



Colorado Utilization Management (UM) and Physician Administered Drug (PAD) Provider Manual

For the Colorado Department of Health Care
Policy & Financing Health First Colorado Prior
Authorization Request (PAR) Program



Table of Contents

- An Introduction to Acentra Health..... 4
- Acentra Health Colorado..... 4
- Call Center and Contact Information 5
- Important Email Addresses 6
- Helpful Links** 6
- Services Acentra Health Reviews**..... 7
- Provider Responsibilities**..... 8
- PAR Submission – General Requirements** 8
- Forms 9
- Reference Tools 9
- Timelines 9
- Requests for Additional Information..... 10
- Expedited and Rapid Reviews 10
- Acentra Health’s UM Provider Web Portal: Atrezzo**..... 11
- Access and Registration 11
- New Provider Registration & Multi-Factor Authentication (MFA) Registration 12
- System Navigation..... 12
- General System Features 13
- Home Screen View 13
- Cases 14
- Search by Case ID 16
- UM Case Status 17
- Create Case (How to Submit a Request)**..... 17
- Consumers (Search by Member)..... 17
- Set Up..... 18
- Message Center..... 18
- Reports 18
- View a List of Your Cases 19
- Producing a Report of your Cases 19



Help Guide	21
How to Complete a “Saved but not Submitted” Request	21
How to View Status of a Submitted Request.....	21
View Status by Case ID	22
Case Summary.....	23
View Status by Member.....	25
Email Notification.....	26
How to Set Procedure or Diagnosis Code Preferences.....	26
Provider Options Following Adverse Decisions.....	27
How to File an Appeal.....	28
Appendices.....	28
How to Add Google Chrome to Computer.....	28
How to set Chrome as Default Browser.....	31
How to Set Atrezzo Bookmark in Chrome	32
Updating User Profile.....	33
Informational Error/Warning Messages	34
How to Access Technical Assistance.....	35



An Introduction to Acentra Health

Acentra Health brings together a deep collective of expertise across all facets with 30+ years of public sector health knowledge and experience. We deliver continued excellence through our services and solutions to produce maximum value and impact. Our power derives from our ability to integrate innovative technology with high-quality care management, quality oversight and clinical assessment capabilities. This, combined with access to claims, encounter, provider, and clinical data, helps us create a critical longitudinal view of beneficiary and member health and social services interaction. Our goal is to help our clients unify and analyze these data sets to inform better real-time decisions to improve care and accelerate better health outcomes.

Acentra Health Colorado

In 2021, Kepro was awarded the Colorado Department of Health Care Policy and Financing (HCPF) contract with the state of Colorado for Utilization Management (UM) and Physician Administered Drug (PAD) UM review. With over six decades of combined experience, CNSI and Kepro have come together to become Acentra Health. Our purpose is to accelerate better health outcomes through technology services, and clinical expertise. Our vision is to be the vital partner for healthcare solutions in the public sector and our mission is to continually innovate solutions that deliver maximum value and impact to those we serve.

In addition to UM review, Acentra Health will administer or assist the Department and partners with:

- Client Overutilization Program (COUP)
- Annual HCPCS code review
- Quality Program
- Reporting
- Review Criteria Selection
- PAR Customer Service Line for Providers
- Appeals, Peer-to-Peer, and Reconsiderations
- Provider Education



Call Center and Contact Information

Acentra Health provides access to Health First Colorado Providers to its review Employees and Contractors by a toll-free telephone line, staffed by customer service agents specifically trained on Health First Colorado, the Colorado PAR program and Physician Administered Drugs (PAD), Monday through Friday from 8 a.m. until 5 p.m. Mountain Time. After 5:00 p.m. and before 8:00 a.m. Monday through Friday, and throughout the day on Saturday and Sunday and all Company holidays, an automated attendant will direct callers to leave a message in the confidential general delivery mailbox. All voicemails will be returned within one business day. After-hours PAD requests will be directed to an after-hours mailbox for timely response by PAD staff.

Acentra Health Offices will be closed in observance of the legal state holidays including:

- New Year's Day
- Dr. Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day

Telephone Number: 720-689-6340

Fax Number: 800-922-3508

PAD Fax Number: 833-923-2359

Mailing Address: 2810 N. Parham Rd, Suite 305, Henrico, VA 23219

Website: ColoradoPAR.com

Providers will continue to use the Colorado PAR program website to access:

- General information
- Program updates
- Member Services
- Training Resources and User Guides
- Link to Acentra Health's Atrezzo Provider Portal



Important Email Addresses

Colorado UM Inbox hcpf_um@state.co.us

PAR Related Provider Issues coproviderissue@acentra.com

Provider PAR Portal Training Registration coproviderregistration@acentra.com

Helpful Links

[Claims Questions \(Gainwell Technologies\)](#)

[Colorado Health Care Policy & Financing](#)

[Colorado Health Care Policy & Financing Provider Resources](#)

[Physician Administered Drugs \(PAD\) website](#)

[Drug Utilization Review Board](#)

[Atrezzo Provider Portal](#)



Members of Acentra Health's Management Team

- Executive Director: Chantal Hunt, PhD, RN
- UM Manager: Aimee Mosher-Lehman, RN
- PAD Program Lead: Scott Donald, PharmD
- Program Manager: Ashely Walley, LPN
- Provider Education and Relations Coordinator: Kristen Carlton, LPN
- Clinical Supervisors: Karen Coltharp, RN, Victoria Lewis, LPN, Dana Katzenmeyer, RN, Lori Ward, RN
- Quality Manager: Nicole Zonin, RN
- Call Center Supervisor: Kiana Ried
- Call Center Director: Tujuana Staples
- UM Medical Director: Dena Ross, MD
- PAD Medical Director: Susan Brashear, MD

Acentra Health customer service staff will acknowledge all requests for a supervisor and immediately escalate to the appropriate department Supervisor. If the Supervisor is unable to resolve or de-escalate the issue at hand, or if the caller demands to speak with a manager the Supervisor will escalate to the Manager. If a Manager is not readily available, the Supervisor will provide the Manager with a summary of the communication and issue identified, along with the caller's contact information. A Manager will then return the call immediately, or at least within one (1) business day of the request. Supervisors and Managers will work to resolve all escalated concerns until full resolution. Escalated concerns can also be emailed to hcpf_UM@state.co.us.

Services Acentra Health Reviews

Acentra Health performs Outpatient Review determinations no later than 10 Business Days following the receipt of the request for the following services:

- Audiology
- Diagnostic Imaging
- Durable Medical Equipment (DME)
- Medical Services including, but not limited to, select surgeries such as bariatric, solid organ transplants, transgender services, and elective surgeries
- Out-of-State (OOS) Inpatient Services
- Physical and Occupational Therapy
- Speech Therapy



- Pediatric Behavioral Therapy (PBT)
- Private Duty Nursing (PDN)
- Select Physician Administered Drugs (PAD)
- Inpatient Hospital Transition Program

At a later date, yet to be defined, Acentra Health will also administer a Long-Term Home Health Program (LTHH).

