



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

For the Colorado Department of Health Care Policy & Financing
Colorado Prior Authorization Request (PAR) Program¹

**Colorado UM and PAD Provider Manual
4/14/2022 – Version 7**

¹The Department of Health Care Policy & Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

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An Introduction to Kepro

KEPRO is a specialty healthcare company that offers customized, integrated healthcare solutions across three major areas:

- Care Management
- Quality Oversight
- Assessments, Eligibility and Enrollment

KEPRO has extensive experience developing innovative, collaborative models of utilization management, care management, provider relations and quality improvement which emphasize community partnerships, training, and technical assistance. We have served the Centers for Medicare and Medicaid Services (CMS) for 30+ years and 27 state Medicaid agencies for 20+ years. Kepro is responsible for over 1.4 million reviews per year, as the medical necessity, utilization management, and quality improvement contractor for more than 30 different federal and Medicaid agencies across the nation.

Kepro delivers care management and quality oversight solutions using clinical expertise and technology-driven solutions to improve quality and clinical outcomes for vulnerable populations. We are a certified Quality Improvement Organization (QIO), are accredited by the Utilization Review Accreditation Commission (URAC) and licensed to perform reviews in every state. We are one of the largest and most experienced federal, state, and local government review vendors in the nation, supporting government programs for over one billion covered individuals since 1985.

Kepro 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 and Physician Administered Drug (PAD) UM review, including outpatient, inpatient, specialty, and PAD UM. In addition, Kepro will administer or assist the Department and partners with:

- Client Overutilization Program (COUP)
- Annual HCPCS code review
- Quality Program
- Reporting
- Provide clinical expertise, recommendations, and guidance to support quality PAR Program.
- PAR Customer Service Line for Providers
- Peer-to-Peer, and Reconsiderations



- Provider Education
- Supporting the Department with Member Appeals

Call Center and Contact Information

Kepro 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.

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

- New Year's Day
- Dr. Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Frances Xavier Cabrini 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 ColoradoPAR program website to access:

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

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](#)

Important Email Addresses

Colorado UM Inbox: hcpf_um@state.co.us

Provider issues email address: COproviderissue@kepro.com

Provider Training Registration email address: coproviderregistration@kepro.com

Management Team and Escalation

Members of Kepro's Management Team

- Executive Director: Chantal Hunt, PhD, RN
- UM Manager: Amy Brintzinghoffer, RN
- PAD Program Lead: Scott Donald, PharmD
- Clinical Supervisors: Aimee Mosher, RN, Jennifer Davis, RN, Karen Coltharp, RN, Victoria Lewis, LPN
- Provider Education and Relations Coordinator: Bridget Rule, LPN
- Quality Manager: Amy Brintzinghoffer, RN
- Call Center Supervisor: Tujuana Staples
- Call Center Director: Tiffany Brooks
- UM Medical Director: Dena Ross, MD
- PAD Medical Director: Susan Brashear, MD

Kepro 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 Kepro Reviews Kepro 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)
- Pediatric Long-Term Home Health (PLTHH)
- Private Duty Nursing (PDN)



- Select Physician Administered Drugs (PAD)
- EPSDT exceptions

At a later date, yet to be defined, Kepro will also administer an Inpatient Hospital Review Program (IHRP) which may include:

- Admission Review
- Concurrent Review
- Complex Case Review
- Retrospective Review
- APR-DRG validation

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 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

- [Kepro Form: eQHealth PAR Change/Cancellation Request](#)
- [FAX Exemption Form](#) (Must be approved and faxed requests are only accepted for 5 or less PAR Requests per Month or OOS.)

Prior Authorization Request (PAR) Forms:

- [Inpatient PAR Form](#)
- [Outpatient PAR Form](#)
 - [Change of Provider \(COP\) Form](#) (If a member transfers services to a new provider while having an active approved PAR, the new provider is required to submit a completed COP. [How to Complete Change of Provider Form](#))

Reference Tools:

- [Billing Manuals](#)
- [January 2022 Fee Schedule \(PDF\)](#)

A detailed step by step process for submitting both outpatient and inpatient requests follows (See Create Case: How to Submit a Request, below).

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
Inpatient Prospective UM	1 business day
UM-After Additional Information is Received	2 business days
PAD-After Additional Information is Received	24 hours
Urgent PAD	4 hours
Prospective Non-Urgent PAD	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 some benefits may be accepted when a member's eligibility is determined after the date that the service is performed by emailing hcpf_benefitsupport@state.co.us

Requests for Additional Information

Requests for Additional Information will be initiated by Kepro if/when there is not substantial supporting documentation to complete a review. When Kepro pends a review for additional information, you will have up to seven (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 are 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.

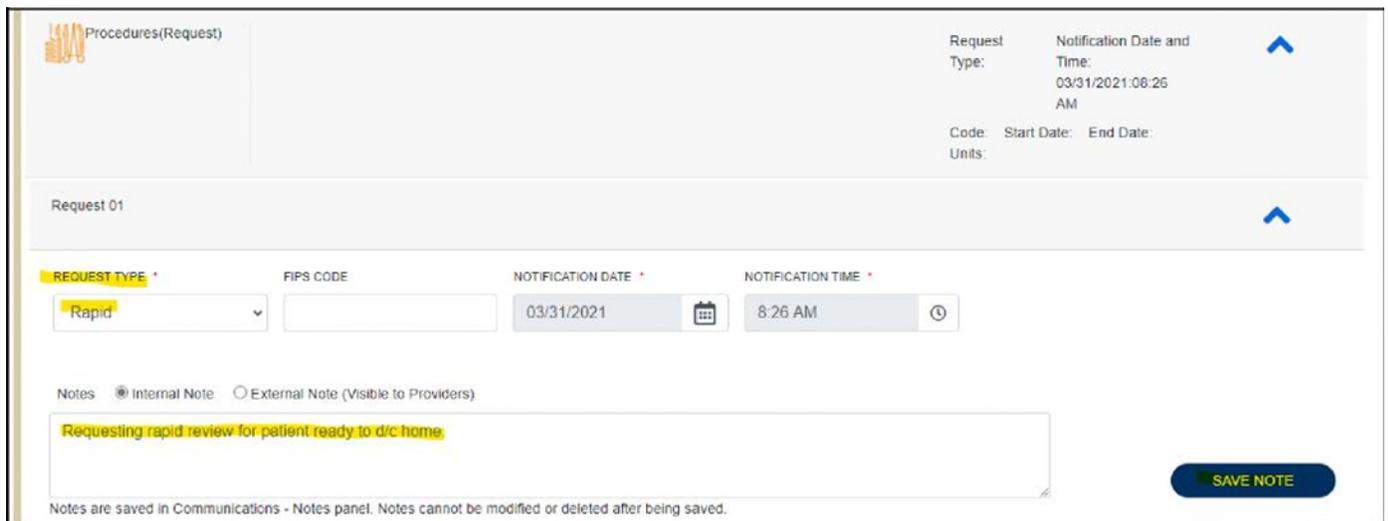
Expedited Review: A Prior Authorization Request review that is required to be done on an expedited basis because a delay could: seriously jeopardize the life or health of the Member or the ability of the Member to regain maximum function, or in the opinion of a physician with knowledge of the Member's 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 Turn-Around-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,
- Lack of DME supplies that immediately and adversely impact a member's ability to perform activities of daily living (ADL),
- Same day diagnostic studies required for cancer treatment, genetic testing requiring amniocentesis,
- Genetic or Molecular testing requiring amniocentesis.

Rapid Case Reviews are conducted on the same day as submitted, when received by 2:00 p.m. Mountain Time, *when Rapid Case Review criteria is 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).



Procedures(Request)

Request Type: Notification Date and Time: 03/31/2021:08:26 AM

Code: Start Date: End Date: Units:

Request 01

REQUEST TYPE * FIPS CODE NOTIFICATION DATE * NOTIFICATION TIME *

Rapid [] 03/31/2021 8:26 AM

Notes: Internal Note External Note (Visible to Providers)

Requesting rapid review for patient ready to d/c home

SAVE NOTE

Notes are saved in Communications - Notes panel. Notes cannot be modified or deleted after being saved.

Kepro's UM Provider Web Portal: Atrezzo

The purpose of this section is to provide an overview of the Provider Portal for Atrezzo, the Kepro proprietary system. Atrezzo is a person-centered, web-based care management solution that transforms traditional, episodic-based care management into proactive and collaborative population healthcare management. Providers will use this system to participate in the Colorado PAR UM and PAD Review programs.

Atrezzo is a web-based system that works across numerous internet browsers; however, **Chrome is preferred** because system functionality is enhanced using this platform.

Access & 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 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.)

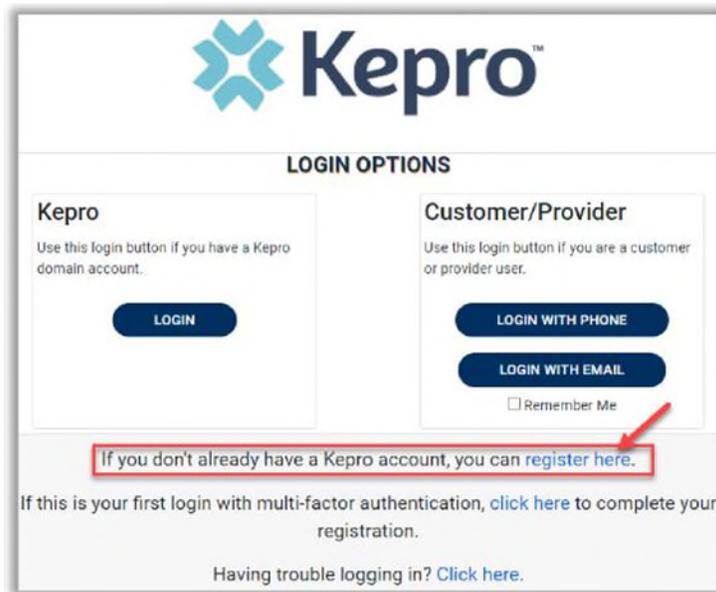
Upon initial login, the Provider Administrator should follow the below steps to complete registration.

Click **REGISTER HERE** under the Login section and enter the facility NPI. The Provider **Registration Code** is the facility or clinic **Medicaid ID**. Facilities or clinics without an NPI will utilize the Medicaid ID as both the NPI and Provider Registration Code.

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

The below instructions 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.

From the login screen, click the link to register for a Kepro Account.



Enter NPI and Registration Code, then click Next.



Create a New Account - Specify Your Organization

NPI * 

PROVIDER REGISTRATION CODE * 

Please refer to the registration section of the Atrazzo Connect Provider Portal End User Guide for more information on how to register. You can find this document on your payer-specific Kepro website.

Create Username, and enter all required fields under Contact Information, then click Next.

