT

CASE SUMMARY

ACTIONS

- Add Additional Clinical Information
- Reconsideration
- Request Authorization Revision
- Request Peer To Peer Review



# Selecting Request

Select the appropriate request (usually R01) and click next.

REQUEST \*

Select One

Select One

R01

CANCEL

NEXT



# Adding Additional Clinical Information

- Add a clinical note to the reviewer if needed.
- Select the Document Type.
- Upload clinical documentation if applicable.
- Select Submit.

Add Additional Clinical Information

Case 242130030 Request 01	<u>ANG Test (F)</u> 12/15/1960	CO UM Outpatient
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Note

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.

Document Type

Select One

Drag And Drop Or Browse Your Files.

CANCEL Submit





# Reconsideration

- Add a clinical note to the reviewer if needed.
- Select the Document Type.
- Upload clinical documentation if applicable.
- Select Submit.

### Reconsideration

Case 242130030	ANG Test (F)	CO UM
Request 01	12/15/1960	Outpatient

Note

Requesting reconsideration. Additional documentation submitted

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.

Document Type

Select One

Drag And Drop Or Browse Your Files.

CANCEL Submit



# Authorization Revision

- Add a clinical note specifying what revisions are needed.
- Select the Document Type if applicable.
- Upload clinical documentation if applicable.
- Select Submit.
- Acentra Health cannot make revisions on a PAR if the PAR has expired.
- If a PAR has been billed on, Acentra Health cannot change an NPI number, change modifiers or remove already billed upon items and/or units.

Request Authorization Revision

Case 242130030    ANG Test (F)    CO UM  
Request 01    12/15/1960    Outpatient

Note

Please change modifier from 96 to 97

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.

Document Type  
Select One

Drag And Drop Or Browse Your Files.

CANCEL    Submit



# Peer-to-Peer Review

- Place a note specifying the ordering providers name, phone number, and three separate dates and times of availability.
- Select Document Type if applicable.
- Upload clinical documentation if applicable.
- Select Submit.

## Request Peer To Peer Review

Case 242130030	<u>ANG Test (F)</u>	CO UM
Request 01	12/15/1960	Outpatient

Note

Dr. Doe is requesting a peer-to-peer review. She is available on 8/1 between 12pm and 1pm, 8/2 between 8am and 9am and 8/3 between 3pm and 4pm. Please call 999-999-9999 for the peer to peer.

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.

Document Type

Select One

Drag And Drop Or Browse Your Files.

CANCEL

Submit



# Viewing Additional Info

- Once additional information has been submitted the case status will not change.
- You can verify the items were added by viewing the documents or notes section.

## DOCUMENTS

REQUEST	FILE NAME	DOCUMENT TYPE	UPLOADED ON
R01	 ORDER for training p...docx	Physician Order	7/31/2024 2:33:17 PM

## NOTES

REQUEST	DATE/TIME	NOTE TYPE
R01	07/31/2024 03:22:24 PM	PeerReviewNotes
<b>NOTE:</b>	Dr. Doe is requesting a peer-to-peer review. She is available on 8/1 between 12pm and 1pm, 8/2 between 8am and 9am and 8/3 between 3pm and 4pm. Please call 999-999-9999 for the peer to peer.	



# *Acentra Health Services for Providers - Recap*

- 24-hour/365 days provider **Atrezzo Portal** may be accessed at: <https://portal.kepro.com>
- System Training materials (including Video recordings and FAQs) and the **Provider Manual** are located at: <https://hcpf.colorado.gov/par>
- Provider Communication and Support email: [coproviderissue@acentra.com](mailto:coproviderissue@acentra.com)



*Thank you for your time and participation!*

- For Escalated Concerns please contact: [hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us)
- Acentra Health Customer Service: (720) 689-6340
- PAR Related Questions: [coproviderissue@acentra.com](mailto:coproviderissue@acentra.com)