Provider Responsibilities

Providers may request prior authorization for services through our direct data entry portal, Atrezzo. Utilization of this portal allows the provider to request prior authorization for services, upload clinical information to aid in review of prior authorization requests, and submit reconsideration and/or peer-to-peer requests for services denied. Atrezzo is also a good tool for checks and balances of some of the patient's medical history. The system will also give warnings if a PAR is not required. Always VERIFY the Member's eligibility for Health First Colorado prior to submission by contacting Health First Colorado. The generation of a Prior Authorization number does not guarantee payment.

PAR Submission – General Requirements

PAR submissions will require providers to provide the member ID, name, and date of birth (DOB). Providers should be prepared to provide the Service Type, Revenue Code, Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code(s) being requested, any appropriate modifiers, and the ICD10 code for the diagnosis. Providers should be prepared to identify the servicing* provider if different than the ordering provider. The calculated number of units requested, i.e., visits, number of items, etc. should be entered by the provider.

*** When entering a prior authorization request (PAR) in Atrezzo, it is important to note that the servicing provider is the billing provider.**



Forms

[Change of Provider Form](#)

[Outpatient PAR Form](#)

[Inpatient PAR Form](#)

[Fax Exempt Form](#)

Providers must request Prior Authorization for services through Acentra Health's portal, Atrezzo. A Fax Exempt Request form may be completed if any of the specific criteria below are met such as:

- The provider is out-of-state, or the request is for an out of area service
- The provider group submits on average 5 or fewer PARs per month and would prefer to submit a PAR via fax, or
- The provider is visually impaired.

Reference Tools

[Billing Manuals](#)

[Provider Rates and Fee Schedule](#)

Timelines

Review Type	Response Time
Expedited UM	4 Business Hours
Rapid UM	Same Day (when submitted by 2:00pm)
Standard Outpatient UM	10 Business Days
UM After Additional Information is Received	2 Business Days
Standard PAD	24 Hours
Urgent PAD	4 Hours
PAD After Additional Information is Received	24 Hours

Timely Submission means entering the request in compliance with Colorado Rule and Regulation. For most benefits and services, this means before services are rendered and with enough advanced notice for the review to be completed.



Requests for Additional Information

Requests for Additional Information will be initiated by Acentra Health if/when there is not substantial supporting documentation to complete a review. When Acentra Health pends a review for additional information, you will have up to ten (10) business days to provide the requested information (72 hours for Physician Administered Drugs).

Supporting Documentation: It will be necessary to provide supporting documentation with your submission. Supporting documentation may include but is not limited to office visit notes, laboratory results, imaging results, etc. Some benefits may have additional document requirements (see the [Billing Manuals](#) for details), and the UM Vendor may request additional supporting documentation as needed to determine medical necessity.

Expedited and Rapid Reviews

Requests for Expedited or Rapid Case Reviews may be made during the prospective review authorization process when the Case involves medical services deemed to be urgent in nature.

Expedited Review: A Prior Authorization Request review that is required to be done on an expedited basis because a delay could: seriously jeopardize the life or health of the Member or the ability of the Member to regain maximum function, or in the opinion of a physician with knowledge of the Member's medical condition, would subject the Member to severe pain; and cannot be adequately managed without the care or treatment that is the subject of the claim. Expedited Case Reviews are conducted within four (4) business hours of the request.

Rapid Review: Prior Authorization Request that is requested because a longer Turnaround-Time could result in a delay in the Member receiving care or services that would be detrimental to their ongoing, long-term care. A Rapid Review may be requested by the provider in very specific circumstances which may include, for example:

- A service or benefit that requires a PAR and is needed prior to a member's inpatient hospital discharge,
- Same day diagnostic studies required for cancer treatment, genetic testing requiring amniocentesis,
- Genetic or Molecular testing requiring amniocentesis.

Rapid Case Reviews are conducted within one (1) business day when rapid case review criteria are met.



When entering a case for Expedited or Rapid Review, providers will select the correct option from the Request Type dropdown in the Procedures (Request) ribbon and enter a note as to the reason the request meets one of the above definitions. If the request does not meet the criteria of the selected review type, the request will be moved to the standard queue for review (within 10 business days).

The screenshot shows the Acentra Health web portal interface. At the top, there is a navigation bar with 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. Below this, a breadcrumb trail reads 'Change Context > CO Demo Provider, Colorado'. The main content area is titled 'New UM Case' and shows a progress bar with steps: 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), and Step 10 (Submit Case). The 'Requests' step is currently active. Below the progress bar, there are several input fields: 'Request Type' (a dropdown menu with 'Rapid' selected), 'FIPS Code', 'Notification Date' (06/21/2024), and 'Notification Time' (12:59 PM). There are also 'Cancel' and 'Go to Procedures' buttons.

Acentra Health’s UM Provider Web Portal: Atrezzo

The purpose of this section is to provide an overview of the Provider Portal for Atrezzo, the Acentra Health proprietary system. Providers will use this system to participate in the Colorado PAR UM and PAD Review programs. While Atrezzo is a web-based system that works across numerous internet browsers, **Chrome** is preferred because system functionality is enhanced using this platform.

Access and Registration

All providers will designate a Provider Group Administrator for their facility. This person will need to add and manage all other users of the Provider Portal.

The Provider Administrator will register the Provider Group Account using the National Provider Identifier (NPI) and Medicaid ID (registration code) for the facility or clinic.

The Provider Portal is accessible at <https://portal.kepro.com>. (Helpful hint: Bookmark the Provider Portal URL for future reference.)



New Provider Registration & Multi-Factor Authentication (MFA) Registration

The below links will guide the Provider Group Administrator through registering for the Atrezzo Provider Portal and completing the Multi-Factor Authentication (MFA) Registration. Both registration and MFA registration are a one-time process.

[Atrezzo Provider Portal Registration Overview](#)

[Atrezzo Portal MultiFactor Registration and Login Process - New External Users](#)

System Navigation

The navigation pane will remain in place regardless of navigation through the system. This functionality allows for quick and easy navigation from any screen.

Utilize the below legend for a brief overview of each area within Atrezzo.

Link	Description
Home	This is the default page upon successful login and will enable you to view submitted cases and any pending submissions.
Cases	This section will enable you to search cases based on specific parameters including case type, case states and request type. To identify specific cases and ensure efficient search results, try selecting specific information in each drop down to narrow search results.
Create Case	This section will enable you to create a new case for a consumer. Required fields include the case type, Member information, and case parameters. Some fields will auto populate based on user role. Additional fields appear based on selections made.
Setup	Visible to Provider Administrator users only. This section will enable Provider Administrators to manage, edit, and add provider users for the facility.
Message Center	This section will enable users to communicate directly with the team at Acentra Health regarding specific Members and/or cases.
Reports	Reports are visible only to users with report access.
Preferences	Preferences is where providers can set specific codes to narrow down their code search to codes they commonly use.