Create a New Account - Enter User Information

Organizational Information

Please enter the required (*) fields

Account Information

USERNAME * 

Contact Information

FIRST NAME * 

LAST NAME * 

ADDRESS 1

ADDRESS 2

CITY

STATE

Select State 

ZIP CODE

EMAIL * 

CONFIRM EMAIL * 

PHONE

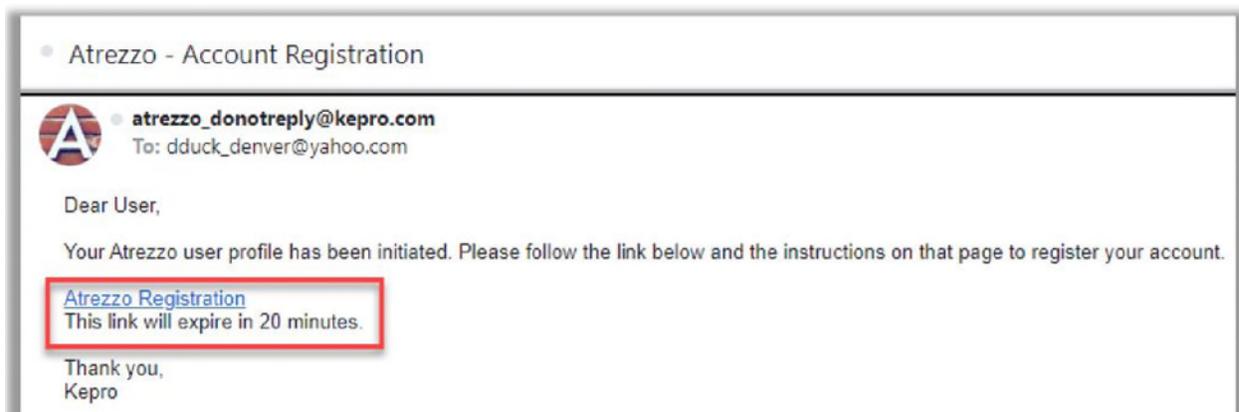
Providers in receipt of Faxed Determination Letters: Official communication of service authorization will be sent to the fax number entered below.

FAX * 

 LOGIN NEXT 

A message will display confirming the Registration is complete. To complete the Multi-Factor Authentication registration, you must click the link in your email within 20 minutes.

When creating a profile, please be certain to enter an accurate **email address and **phone number** as this will be used in the future for the MFA security feature as well as communication methods regarding cases submitted.

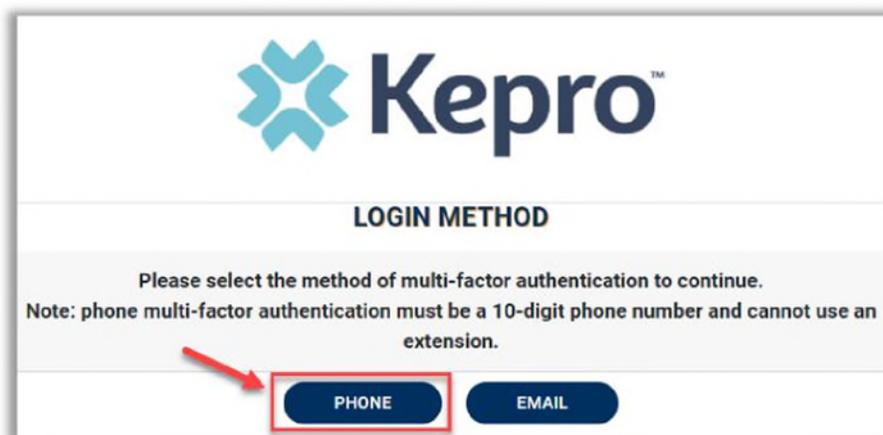


Select the best multi-factor authentication method for you. A phone registration will require a direct line with 10-digits; extensions are not supported.

NOTE: When choosing an authentication method, you will be required to enter an email address for both options. Only choose the Email option if you do not have access to a direct phone line (landline or mobile).

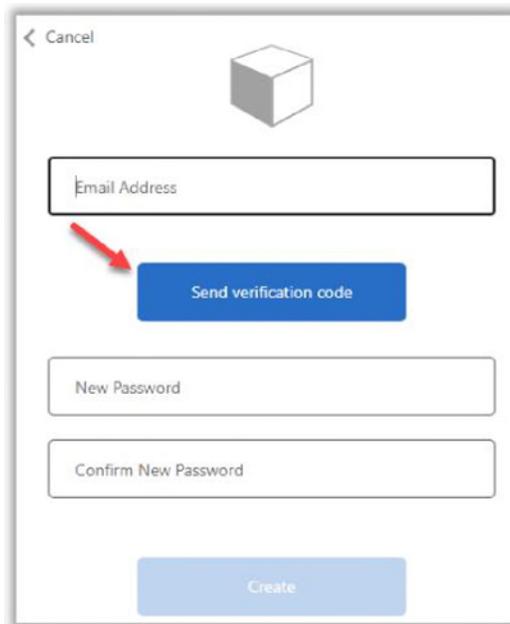
Phone Verification

Click the PHONE button



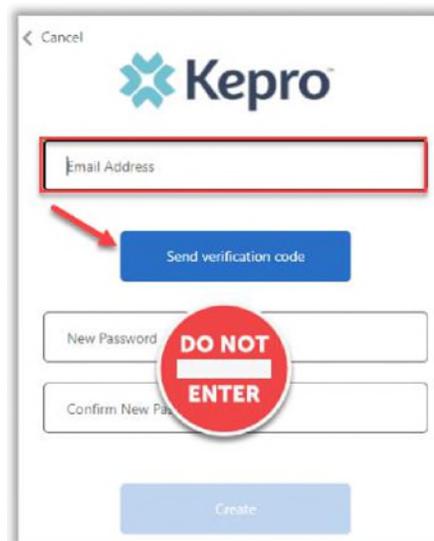
The image shows a screenshot of the Kepro login interface. At the top is the Kepro logo. Below it is the heading "LOGIN METHOD". A grey box contains the text: "Please select the method of multi-factor authentication to continue. Note: phone multi-factor authentication must be a 10-digit phone number and cannot use an extension." At the bottom, there are two buttons: "PHONE" and "EMAIL". A red arrow points to the "PHONE" button, which is also highlighted with a red rectangular border.

Enter your work email address, then click Send Verification Code. A code will be sent to your email.



A screenshot of a mobile application registration screen. At the top left is a back arrow and the word 'Cancel'. Below that is a 3D cube icon. The main form consists of four input fields: 'Email Address', 'New Password', 'Confirm New Password', and a 'Create' button at the bottom. A blue button labeled 'Send verification code' is positioned below the 'Email Address' field. A red arrow points to this button.

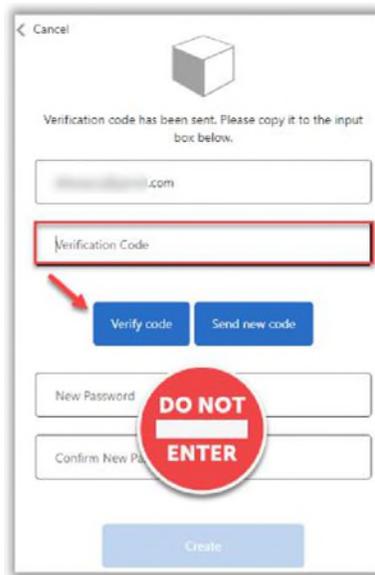
Enter the verification code sent to the email address entered; then click Verify Code.



A screenshot of the same mobile application registration screen. The 'Email Address' field is highlighted with a red border. A red arrow points to the 'Send verification code' button. A red circular stamp with the text 'DO NOT ENTER' is overlaid on the 'New Password' and 'Confirm New Password' fields. The 'Create' button is visible at the bottom.

IMPORTANT: Do NOT enter anything in the Password section (this is not needed at this step).

Enter the verification code sent to the email address entered; then click Verify Code.



< Cancel

Verification code has been sent. Please copy it to the input box below.

[Email Address].com

Verification Code

Verify code Send new code

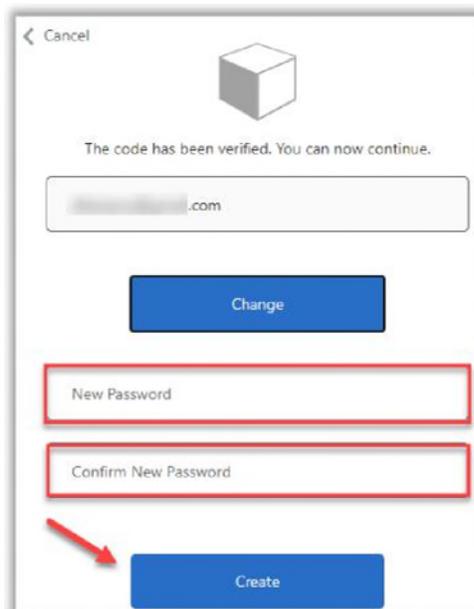
New Password

Confirm New Password

Create

IMPORTANT: Do NOT enter anything in the Password section (this is not needed at this step).

After email verification is complete, enter a new password, confirm the password, and click Create. This is creating a password for the Multi-Factor Authentication Registration.



< Cancel

The code has been verified. You can now continue.

[Email Address].com

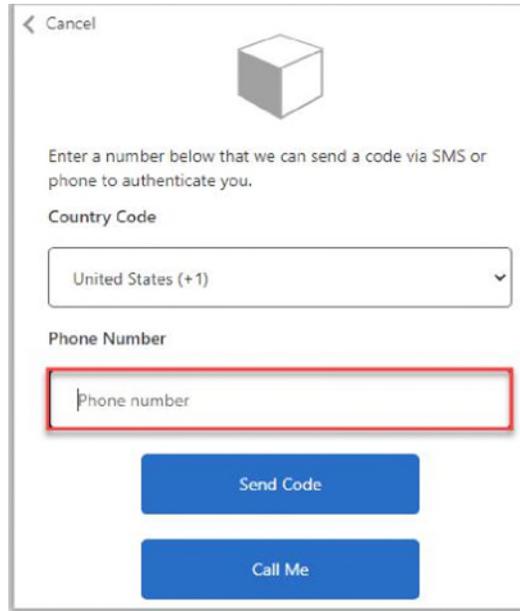
Change

New Password

Confirm New Password

Create

Enter your phone number and select Send Code or Call Me.



A mobile application screen for authentication. At the top left is a back arrow and the word "Cancel". In the center is a 3D cube icon. Below the icon is the text: "Enter a number below that we can send a code via SMS or phone to authenticate you." Underneath is a "Country Code" dropdown menu currently set to "United States (+1)". Below that is a "Phone Number" input field with a red border and the placeholder text "Phone number". At the bottom are two blue buttons: "Send Code" and "Call Me".

When phone call is selected, the user will receive a phone call on the registered phone number and will be prompted to press the # key to complete authentication.

For SMS text authentication, enter the verification code received.



A mobile application screen for verification. At the top left is a back arrow and the word "Cancel". In the center is a 3D cube icon. Below the icon is the text: "Enter a number below that we can send a code via SMS or phone to authenticate you." Underneath is a partially obscured phone number starting with "+18". Below that is the text: "Enter your verification code below, or [send a new code](#)". At the bottom is a large empty input field with a red border.

As a new user, you will need to read and agree to the Terms of Use.

Terms of Use Agreement

THE KEPRO PORTAL IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE. BY PROCEEDING OR USING THE KEPRO PORTAL YOU ARE AGREEING 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 KEPRO PORTAL. UNAUTHORIZED ACCESS TO THE KEPRO PORTAL IS PROHIBITED.

KEPRO PORTAL TERMS OF USE

1. This Terms of Use Agreement (the "Agreement") is between Kepto, Inc. ("We", "Us" or "Our"), the group/practice entity that has been provided an ID (as defined in Section 3 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 Kepto Portal including without limitation, all software, insurance codes, graphics, logos, text, documentation, user guides, databases and compilations of all materials other than Patient Information (as defined in Section 6), enhancements, bug fixes, upgrades, 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.