Help	This section will display available information including User Guides, Frequently Asked Questions (FAQs), Latest Release Notes, and Password Guidelines.
------	--

General System Features

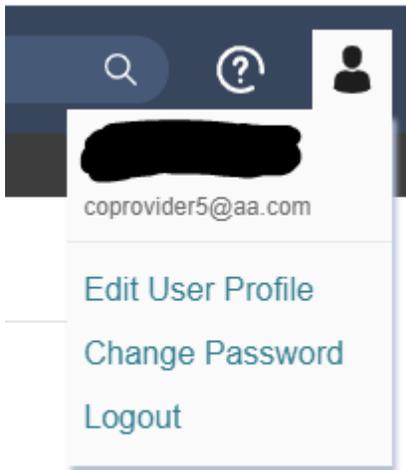
The ability to search and view profile information will appear on all pages throughout the system, regardless of navigation.

After successful login, the system will default to the Home Screen. See below for the features present on all pages throughout the system to assist with navigation.



To search for a Case number or Authorization number, enter specified information in the Search by # box and click Search.

Click on the head icon in the upper right corner to open menu options where you can Update Security Question & Answer, Change Password, Edit User Profile, or Logout.



Home Screen View

Once successfully logged in, the user will be taken to the Acentra Home Screen which will default to display all “Request Saved but Not Submitted”. This will provide a list of Members with cases that have been started but are incomplete and have not been submitted to Acentra Health.



Change Context | CO Demo Provider, Colorado

HOME | Messages for review or action | [Go to Message Center](#)

WORK-IN-PROGRESS: 165 | NOT SUBMITTED: 58 | SUBMITTED: 107

Request Saved But Not Submitted

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	6/12/2024 1:53:14 PM
CO UM	UM-OUTPATIENT	Q336300	CORALINE DAVIDSON	01/24/2022	4/29/2024 3:34:21 PM
CO UM	UM-OUTPATIENT	TEMP001982021011200000	ANG Test	12/15/1960	2/8/2024 4:44:35 PM
CO UM	UM-INPATIENT	TEMP001982023081100000	Layton clark	02/08/2021	8/11/2023 11:55:55 AM
CO UM	UM-INPATIENT	TEMP001982021011200000	ANG Test	12/15/1960	8/9/2023 1:40:48 PM
CO UM	UM-OUTPATIENT	TEMP001982021011200000	ANG Test	12/15/1960	8/1/2023 11:45:14 AM
CO UM	UM-OUTPATIENT	TEMP001982021011200000	ANG Test	12/15/1960	8/1/2023 9:56:46 AM
CO UM	UM-INPATIENT	TEMP001982021011200000	ANG Test	12/15/1960	6/26/2023 2:21:41 PM
CO UM	UM-OUTPATIENT	TEMP001982021011200000	ANG Test	12/15/1960	6/14/2023 12:15:15 PM

Click [Here](#) for instructions on How to Complete a Saved Request.

Cases

This section will identify the steps to search for cases based on selected search parameters. This section is searchable by Case or Consumer (Member). Select the specific search on the top.

To search By Case, select Case Type UM from the drop down. Once the Case Type is specified, additional search parameters will appear. To identify specific cases and ensure efficient search results, try selecting specific information in each drop down to narrow search results.

Note: You must enter a submitted or service date span for search results to render.



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

Change Context | CO Demo Provider, Colorado

CASE / SEARCH - BY CASE

CASES

BY CASE BY CONSUMER

CASE TYPE *
UM

REQUEST STATUS: Submitted | TYPE: All Types | SERVICE TYPE: Select One

DATE TYPE: Service Dates | FROM DATE: MM/DD/YYYY | TO DATE: MM/DD/YYYY | SEARCH CONTEXT: All Related Submitting Providers

SEARCH

To search by Consumer (Member) enter the required Member information. For results to render, user must enter Last Name and DOB or Member ID.

CASE / SEARCH - BY CONSUMER

CASES

BY CASE BY CONSUMER

CONSUMER ID | LAST NAME | DATE OF BIRTH: MM/DD/YYYY | SEARCH CONTEXT: All Related Submitting Providers

*Combination of DOB and Last Name or Consumer ID is required

SEARCH

Search results will render below. The Case ID is a hyperlink which will open specified Case page.



CASE ID	MEMBER INFO	STATUS	REQUEST INFO	SERVICE TYPE	SERVICE DATE(S)	PROCEDURES
203460001 8015979 View Request [Extend] [Copy] [Discharge]	36324343	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Submit Date: 12/11/2020 Outpatient Letters: 0 Messages: 1	- Medical / Surgical	12/31/2020 12:00:00 AM	E1399
203500001 8015985 View Request [Extend] [Copy] [Discharge]	36324355	Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Submit Date: 12/15/2020 Inpatient Letters: 0 Messages: 0	- Medical / Surgical	12/8/2020 12:00:00 AM	LOS 43865
203500003 8015989 View Request [Extend] [Copy] [Discharge]	36324357	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Submit Date: 12/15/2020 Outpatient Letters: 1 Messages: 0	- Medical / Surgical	12/15/2020 12:00:00 AM	15780

Search by Case ID

To search directly for a case, enter the Case ID in the search box on the top left of any page, then hit enter to be directed to the specified case.



The visible information within the Case will vary by user role but will be in Read-Only format.

The Consumer name is a hyperlink. Clicking the Consumer Name will redirect to the Consumer Info Page.

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
ACTIVE REVIEW	222490053	Outpatient CO UM	09/06/2022	
UM-OUTPATIENT				CASE SUMMARY



UM Case Status

The UM case will display the case status at the top. The UM program status options are color coded for quick and easy identification.