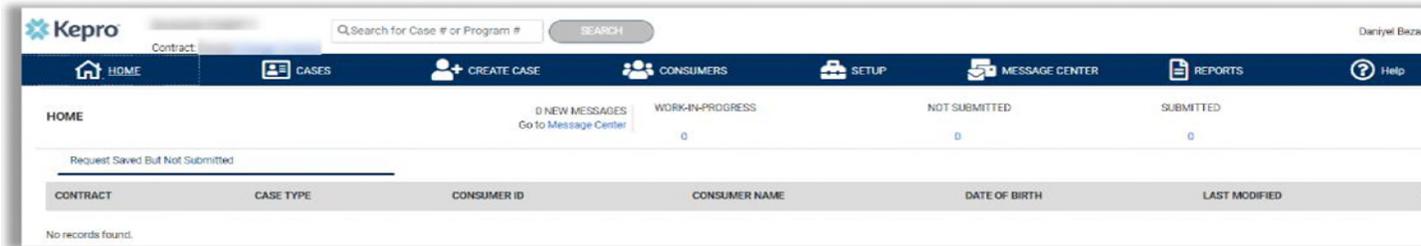
2. Authorized Personnel. This Portal is intended for access solely by physicians and authorized members of their staff. Authorized members include only (a) the personnel permitted to access and use the Portal by Provider ("Standard User(s)") and (b) Standard Users who have been assigned certain administrative duties ("Administrative User(s)") ("Standard Users" and "Administrative Users" shall be collectively "Users"). If You are an Administrative User, it is Your responsibility to identify 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.

Kepto, Inc. 777 East Park Drive Harrisburg, PA 17111 Toll-free: 800.222.0771 Phone: 717.564.8288 Fax: 717.564.3862 www.kepto.com

I have read and agree to these terms of use.

CONTINUE >

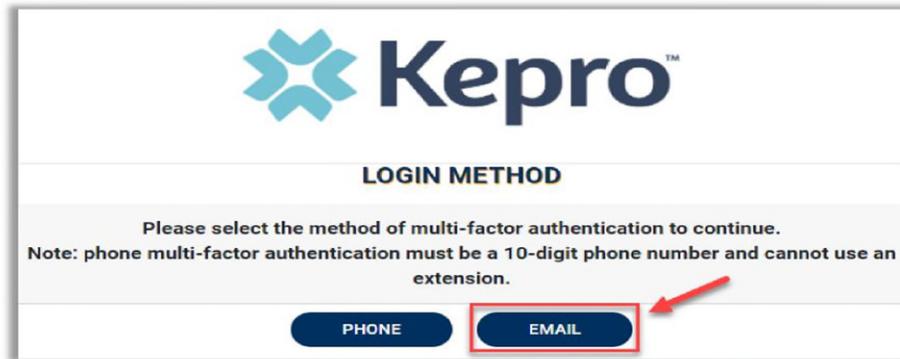
The system will automatically authenticate and display the home page.



The screenshot shows the Kepto portal home page. At the top, there is a search bar with the text "Search for Case # or Program #" and a "SEARCH" button. Below the search bar is a navigation menu with icons for HOME, CASES, CREATE CASE, CONSUMERS, SETUP, MESSAGE CENTER, and REPORTS. The main content area displays "HOME" and a summary of messages: "0 NEW MESSAGES Go to Message Center", "WORK-IN-PROGRESS 0", "NOT SUBMITTED 0", and "SUBMITTED 0". Below this, there is a message "Request Saved But Not Submitted". At the bottom, there is a table header with columns: CONTRACT, CASE TYPE, CONSUMER ID, CONSUMER NAME, DATE OF BIRTH, and LAST MODIFIED. The table content shows "No records found."

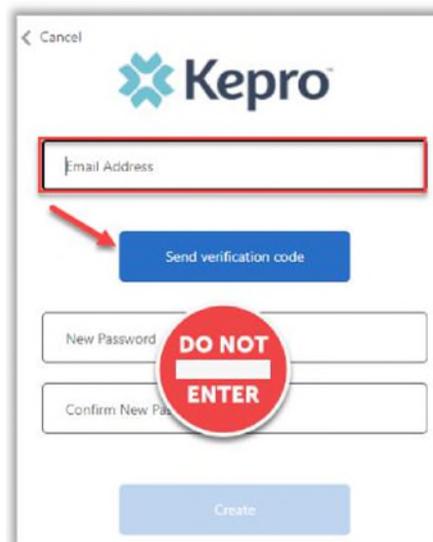
Email Verification

Click the EMAIL button



The screenshot shows the Kepro login interface. At the top is the Kepro logo. Below it is the heading "LOGIN METHOD". A message reads: "Please select the method of multi-factor authentication to continue. Note: phone multi-factor authentication must be a 10-digit phone number and cannot use an extension." At the bottom, there are two buttons: "PHONE" and "EMAIL". The "EMAIL" button is highlighted with a red box and a red arrow pointing to it from the right.

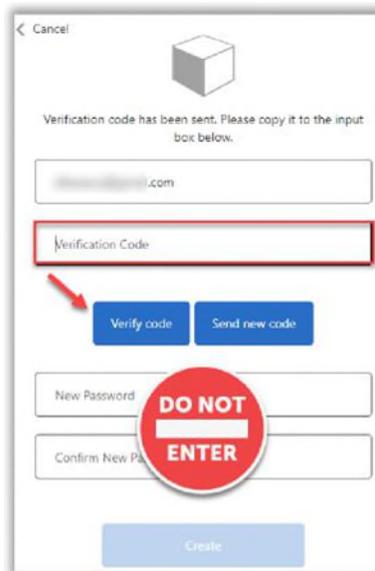
Enter your work email address, then click Send Verification Code. A code will be sent to your email.



The screenshot shows a mobile-style Kepro form. At the top left is a back arrow and the word "Cancel". The Kepro logo is at the top center. Below the logo is a text input field labeled "Email Address" with a red border. A red arrow points from the "Email Address" field to a blue button labeled "Send verification code". Below this are two more text input fields: "New Password" and "Confirm New Password". A large red circular overlay with white text says "DO NOT ENTER". At the bottom is a light blue button labeled "Create".

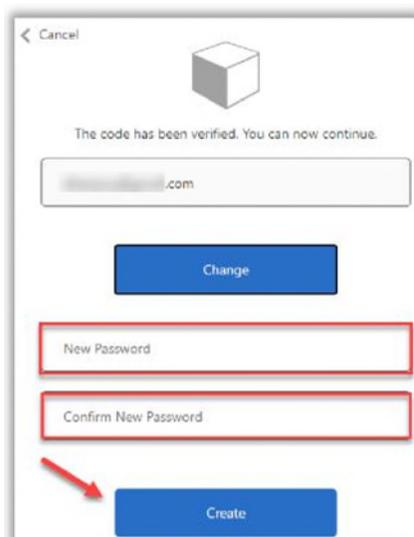
IMPORTANT: Do NOT enter anything in the Password section (this is not needed at this step).

Enter the verification code sent to the email address entered; then click Verify Code.



IMPORTANT: Do NOT enter anything in the Password section (this is not needed at this step).

After email verification is complete, enter a new password, confirm the password, and click Create. This is creating a password for the Multi-Factor Authentication Registration.



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1. This Terms of Use Agreement (the 'Agreement') is between Kepto, Inc. ("We", "Us" or "Our"), the group/practice entity that has been provided an ID (as defined in Section 3 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 Kepto Portal, including without limitation, all software, insurance codes, graphics, logos, text, documentation, user guides, databases and compilations of all materials other than Patient Information (as defined in Section 6), enhancements, bug fixes, upgrades, 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 solely by physicians and authorized members of their staff. Authorized members include only (a) the personnel permitted to access and use the Portal by 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 identify 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.

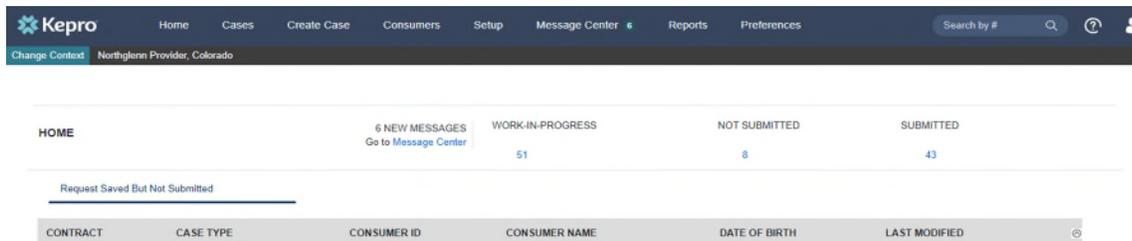
Kepto, Inc. 777 East Park Drive Harrisburg, PA 17111 Toll-free: 800.222.0771 Phone: 717.564.8288 Fax: 717.564.3862 www.kepto.com

I have read and agree to these terms of use.



CONTINUE >

The system will automatically authenticate and display the home page.



Kepto Home Cases Create Case Consumers Setup Message Center 6 Reports Preferences Search by #

Change Context Northglenn Provider, Colorado

HOME 6 NEW MESSAGES Go to Message Center WORK-IN-PROGRESS 51 NOT SUBMITTED 8 SUBMITTED 43

Request Saved But Not Submitted

CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
----------	-----------	-------------	---------------	---------------	---------------

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.

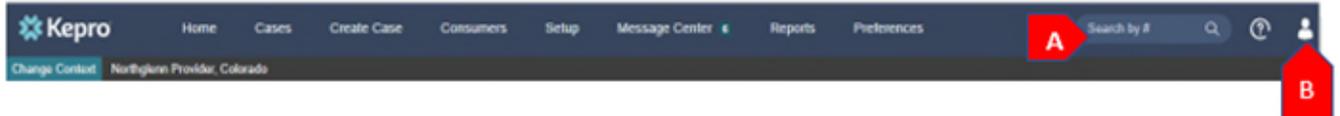
Utilize the below legend for a brief overview of each area within Atrezzo.

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 status 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.
Consumers	This section will enable you to search for Member specific information utilizing the Member ID or last name and date of birth. Member specific data will render based on information entered.
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 Kepro regarding specific Members and/or cases.
Reports	Reports are visible only to users with report access. At this time, there will not be any provider reports to view.
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.

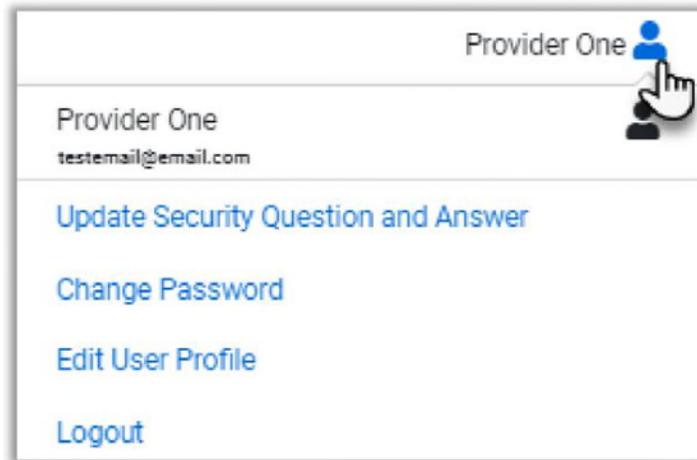
General System Features

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.

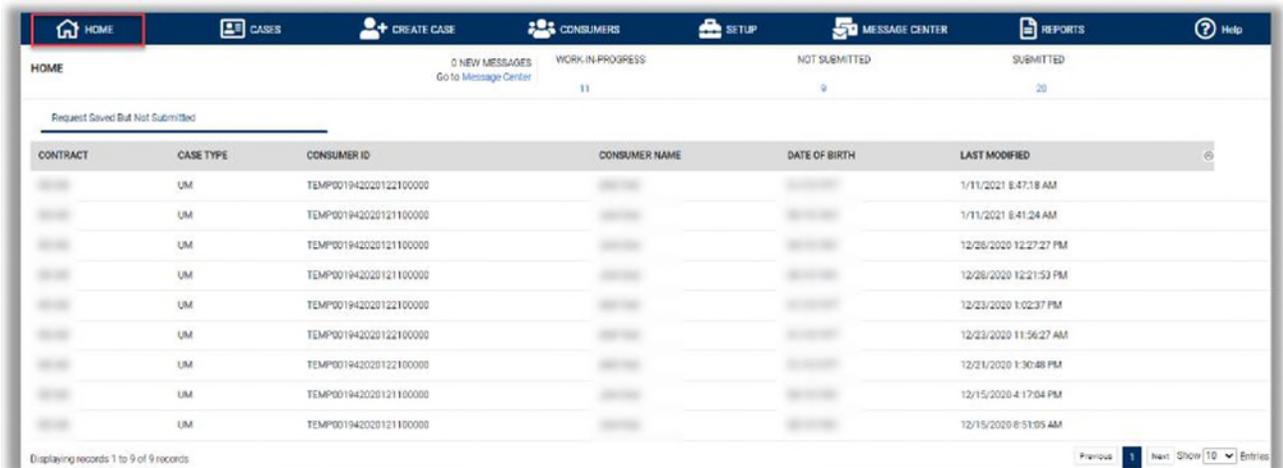


- A) To search a Case #, Program #, or Authorization #, enter specified information in this box and click Search (see [Searching by Case ID](#) for step-by-step instructions).
- B) This section will identify the user logged in. Click on the  icon in the upper right corner to open menu options where you 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 Atrezzo 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 Kepro.



HOME | CASES | CREATE CASE | CONSUMERS | SETUP | MESSAGE CENTER | REPORTS | Help

HOME | 0 NEW MESSAGES | WORK-IN-PROGRESS | NOT SUBMITTED | SUBMITTED

Request Saved But Not Submitted

CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
0000	UM	TEMP001942020122100000	00000	000000	1/11/2021 8:47:18 AM
0000	UM	TEMP001942020121100000	00000	000000	1/11/2021 8:41:24 AM
0000	UM	TEMP001942020121100000	00000	000000	12/26/2020 12:27:27 PM
0000	UM	TEMP001942020121100000	00000	000000	12/26/2020 12:21:53 PM
0000	UM	TEMP001942020122100000	00000	000000	12/23/2020 1:02:37 PM
0000	UM	TEMP001942020122100000	00000	000000	12/23/2020 11:56:27 AM
0000	UM	TEMP001942020122100000	00000	000000	12/21/2020 1:30:48 PM
0000	UM	TEMP001942020121100000	00000	000000	12/15/2020 4:17:04 PM
0000	UM	TEMP001942020121100000	00000	000000	12/15/2020 8:51:05 AM

Displaying records 1 to 9 of 9 records

Previous 1 Next Show 10 Entries

To complete an un-submitted case, you can click the edit icon that will appear when hovering over the specified Consumer (Member) line, or complete a full search for un-

submitted cases with specific parameters (see the [Cases](#) section for the steps to complete a full search).

CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
XXXX	UM	TEMP001942020122100000	XXXX	XXXX	1/11/2021 8:47:18 AM
XXXX	UM	TEMP001942020121100000	XXXX	XXXX	1/11/2021 8:41:24 AM
XXXX	UM	TEMP001942020121100000	XXXX	XXXX	12/28/2020 12:27:27 PM
XXXX	UM	TEMP001942020121100000	XXXX	XXXX	12/28/2020 12:21:53 PM

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.

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

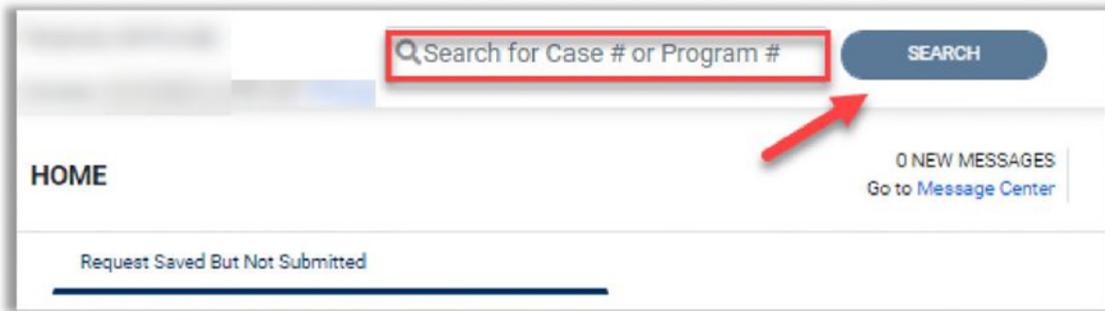


Search results will render below. The Case ID is a hyperlink which will open the specified Case page.

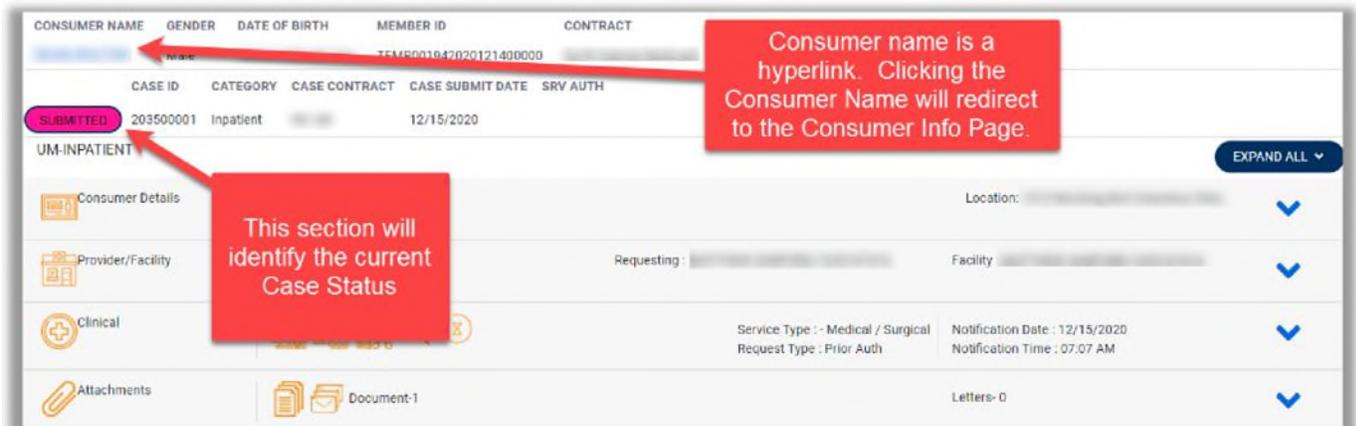
CASE ID	MEMBER INFO	STATUS	REQUEST INFO	SERVICE TYPE	SERVICE DATE(S)	PROCEDURES
203460001 8015979 View Request [Extend] [Copy] [Discharge]	36324343	Submitted Approved: 1 Denied: 0 Pending: 0 Void: 0	Submit Date: 12/11/2020 Outpatient Letters: 0 Messages: 1	- Medical / Surgical	12/31/2020 12:00:00 AM	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 click **SEARCH** to be directed to the specified case.



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



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 by following the below steps.

In the navigation pane, click **Create Case**.

The Case Type will default to UM. Select the Case Parameters **Request Type***.

Then, search the Member under **Consumer Information**, as you must enter the Member ID or Last Name and Date of Birth, then select

SELECT MEMBER	NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
<input checked="" type="radio"/>	John Doe	08/15/1961	[Redacted]	TEMP001942020121100000	[Redacted]	2

Click the radio button to select the Member. If the Case Parameters section does not open automatically, click **NEXT** to proceed with the case

After selecting the proper Member, **Search Provider** by selecting the provider type* (facility/provider) and enter the NPI or fill the blanks completely with name, NPI, and country (more filters) and select . When the correct provider displays, click the radio button to select the Provider. Add the appropriate provider fax number.

Then click

The next page that renders will be the shell of the case and will reflect Un-Submitted. This means the case request has been started, but not yet submitted to Kepro for review. Enter the rest of the clinical information pertaining to the request. Follow the instructions below to submit an Out-of-State (OOS) inpatient or an outpatient request.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
ANG TEST	Female	01/15/1977 (43 Yrs)	TEMP001942020122100000	
CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
UN-SUBMITTED	Outpatient			

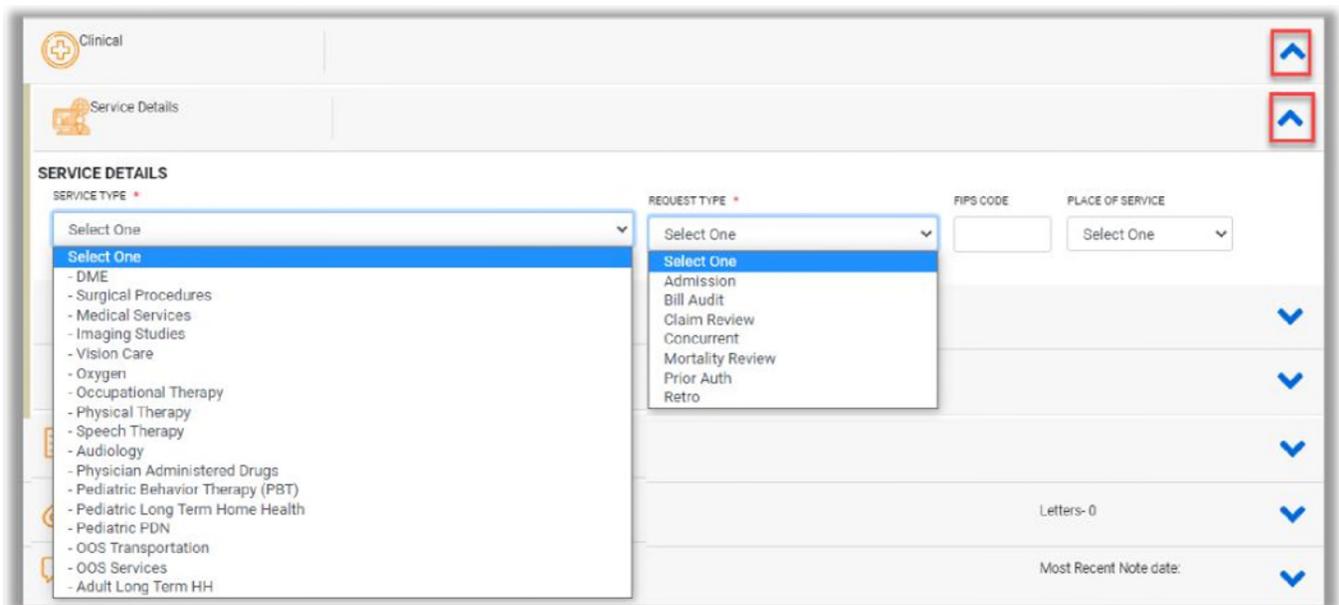
Note the case is Un-Submitted and there is not a Case ID assigned. This will be updated once the request is submitted.