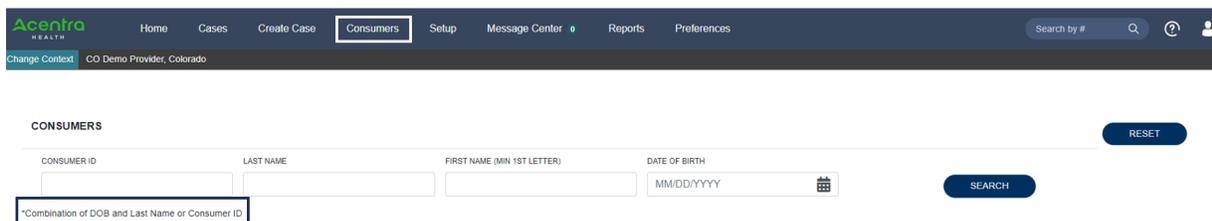
	<p>This identifies a case that has been started but has not been completed or officially submitted. This case will not have an associated Case ID until it is submitted. Once all information is entered, the case will move to Submitted or Insufficient Information if any required information is incomplete or missing.</p>
	<p>This identifies a case that has been submitted but has not yet been reviewed. Once the case is assigned to a clinical reviewer, the status will change to Active Review.</p>
	<p>This identifies a case that has been submitted, reviewed, a determination made, and is complete. A Complete case status does not identify the outcome of the clinical review (ie. Approved, denied, partial approval, etc).</p>

Create Case (How to Submit a Request)

To submit an inpatient or outpatient UM or PAD review, you will need to create a case.

Click [How to Create a Case](#) for instructions on how to submit a Prior Authorization Request.

Consumers (Search by Member)



To search by Member, click “Consumer” on the navigation pane. The Consumer default screen will appear providing options to search for a Member. This process is the same as searching the Member when creating a case.



To search By Consumer (Member), enter the required Member information. For results to render, user must enter either Last Name and DOB or Member ID.

CONSUMER ID: temp001982021011200000 | LAST NAME: | FIRST NAME (MIN 1ST LETTER): | DATE OF BIRTH: MM/DD/YYYY

*Combination of DOB and Last Name or Consumer ID

+ ADD TEMPORARY CONSUMER

NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
ANG Test	12/15/1960	1111 33rd Somewhere IA	TEMP001982021011200000	Colorado	31

Displaying records 1 to 1 of 1 records

Search results will render below. To view the Consumer page, click on the Member’s Name, which is a hyperlink.

Set Up

This section will identify the steps for Provider Group Administrators to add and manage additional users within the portal. **Only users set up as Provider Administrators will see the Setup tab.** For all other users, the tab will be hidden.

Click [How to Add a User](#) for detailed instructions.

Message Center

Click [How to View Messages in Message Center](#) for detailed instructions.

Reports

Acentra HEALTH | Home | Cases | Create Case | Consumers | Setup | Message Center | **Reports** | Preferences

Change Context | CO Demo Provider, Colorado

REPORTS

REPORT NAME	REPORT CATEGORY	REPORT DESCRIPTION
CO HCPF ANG Provider Report - Provider	Provider Management	CO HCPF ANG Provider Report - Provider

Displaying records 1 to 1 of 1 records

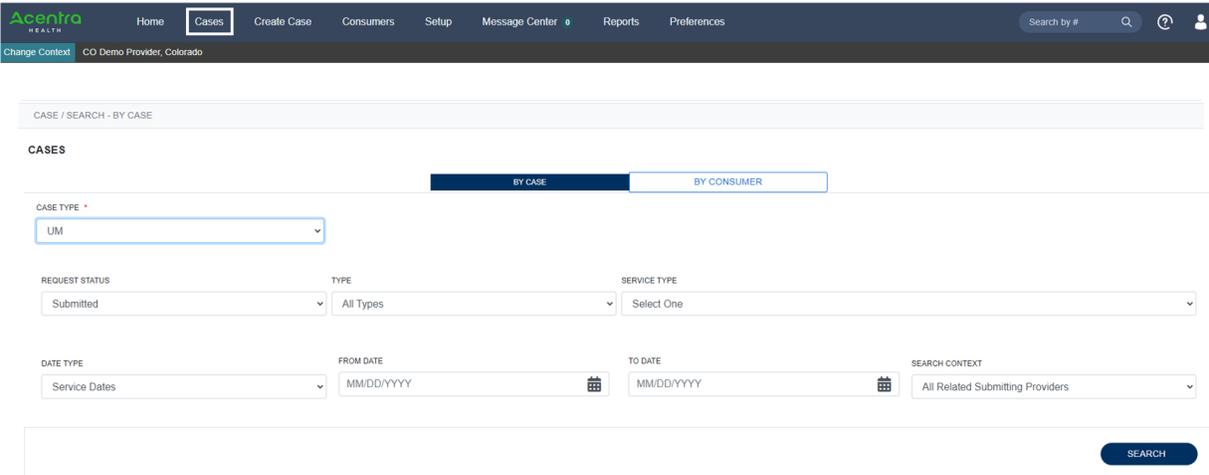
Not all users will have access to reports and availability will vary by user role.

Clicking the Reports icon in the navigation pane will open all available reports.



The report name will be a hyperlink and open the desired report in a new tab within the internet browser.

View a List of Your Cases



Providers can produce a listing of their cases based upon several different parameters such as status, service type, dates of service, etc.

Request	Consumer	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 231240007										
Request 01	TEMP001982021011200000 ANG Test 12/15/1960 Colorado	Submitted	5/4/2023	Outpatient	N/A	DME: Monitoring Equipment & Diabetic Supplies	5/1/2023 - 10/27/2023	Approved: 1 View Procedures	2 Letters View Letters	Actions
- Case: 231300001										
Request 01	TEMP001982021011200000 ANG Test 12/15/1960 Colorado	Submitted	5/10/2023	Outpatient	N/A	Speech Therapy	3/9/2023 - 8/30/2023	Approved: 1 View Procedures	No letters available	Actions

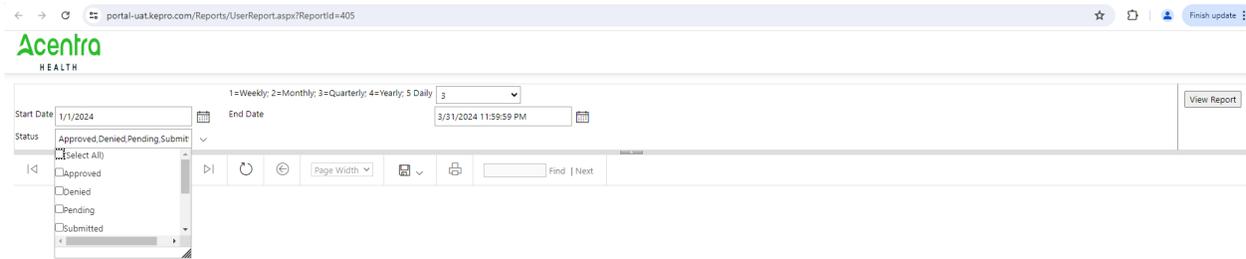
Showing 10 of 2 Previous Page 1 of 1 Next

Upon search, Atrrezzo will display for you a report of cases based upon the parameters selected.

Producing a Report of your Cases

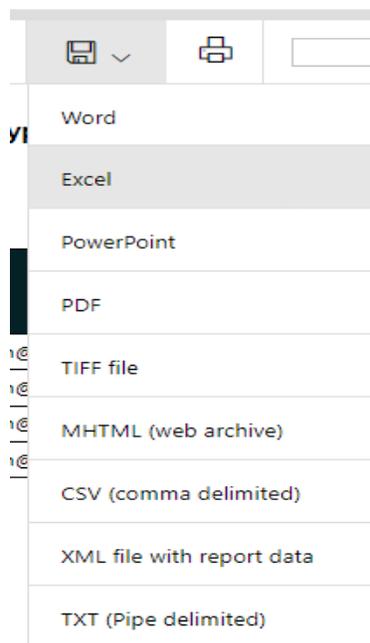


Once logged-in to your Atrrezzo account, click on the link for “Reports”.



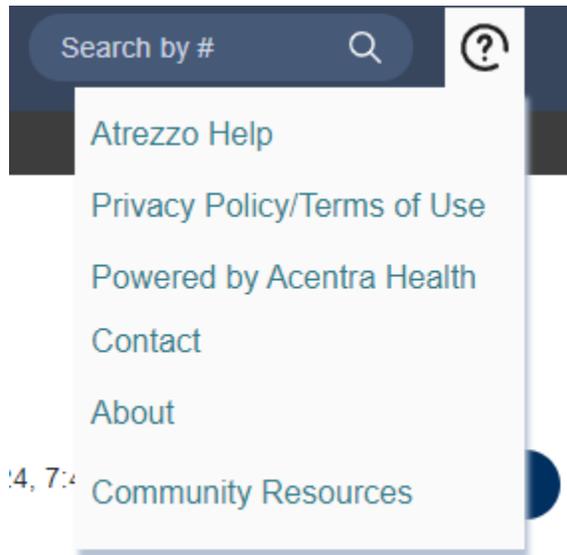
On the report screen, enter the timeframe you would like to pull, the dates of submission, and either “Select All” or filter by case status. Then click “View Report.”

Once the report is displayed, you may choose to download the report to a number of different formats, including Excel. After downloading, you may further sort and filter using the functionality in Excel.





Help Guide



Clicking on the Question Mark (?) will open a menu of options including the Atrezzo Help link. This will take you to a site that includes User Guides, FAQ's, Latest Release Notes, and Password Guidelines. These items are updated regularly and may change over time.

How to Complete a “Saved but not Submitted” Request [click Here](#).

How to View Status of a Submitted Request

Once a request has been submitted, there are different ways the status can be reviewed. A status check can be completed with a Case ID or Member Name plus DOB.

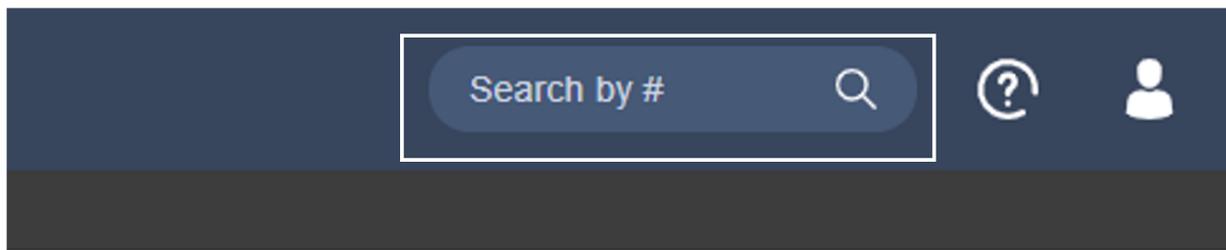
The UM case will display the case status at the top. The table below defines each case status.

<p><u>Unsubmitted</u></p>	<p>This identifies a case that has been started but has not been submitted. You will only see this status if you enter a case from the Request Saved but Not Submitted section of the Home page. Once all information is</p>
----------------------------------	--



	entered, the case will move to Submitted status pending clinical review.
<u>Submitted</u>	This identifies a case that has been submitted but has not yet been reviewed. Once the case is assigned to a clinical reviewer, the status will change to Active Review.
<u>Active Review</u>	This identifies a case that is being reviewed by a clinical reviewer. Once the case is completed, you will receive an email of a status change
<u>Completed</u>	This identifies a case that has been submitted, reviewed, a determination made, and is complete. A Complete case status does not identify the outcome of the clinical review (i.e., approved, denied, partial approval, etc.). To see the details of the determination, please see How to View a Determination Letter.

View Status by Case ID



To view the status of a request using a Case ID, enter the Case ID in the search box on the top right of any page, then hit enter on your keyboard or click anywhere outside of the search box.

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
ACTIVE REVIEW	222490053	Outpatient CO UM	09/06/2022	
UM-OUTPATIENT				CASE SUMMARY

The status will be listed at the top along with the auth number, if available, under SRV AUTH. For cases that display as Completed, you can review the details by opening the Case Summary.



Case Summary

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				
COMPLETED	231040017	Inpatient	CO UM	04/14/2023
UM-INPATIENT				CASE SUMMARY
Consumer Details				

The Case Summary will provide an overview of the case whether in active review or completed. You will be able to view all notes, letters, and documentation within one location. Click Case Summary at the top of the case to open in a new browser tab.



Case Summary: 231040017

Consumer Information

Name	DOB	Member ID
Location	Gender	SubscriberID
ANG Test	12/15/1960	TEMP001982021011200000
1111 33rd Somewhere Iowa	F	

Case Information

Status	Category	Case Contract
COMPLETED	Inpatient	CO UM

Provider Information
Requesting Provider

Name	ID NPI	Specialty	Address
CO Provider	111111111		Address 1 , City, CO US 12345

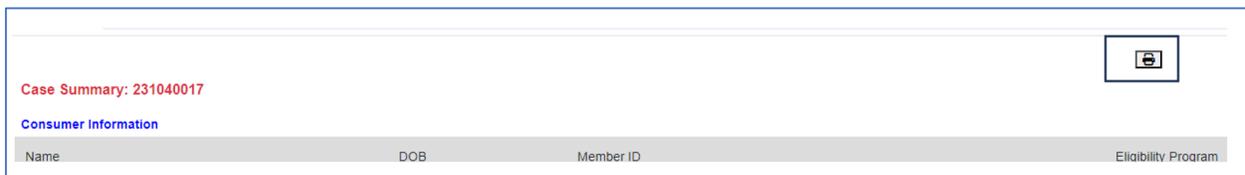
Attending Physician

Name	ID NPI	Specialty	Address
------	-----------	-----------	---------

Service Details

Service Type	Place of Service	Intake Method	Dis Dis
375 - Inpatient Hospital DRG		Web	

The Case Summary will open in a new tab. Scroll through the document to review the details. All information pertaining to the case is located here. All documents, questionnaires, and letters are hyperlinks. You can access this information directly from the case summary.



The summary can be printed by clicking the printer icon in the top right corner of the page and selecting print preferences. When finished close the tab to return to the case.