Consumer Details	Location: 123 Somewhere Street Anywhere North Dakota
Provider/Facility	Requesting : MATTHEW SANFORD/1033167416 Servicing : MATTHEW SANFORD/1033167416
Clinical	Service Type : Request Type : Notification Date : 12/21/2020 Notification Time : 01:26 PM
Attachments	Document-0 Letters-0
Communications	Most Recent interaction date: Most Recent Note date:

Outpatient Request

To submit an Outpatient request, the **Clinical** section is generated, **Service Details** to enter required information. Select the appropriate **Service Type**. Click the **Diagnosis** tab and to enter all applicable diagnosis codes for the requested service (pertinent to the reason for the PAR). Click Add Diagnosis and search by diagnosis code or description. Select the needed diagnosis by clicking the Select Box. The diagnosis will be added to the Selected Records section.

Request Type based on the request being submitted for review.



The screenshot shows the 'Service Details' section of a web application. It features several dropdown menus and input fields. The 'SERVICE TYPE' dropdown is open, displaying a list of service categories such as DME, Surgical Procedures, Medical Services, Imaging Studies, Vision Care, Oxygen, Occupational Therapy, Physical Therapy, Speech Therapy, Audiology, Physician Administered Drugs, Pediatric Behavior Therapy (PBT), Pediatric Long Term Home Health, Pediatric PDN, OOS Transportation, OOS Services, and Adult Long Term HH. The 'REQUEST TYPE' dropdown is also open, showing options like Admission, Bill Audit, Claim Review, Concurrent, Mortality Review, Prior Auth, and Retro. To the right, there is a 'FIPS CODE' text input field and a 'PLACE OF SERVICE' dropdown menu. Below these fields, there are expandable sections for 'Letters- 0' and 'Most Recent Note date:'. The interface includes navigation arrows in the top right corner.

In most cases, you will select the Service Type pertinent to your request type (e.g., DME, Imaging Studies, Physical Therapy, etc.) and the Request Type **Prior Authorization**.

After entering Service Details, expand Diagnosis to enter all applicable diagnosis codes for the requested service (pertinent to the reason for the PAR). Click Add Diagnosis and search by diagnosis code or description. Select the needed diagnosis by clicking the Select Box. The diagnosis will be added to the Selected Records section.

Diagnosis

DIAGNOSIS ADD DIAGNOSIS ^

SEARCH DIAGNOSIS

CODE TYPE: ICD10 | CODE: s92.154B | DESCRIPTION:

SEARCH RESET SHOW PREFERRED

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	S92.154B	NDSPLC AVUL FX RT TALUS INIT OPN FX

SELECTED RECORDS

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	S92.154B	NDSPLC AVUL FX RT TALUS INIT OPN FX

Once all diagnosis codes are entered, select Add Diagnosis.

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	R26.0	ATAXIC GAIT

SELECTED RECORDS

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	R26.0	ATAXIC GAIT
<input checked="" type="checkbox"/>	ICD10	S92.154B	NDSPLC AVUL FX RT TALUS INIT OPN FX

Displaying records 1 to 2 of 2 records

Previous **1** Next Show 10 Entries

CANCEL ADD DIAGNOSIS

Once all diagnosis codes have been added, expand Procedures. Enter all applicable procedure codes, this process is similar to adding a diagnosis. Enter CPT or ICD10 Procedure Code or description, then click **SEARCH**. Select the appropriate procedure codes to be added. Once all codes are listed, select **ADD PROCEDURES**.

SEARCH PROCEDURES

CODE TYPE * CODE STARTS WITH DESCRIPTION

SELECT PROCEDURES

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	CPT	E0290	Hosp bed fx ht w/o rails w/m

SELECTED RECORDS

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	CPT	E0141	Rigid wheeled walker adj/fix
<input checked="" type="checkbox"/>	CPT	E0163	Commode chair with fixed arm
<input checked="" type="checkbox"/>	CPT	E0290	Hosp bed fx ht w/o rails w/m

Displaying records 1 to 3 of 3 records 1 Show 10 Entries

After entering the procedure codes, an outpatient request will require detailed information for each requested code. Once all the codes are entered, they will be displayed in a stacked layout.

Procedures

E0141	Rigid wheeled walker adj/fix	<input type="button" value="Expand"/>	<input type="button" value="Collapse"/>
E0163	Commode chair with fixed arm	<input type="button" value="Expand"/>	<input type="button" value="Collapse"/>
E0290	Hosp bed fx ht w/o rails w/m	<input type="button" value="Expand"/>	<input type="button" value="Collapse"/>

To enter details for each procedure code, expand the line for each code entered and complete required fields.

E0141 Rigid wheeled walker adj/fix A

UNIT QUALIFIER

REQUESTED START DATE * REQUESTED END DATE *

REQUESTED DURATION * REQUESTED QUANTITY *

REQUESTED FREQUENCY REQUESTED RATE Certify Status Certify Reason

Units Certified Start Date Certified End Date

E0163 Commode chair with fixed arm B

E0290 Hosp bed fx ht w/o rails w/m C

Inpatient Request

To submit an Inpatient request, expand Clinical, then expand Service Details to enter required information. Select the appropriate Service Type and Request Type based on the request being submitted for review, then enter the Admit Date.

The screenshot shows the 'Service Details' section of the Kepro interface. It contains several dropdown menus: 'SERVICE TYPE' (with options: Select One, OOS Inpatient, Inpatient Hospital Review Program (IHRP)), 'ADMISSION SOURCE' (Select One), 'REQUEST TYPE' (with options: Select One, Admission, Concurrent, EPSDT Exception, Prior Auth, Retro), and 'PLACE OF SERVICE' (Select One). There is also an 'ADMIT DATE' field with a calendar icon and a red box around it. The form is part of a larger 'Clinical' section, with expand/collapse arrows visible on the right side.

After entering Service Details, expand Diagnosis to enter all applicable diagnosis codes. Click Add Diagnosis and search by diagnosis code or description. Select the needed diagnosis by clicking the Select Box. The diagnosis will be added to the Selected Records section.

The screenshot shows the 'Diagnosis' search interface. It includes a search bar with 'ICD10' selected for 'CODE TYPE' and 's92.154B' entered in the 'CODE' field. A red box highlights the code field. Below the search bar are buttons for 'SEARCH', 'RESET', and 'SHOW PREFERRED'. Below the search bar is a table with one row containing a checked 'SELECT' box, 'ICD10' code type, 'S92.154B' code, and the description 'NDSPLC AVUL FX RT TALUS INIT OPN FX'. A red arrow points to the 'SELECT' checkbox. Below the table is a 'SELECTED RECORDS' section with one row containing a checked 'SELECT' box, 'ICD10' code type, 'S92.154B' code, and the same description.

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	S92.154B	NDSPLC AVUL FX RT TALUS INIT OPN FX

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	S92.154B	NDSPLC AVUL FX RT TALUS INIT OPN FX

Once all diagnosis codes are entered, select **ADD DIAGNOSIS**.

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	ICD10	R26.0	ATAXIC GAIT

SELECTED RECORDS

	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	ICD10	R26.0	ATAXIC GAIT
<input checked="" type="checkbox"/>	ICD10	S92.154B	NDSPLC AVUL FX RT TALUS INIT OPN FX

Displaying records 1 to 2 of 2 records

Previous 1 Next Show 10 Entries

CANCEL **ADD DIAGNOSIS**

Once all diagnosis codes are entered, expand Procedures, and enter required fields under LOS.

LOS

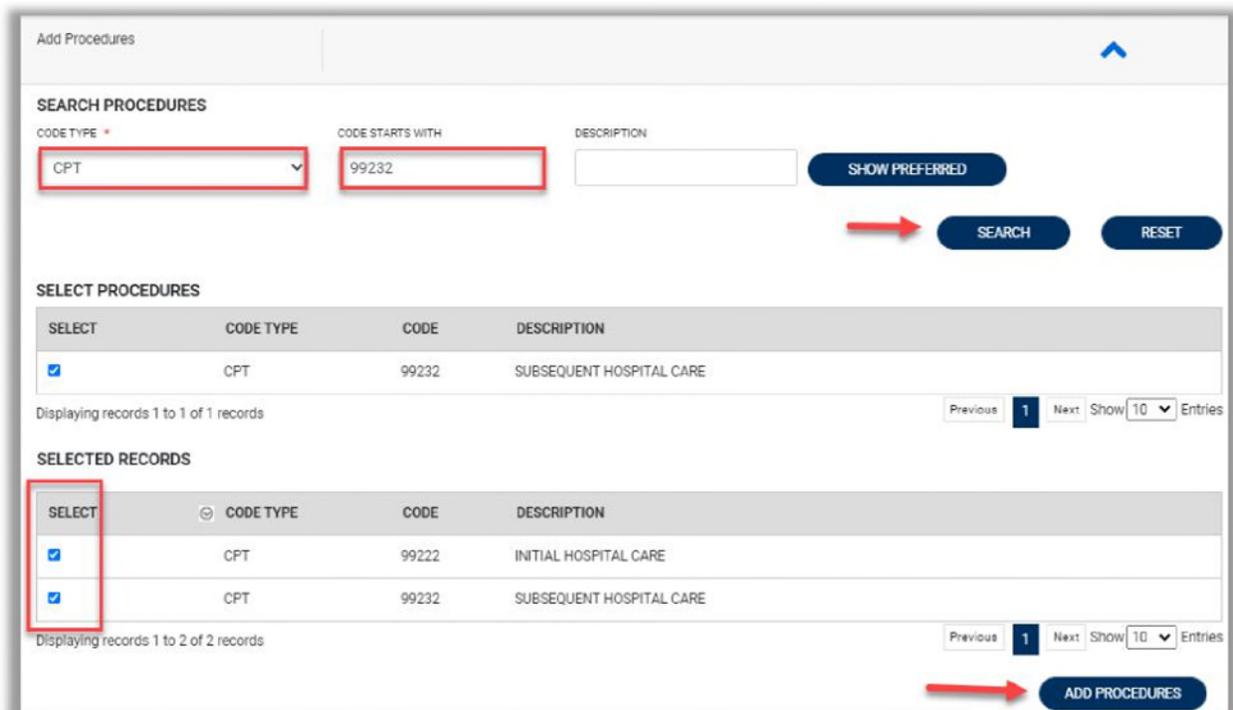
UNIT QUALIFIER
Select One

REQUESTED START DATE * MM/DD/YYYY

REQUESTED END DATE * MM/DD/YYYY

REQUESTED DURATION *

After completing LOS, enter all applicable procedure codes, this process is similar to adding a diagnosis. Enter CPT/ICD10 Procedure Code or description, then click **SEARCH**. Select the appropriate procedure codes to be added. Once all codes are listed, select **ADD PROCEDURES**.



The screenshot shows the 'Add Procedures' interface. In the 'SEARCH PROCEDURES' section, the 'CODE TYPE' dropdown is set to 'CPT' and 'CODE STARTS WITH' is '99232'. A red arrow points to the 'SEARCH' button. Below, the 'SELECT PROCEDURES' table shows one record: CPT 99232 - SUBSEQUENT HOSPITAL CARE. In the 'SELECTED RECORDS' section, two records are listed: CPT 99222 - INITIAL HOSPITAL CARE and CPT 99232 - SUBSEQUENT HOSPITAL CARE. A red arrow points to the 'ADD PROCEDURES' button.

SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	CPT	99232	SUBSEQUENT HOSPITAL CARE

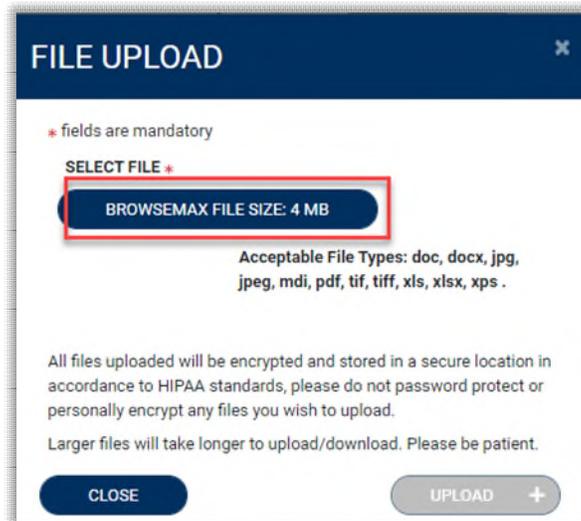
SELECT	CODE TYPE	CODE	DESCRIPTION
<input checked="" type="checkbox"/>	CPT	99222	INITIAL HOSPITAL CARE
<input checked="" type="checkbox"/>	CPT	99232	SUBSEQUENT HOSPITAL CARE

If the requested start date entered under LOS will not be applicable to all procedure codes, expand the procedure code section to update the date. Once the date has been changed, it will automatically save.

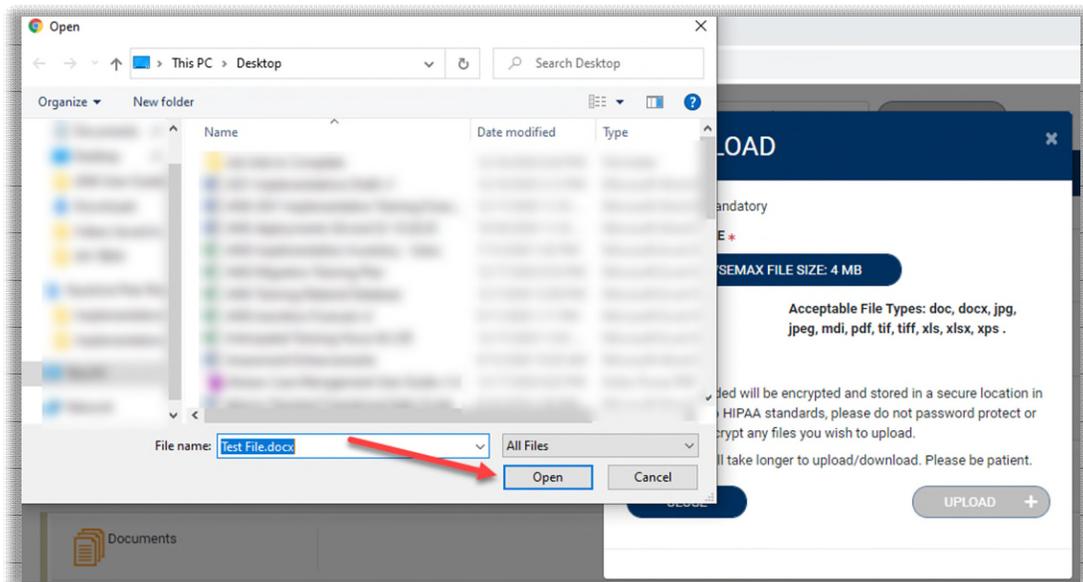
Procedures		
LOS		⬆
99222	INITIAL HOSPITAL CARE	🗑️ ⬆
REQUESTED START DATE *	REQUESTED RATE	
01/24/2021 📅	\$	
99232	SUBSEQUENT HOSPITAL CARE	🗑️ ⬆
REQUESTED START DATE *	REQUESTED RATE	
01/25/2021 📅	\$	

If no changes to the requested start date are needed, continue to complete request.

Once all clinical information is added, expand Attachments, then expand Documents to upload any supporting documentation. Click [CLICK HERE TO UPLOAD FILE +](#). A pop up will display, click Browse to search for the supporting documentation.



Select the file and click Open.



Repeat the above steps until all supporting documentation is uploaded. Then click **UPLOAD**.

The dialog box titled "FILE UPLOAD" contains the following elements: a close button (X) in the top right; a note that asterisked fields are mandatory; a "SELECT FILE +" button; a "BROWSEMAX FILE SIZE: 4 MB" button; the text "Test File.docx"; a list of acceptable file types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps; a paragraph stating that all files are encrypted and stored securely according to HIPAA standards; a paragraph stating that larger files take longer to upload/download; a "CLOSE" button; and an "UPLOAD +" button which is highlighted with a red box and a red arrow pointing to it.

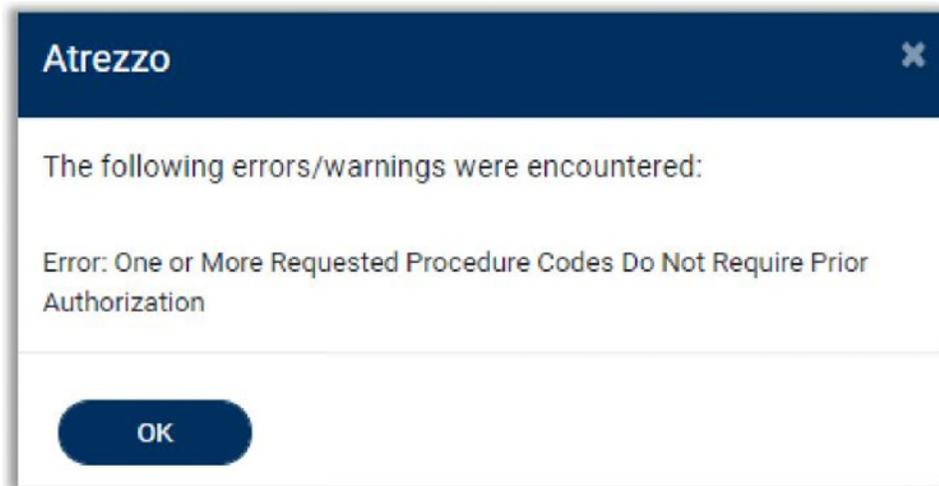
All uploaded documents will be visible in the Documents section for review.

The screenshot shows a user interface with two tabs: "Attachments" and "Documents". The "Documents" tab is active. Below the tabs, there is a "DOCUMENTS" section with a "CLICK HERE TO UPLOAD FILE +" button. A green checkmark icon and the text "Document has been uploaded successfully" are displayed. Below this is a table with columns for "FILE NAME", "DOCUMENT TYPE", and "DEACTIVATE". The table contains one row with the file name "Test File.docx" and a trash icon in the deactivate column. At the bottom, it says "Displaying records 1 to 1 of 1 records" and includes pagination controls: "Previous", "1", "Next", "Show 10", and "Entries".

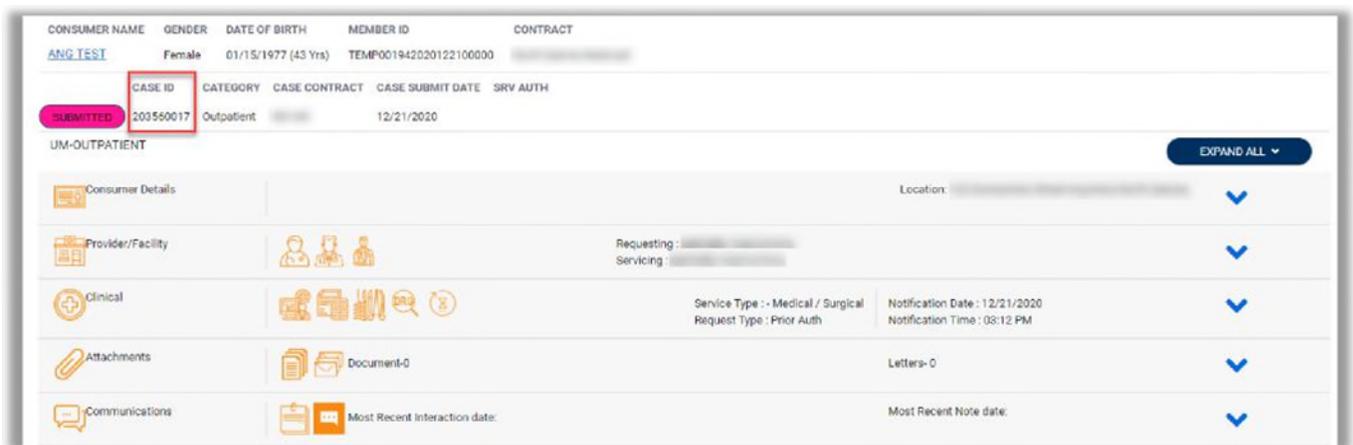
Once all supporting documentation has been added, expand Communications, then expand Notes to enter any additional supporting information or notes for Kepro to review. To add a note, click **ADD NOTE**, then enter documentation and click **SAVE**.

After all information is entered and uploaded, read, and check the box of the disclaimer at the bottom of the page. Then click **SUBMIT**.

The case will be assigned a Case ID and the status will change from Un-Submitted to Submitted. If any errors or warnings are found, a pop up will display. Click **OK** to acknowledge.



If no errors or warnings are noted, the case will be submitted. A Case ID will be generated which is a unique numerical identifier that can be used for identification purposes and status updates. (The Case ID will replace the Review ID previously used.) The Case Page will identify the status along with an overview of the request submitted.

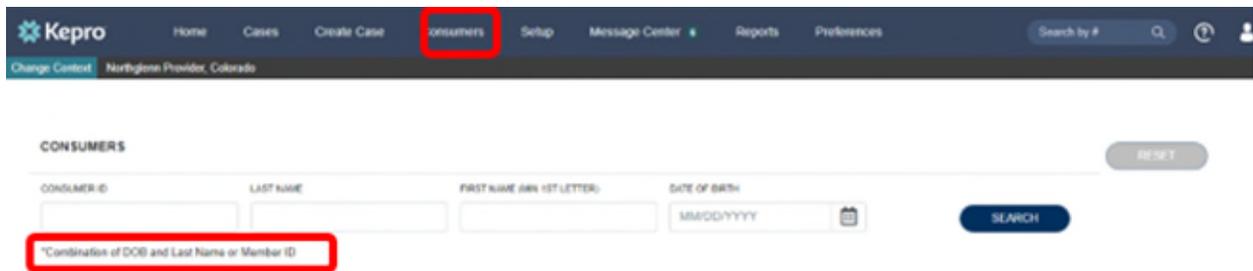


NOTE: For information on the types of messages received, see the [Informational Error/Warning Messages](#) section under Tips & Tricks.

Consumers

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 Last Name and DOB or Member ID.



Kepro Home Cases Create Case **consumers** Setup Message Center Reports Preferences Search by #

Change Context Northglenn Provider, Colorado

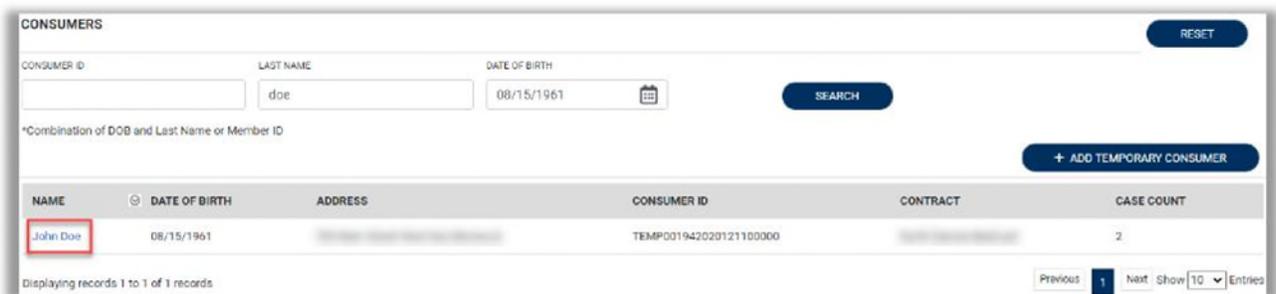
CONSUMERS RESET

CONSUMER ID LAST NAME FIRST NAME (INITIALS) DATE OF BIRTH

MM/DD/YYYY SEARCH

*Combination of DOB and Last Name or Member ID

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



CONSUMERS RESET

CONSUMER ID LAST NAME DATE OF BIRTH SEARCH

doe 08/15/1961

*Combination of DOB and Last Name or Member ID + ADD TEMPORARY CONSUMER

NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
John Doe	08/15/1961		TEMP001942020121100000		2

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

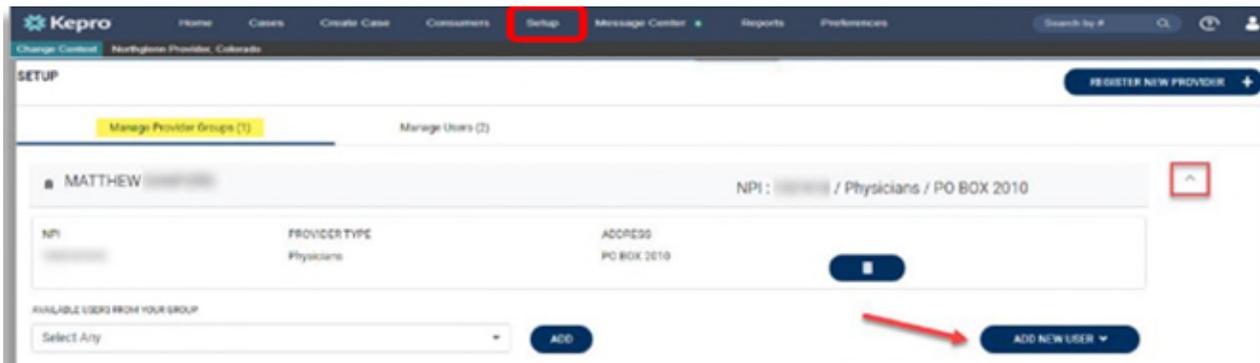
Set Up

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 this tab.** For all other users, the tab will be hidden.

Add New User

As a Provider Group Administrator, users within your facility can be added and managed locally once the group account has been registered.

Click Setup in the navigation pane. Always stay within the Manage Provider Groups tab/section to add users. Click the caret in the far right to expand the group section.



Create username complete the contact information, click **CREATE**.

ACCOUNT INFORMATION

USER NAME *

CONTACT INFORMATION

FIRST NAME * LAST NAME * EMAIL * CONFIRM EMAIL *

ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE/PROVINCE

POSTAL CODE PHONE FAX *

Note: Providers in receipt of Faxed Determination Letters: Official Communication of service authorization will be sent to the fax number entered above.

[CREATE >](#)

The user role will default to Provider Staff Account. This is the general account user. To change the user role, under Manage Provider Groups, select the Role the user should have. All accesses with Admin listed will have the ability to add and manage user roles for the provider group.

Provider, ND

SELECT ROLE

Provider Group Admin

Provider Group Admin

Provider Admin

Provider Staff Account

Provider Group Admin + Reports

Provider Admin +Reports

[DELETE](#)

Displaying records 1 to 2 of 2 records

[Previous](#)
1
[Next](#)
Show Entries

NOTE: The new user will receive an email with a link to complete the Multi-Factor Authentication (MFA) registration process. The user must click the link in the email within 20 minutes and follow the MFA registration process in order to complete the access request.

Message Center

To send messages, you must be inside a specified case.

New available messages are displayed in the navigation index menu.



(No number indicates all messages are read and/or responded; no messages available to view.)

Available messages will display in the Message Center.

MESSAGE CENTER				
FROM	SUBJECT	TO	SENT ON	
Kepro	Status Complete	Provider Demo	9/14/2020 10:04:50 AM	
Kepro	Please Compete Questionnaire	Provider Demo	9/14/2020 9:59:43 AM	

Displaying records 1 to 2 of 2 records

Previous **1** Next Show 10 Entries

To open/view the message, click the caret in the right had corner of the selected message. To view the selected case, click . You will be directed to the specified case related to the message.

To reply to the message, directly in the Message Center, type text in the Message section, click .

MESSAGE CENTER			
FROM	SUBJECT	TO	SENT ON
Kepro	Status Complete	Provider Demo	9/14/2020 10:04:50 AM

Message:

[GO TO CASE >](#)

Reply

SUBJECT +

RE: Status Complete

MESSAGE +

To reply to the message, type text here and click Send.

please do not send additional clinical information through these messages. Additional clinical information should be added to the clinical information section of the request.

Reports

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. At this time, Colorado does not have reports configured under this link for providers.

REPORTS		
REPORT NAME	REPORT CATEGORY	REPORT DESCRIPTION
[blurred]	[blurred]	[blurred]
[blurred]	[blurred]	[blurred]

Displaying records 1 to 2 of 2 records

Previous 1 Next Show 10 Entries

View a List of Your Cases

As seen below, providers can produce a listing of their cases based upon several different parameters such as status, service type, dates of service, etc.)



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

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

Producing a Report of your Cases

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

On the report screen, enter the NPI for the cases you want to obtain a report, 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:

Requests submitted or certified between 08/10/2021 and 08/10/2021 or appeals completed between 08/10/2021 and 08/10/2021
NPI:

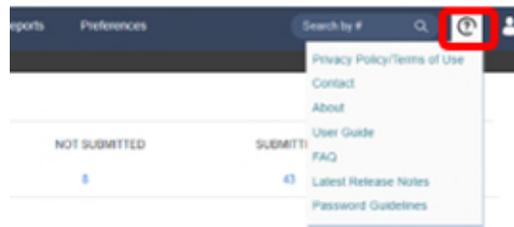
Total records: 13

KEPRO Case ID	Submit Date	Member First Name	Member Last Name	Member ID	Request	Procedure Code	Procedure Name
..	8/10/2021				Prior Auth	97140	MANUAL THER
..	8/10/2021				Prior Auth	97110	THERAPEUTIC E
..	7/1/2021				Prior Auth	74170	CT ABDOMEN \
..	8/10/2021				Prior Auth	74170	CT ABDOMEN \

After downloading, you may further sort and filter using the functionality in Excel.

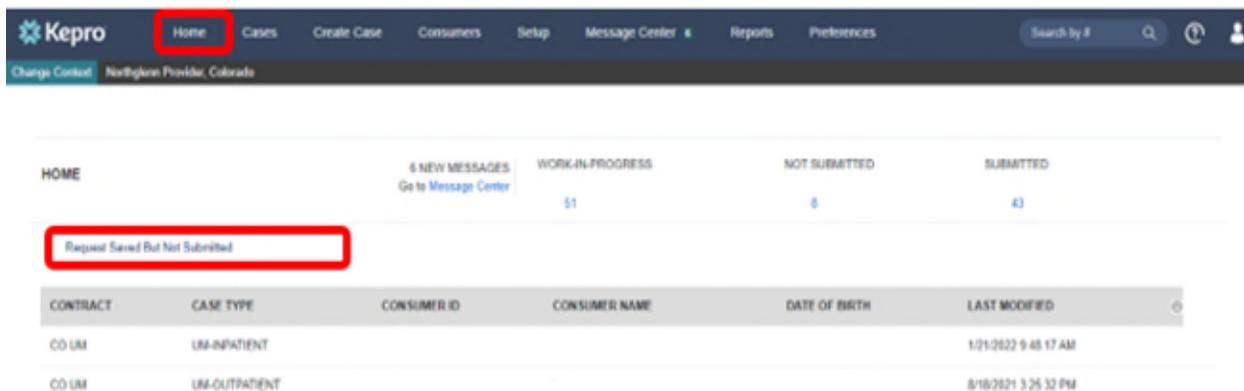
Help Guide

Clicking the Help icon will open a menu of options including the User Guide, FAQ, 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

After logging in, the Home page will display any "Saved But Not Submitted Requests". These are requests that have been started but are incomplete. These are viewable to the submitting provider but have not been sent to Kepro for review.



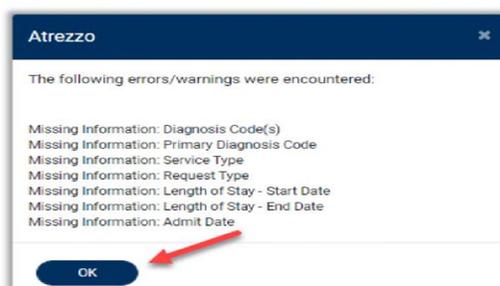
To complete the saved request, hover over the request line and click the edit icon.

HOME	0 NEW MESSAGES Go to Message Center	WORK-IN-PROGRESS 11	NOT SUBMITTED 2	SUBMITTED 13	
Request Saved But Not Submitted					
CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
CO UM	UM	TEMPO01982021011200000	ANG Test	12/15/1960	1/15/2021 3:10:16 PM
CO UM	UM	TEMPO01982021011200000	ANG Test	12/15/1960	1/12/2021 12:28:05 PM

The case creation page will display. To continue adding required information, expand Clinical and review Service Details, Diagnosis, and Procedure sections to identify information necessary to submit request.

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
uh-3u@n7782	Inpatient	CO UM		
UM-IMPATIENT EXPAND ALL ^				
Consumer Details				Location: 123 Somewhere Street Anywhere Colorado
Provider/Facility		Requesting : Jane Smith MD/9999999999		Facility : Jane Smith MD/9999999999
Clinical				
Service Details			Service Type :	Request Type :
Diagnosis				
Procedures	Code : LOS	Start Date :	Duration :	End Date :
Questionnaires				
Attachments		Document-0		
Communications		Most Recent Note date:		

If uncertain which required information is missing, clicking Submit will generate an error/information pop up which will identify what information is missing. Review the pop up and click **OK** to continue.



The case creation page will display a “!”, which will identify the section(s) that required information is missing. Expand each section with a “!” displayed.

Once required information is added, the indicator will disappear, and the case can be submitted. If additional information is needed, refer to other sections for more information on attaching clinical documentation, creating note documentation, and other options.

Once the case has been submitted, it will no longer appear on the Home page under “Saved But Not Submitted Request”.

How to View Status of a Submitted Request

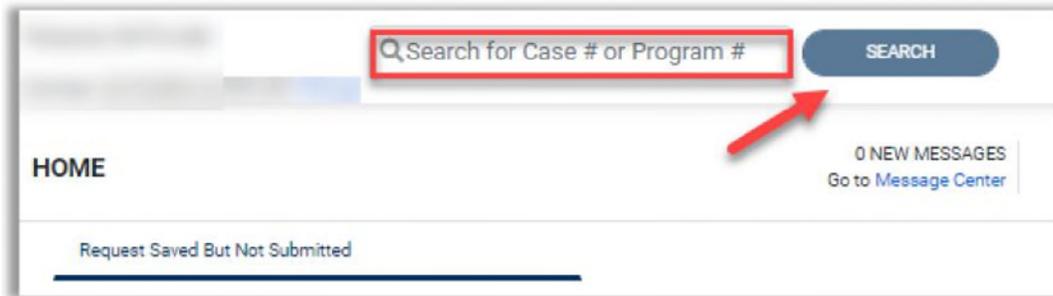
Once a request has been submitted, there are different ways the status can be reviewed. A status check can be completed with a Case ID or Member Name and DOB. Below you will find step by step instructions for each method.