View Status by Member

CONSUMERS RESET

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

*Combination of DOB and Last Name or Consumer ID

To view the status of a request by Member, you will search by the individual name. Click Consumers in the navigation pane and enter Member ID or Last Name and DOB, then click Search.

NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
ANG Test	12/15/1960	1111 33rd Somewhere,IA	TEMP001982021011200000	Colorado	31

Displaying records 1 to 1 of 1 records Previous 1 Next Show 10 Entries

The result will render. Click the Member Name hyperlink to view available requests. The case count will identify how many requests have been submitted.

Submitted Requests		Servicing Requests									
Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions		
- Case: 222450005											
Request_01	Submitted	9/2/2022	Outpatient	N/A	DME: Oral / Enteral / Parenteral	9/2/2022 - 9/1/2023	Approved: 1 View Procedures	1 Letter View Letters	Actions		
- Case: 222440041											
Request_01	Submitted	9/1/2022	Outpatient	N/A	DME: Monitoring Equipment & Diabetic Supplies	9/1/2022 - 8/31/2023	Denied: 4 View Procedures	No letters available	Actions		
- Case: 222440042											

The member requests will be displayed with a status column. To view the details of the request, click the Request hyperlink to be taken to the case details page.

Procedures

B4100 Approved

09/02/2022 - 09/01/2023 5400 / 5400

Close

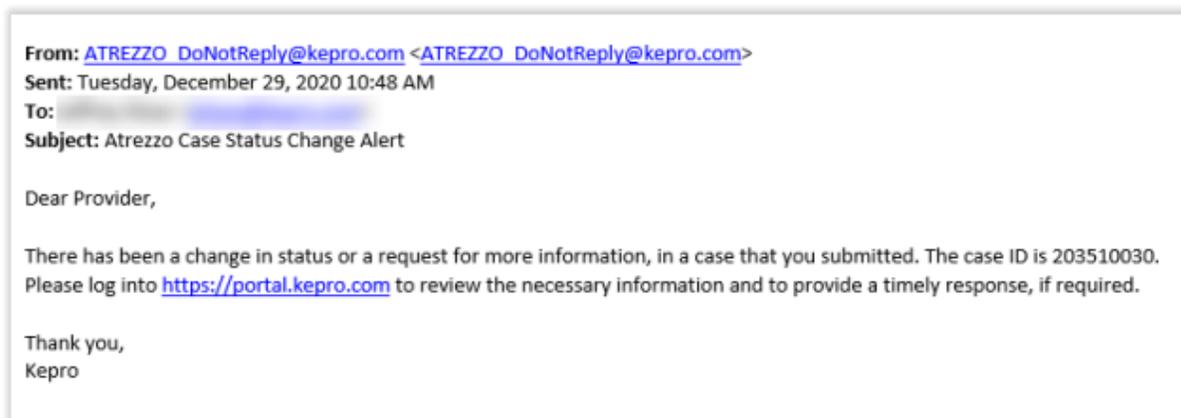


From the member case lists, click View Procedures to see all procedures and status entered in the case in a pop-up window.

Email Notification

When a status change has occurred on a submitted request, you will receive an email notification to the email address provided when setting up the user account. The email notification will provide Case ID to direct you to the specified request. No PHI will be included in the email for privacy purposes.

Below is a sample of the email you would receive when a change is made to a submitted request. If you are not receiving emails, please ask your technology partners to whitelist the @kepro.com domain.



Follow the links below for detailed instructions on:

[How to View a Determination Letter](#)

[How to View Actions Buttons Within a Case](#)

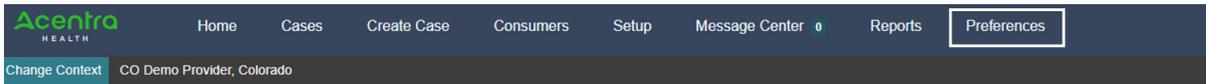
[How to Add Additional Documentation](#)

[How to Request an Authorization Revision](#)

[How to View Messages in the Message Center](#)

[How to Set Procedure or Diagnosis Code Preferences](#)

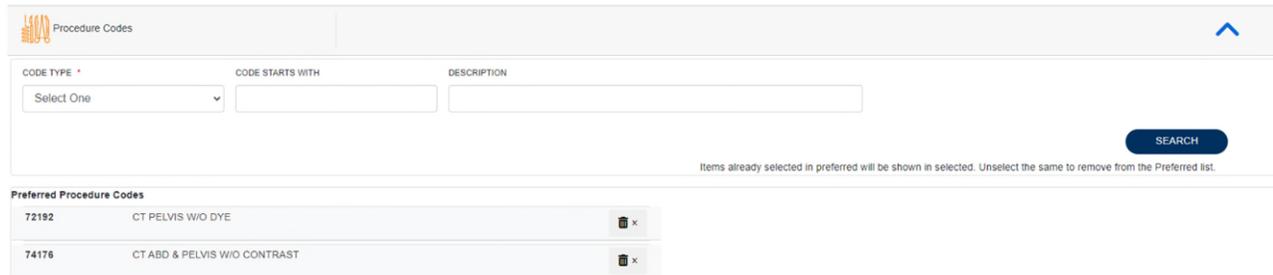
The Atrezzo system allows users to select a set of preferred codes to help streamline future case entries.



To begin, select Preferences on the upper right-hand side of the home screen.



Expand the Procedure Code and/or the Diagnosis Code Ribbons by clicking the blue arrow to the right.



Enter the code type, and the code you wish to add to your preferred code list and click **Search**. The code will be placed in your preferred code list for future use. If you wish to remove a code from your list, simply click the trash can icon next to it.

Provider Options Following Adverse Decisions

After an adverse decision, an ordering provider may request a Peer-to-Peer review within 10 business days (5 calendar days for Physician Administered Drugs) from the date of the medical necessity adverse determination. For instructions on [How to Request a Peer to Peer](#) follow the link.

A Reconsideration request must be submitted to Acentra Health within 10 business days of the initial Technical Denial (5 calendar days for physician administered drugs). For instructions on [How to Request a Reconsideration](#) follow the link.



How to File an Appeal

A member has the right to file an appeal on any PAR determination, and their Appeal Rights will be included in their determination letters. A member will file an appeal with the Office of Administrative Courts, and the Department will be notified.

Before an appeal can be submitted, the provider should request reconsideration and/or peer-to-peer (exhaust all efforts with Acentra Health before filing appeal).

All member appeals should be submitted in writing to:

Office of Administrative Courts

1525 Sherman Street, 4th Floor

Denver, Colorado 80203

Phone: 303-866-2000

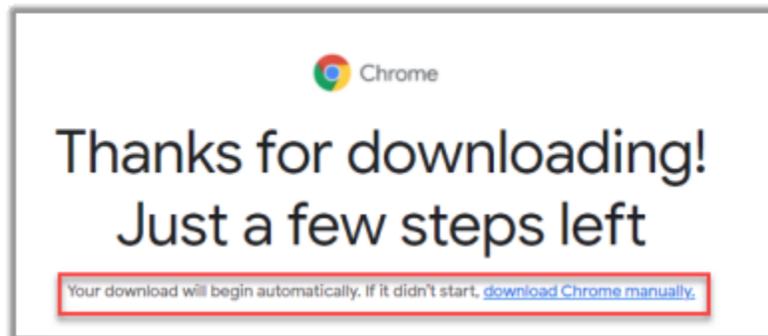
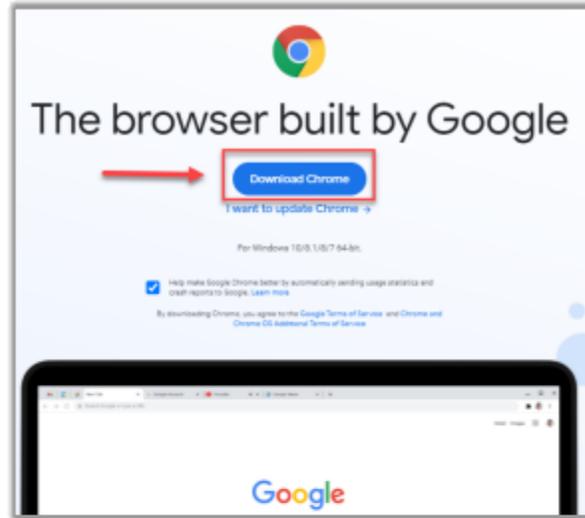
FAX: 303-866-5909

Appendices

How to Add Google Chrome to Computer

Google Chrome is the preferred internet browser for Atrezzo. A user can do a search for “Google Chrome Download” or click [Download](#) to access the available link.

On the Google Chrome Download page, click Download Chrome, then follow the prompts.



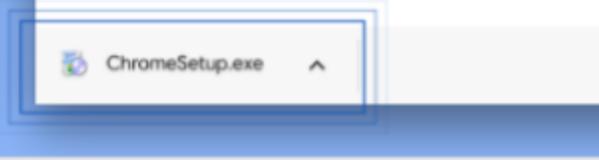


STEP 1

Open

Open the ChromeSetup.exe file from the downloads list at the bottom left corner of this window.

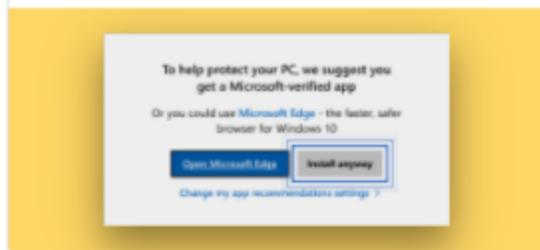
[Can't find your installer?](#)

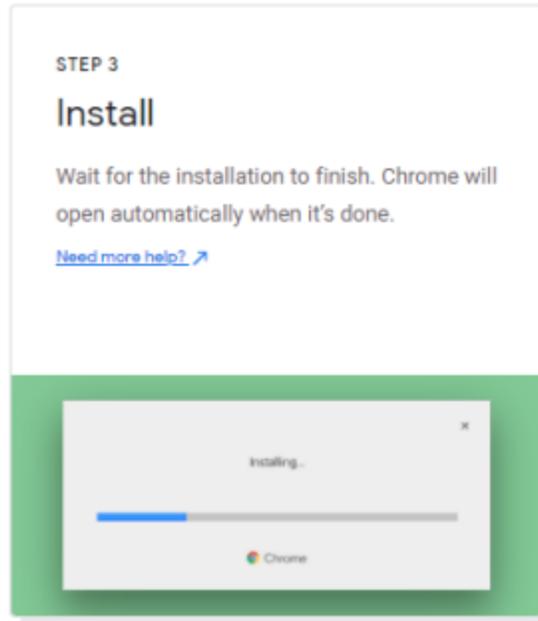


STEP 2

Allow

If prompted, click **"Install anyway"** and **"Yes"** on the system dialogs.

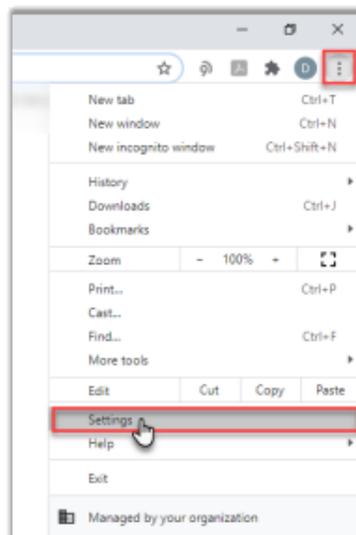




Once installed, Chrome can be set as a default browser for all applications, or you can simply create a shortcut for Atrazzo within the application.

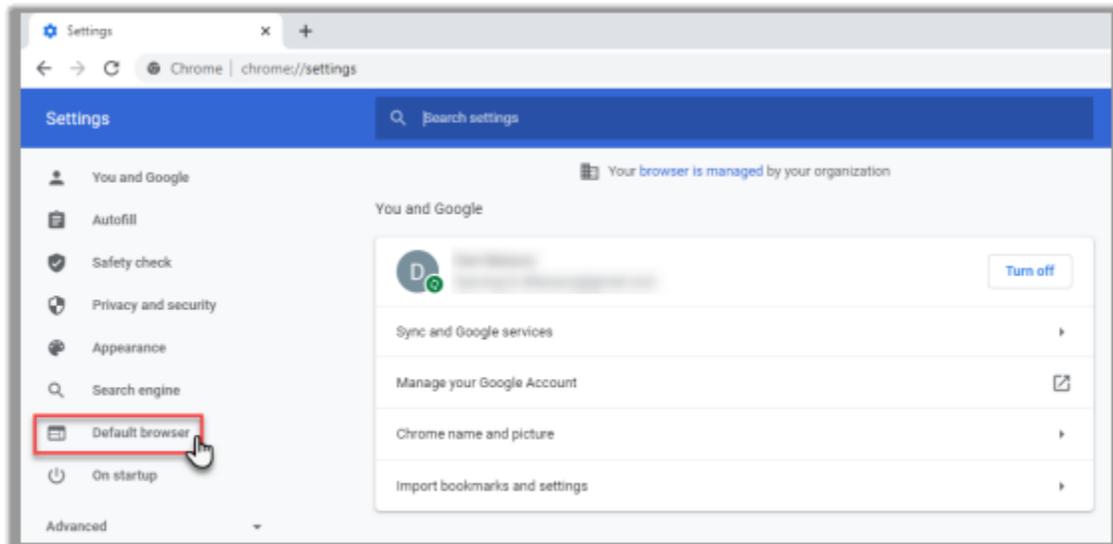
How to set Chrome as Default Browser

To set it as the default browser, click in the three dots in the upper right-hand corner, select Settings from the drop down.

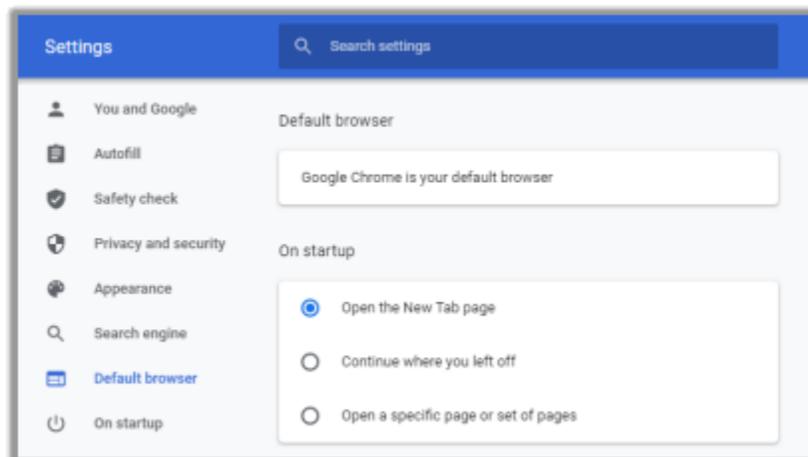




Select Default browser from the menu options on the left side of the page.

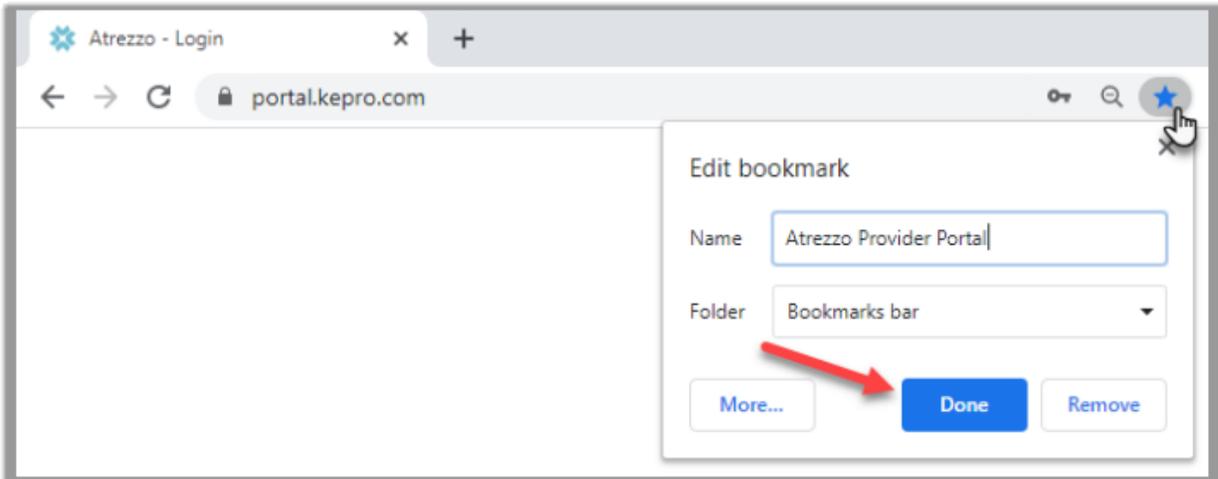


Select Make Default under Default browser.



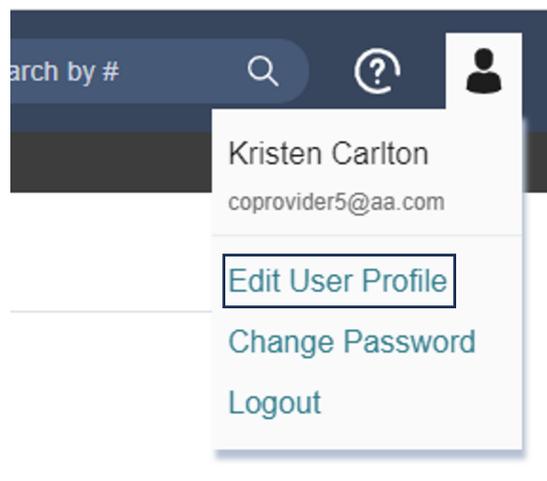
How to Set Atrazzo Bookmark in Chrome

After entering the Atrazzo portal URL <https://portal.kepro.com/> into the browser and click the star in the address bar. Enter the name of the bookmark (be sure to keep the name simple so you remember it), choose a folder or add to the bookmarks bar, and click **Done**. This will set a bookmark for easy navigation and future use.



Updating User Profile

To update user profile information once an account has been created, click on the person icon in the upper right corner. Once the menu opens, click **Edit User Profile**.



Once the profile screen displays, update information and include all required fields, then click **Save**.



Edit User Profile

UserName	coprovider5
FIRST NAME *	<input type="text" value="Kristen"/>
LAST NAME *	<input type="text" value="Carlton"/>
EMAIL ADDRESS *	<input type="text" value="coprovider5@aa.com"/>
CONFIRM EMAIL ADDRESS *	<input type="text"/>
ADDRESS 1	<input type="text"/>
ADDRESS 2	<input type="text"/>
CITY	<input type="text"/>
STATE	<input type="text" value="Alaska"/>
ZIP	<input type="text"/>
PHONE NUMBER	<input type="text" value="123-456-7890"/>
PHONE EXTENSION	<input type="text"/>
Providers in receipt of Fixed determination letters: Official communication of service authorization will be sent to the fax number entered below.	
FAX NUMBER	<input type="text"/>

Informational Error/Warning Messages

This section will identify the different types of informational and error/warning messages that a user may see while using this platform.

Informational Message	Explanation
Servicing Provider Type Not Allowed for Service Type	This message displays when the servicing provider does not match with the requested service type. The servicing provider must be corrected to be a provider that can bill for the requested service type.
Member Ineligible	This message will display when the member does not have active coverage for the requested timeframe.
Requesting Provider Not Allowed	This message displays when the requesting provider does not match with the requested service type or is not appropriate for the service being requested.
Duplication of Services	This message will display when there is a current request for the same services within the same



	timeframe. You will need to return to the consumer search and locate the submitted/completed request.
Missing Information	The case cannot be submitted until all required information is submitted. Review specific fields with missing information, then click Submit.
Auth Not Required	This message will populate when one or more procedure codes do not require prior authorization.

[How to Access Technical Assistance](#)

For technical assistance, please reach out to Acentra Health Customer Service at 720-689-6340.