The UM program status options are color coded for quick and easy identification.

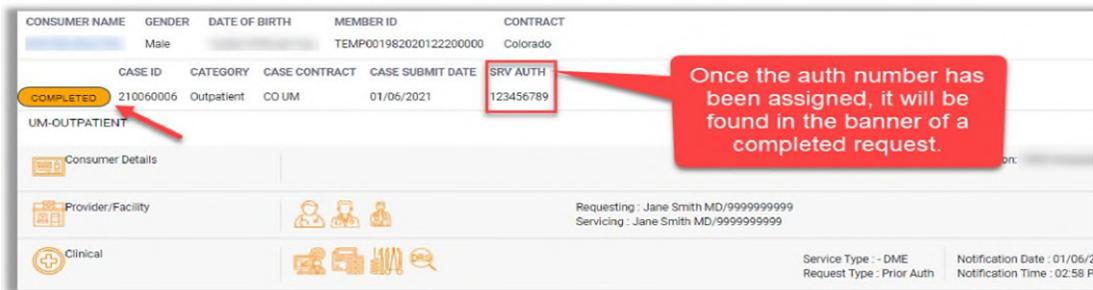
	<p>This identifies a case that has been started but has not been completed or officially submitted. This case will not have an associated Case ID until it is submitted. Once all information is entered, the case will move to Submitted or Insufficient Information if any required information is incomplete 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 (i.e., Approved, denied, partial approval, etc.).</p>

View Status by Case ID

To view the status of a request using a Case ID, you will enter the Case ID in the search bar at the top of the screen and click **SEARCH**.



The case page will display and provide the status at the top. For cases that display as Completed, you can review the determination letter by following the steps in the section titled: [How to View a Determination Letter](#).



View Status by Member

To view the status of a request by Member, you will search by the individual name. Click Consumers in the navigation pane and enter Consumer (Member) ID or Last Name, First Name and Date of Birth, then click **SEARCH**.

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

NAME	DATE OF BIRTH	ADDRESS	CONSUMER ID	CONTRACT	CASE COUNT
ANG Test	12/15/1960	123 Somewhere Street Anywhere, CO	TEMP001982021011200000	Colorado	2

The member requests will display. To view the details of the request, click View Request. For a quick snapshot of the request, you will see the number of codes Approved, Denied, Pending, Void, or Appeal. If a determination letter is available, follow the steps on [How to View a Determination Letter](#).

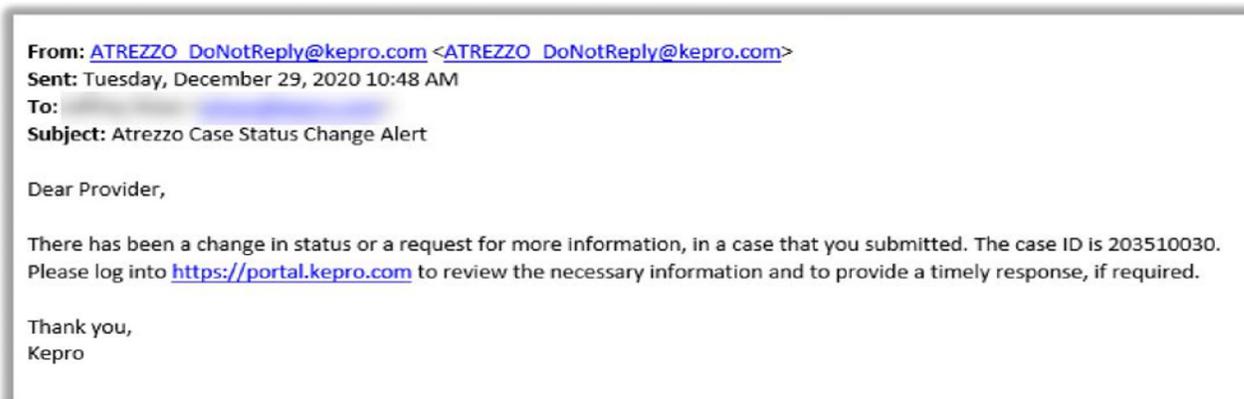
Case	Status	Request Info	Service Type	Service Date(s)	Procedures (Top 10)
210060006 Request 801607 View Request [Copy] [Discharge]	Submitted Approved: 3 Denied: 0 Pending: 0 Void: 0 Appeal: 0	Submit Date: 1/6/2021 Outpatient Letters: 0 Messages: 4	- DME	1/8/2021 - 1/8/2021	E0141 E0163 E0290
210130009 Request 8016123 View Request [Copy] [Discharge]	Submitted Approved: 0 Denied: 1 Pending: 0 Void: 0 Appeal: 0	Submit Date: 1/13/2021 Outpatient Letters: 0 Messages: 0	- Vision Care	1/13/2021 - 7/11/2021	E1399

Email Notification

When a change has been made to a submitted request, you will receive an email notification to the email address that was provided when setting up the user account. The email notification will provide the Case ID to direct you to the specified request. For this reason, **it is incredibly important all users ensure their contact information is up to date and accurate, and that these emails are not redirected to your SPAM folder.** Please add (or have your technology team add) ATREZZO_DoNotReply@Kepto.com to your contacts/allowed contacts.

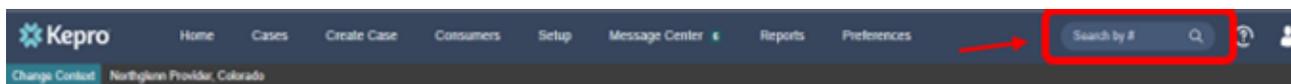
If a request is made for a code that is a “Smart Review,” there will be no email as the provider can see the approval while submitting as an instant determination.

Below is a sample of the email you would receive when a change is made to a submitted request.

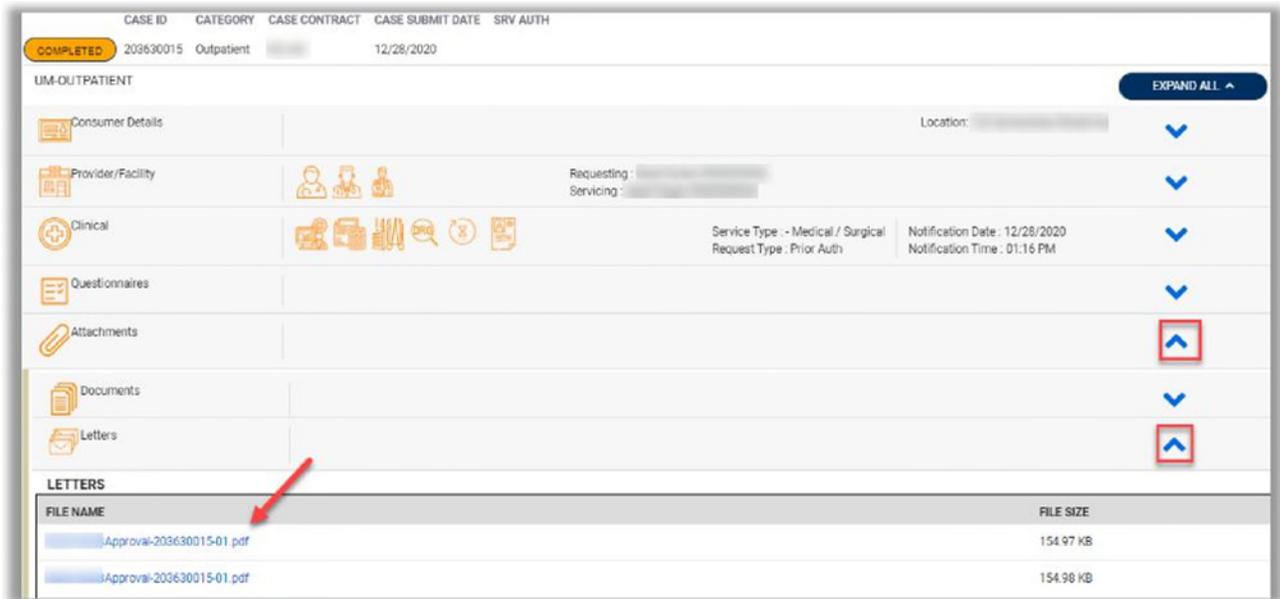


How to View a Determination Letter

This section will identify how to view a determination letter once a decision has been entered. When a change has been made to the submitted request, you will receive an email notification. The email notification will provide the Case ID to direct you to the specified request. To view the determination letter, enter the Case ID once logged into the provider portal. You may also find the case by searching for the Member ID and selecting the applicable case.



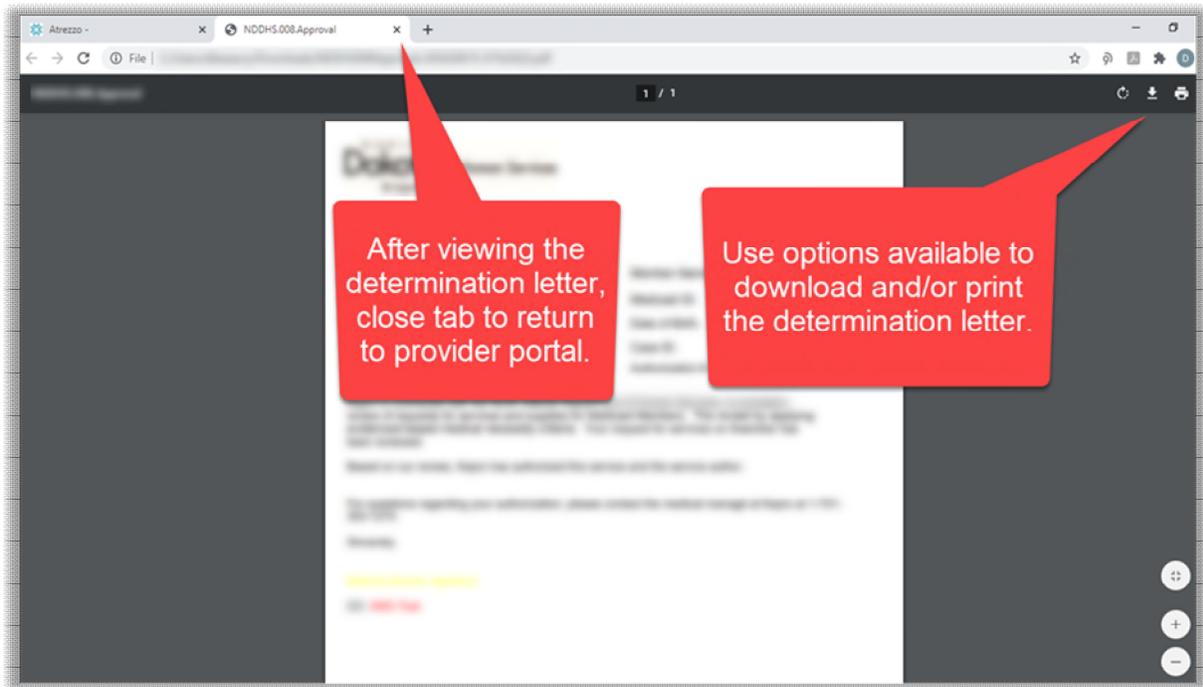
Once the case displays, expand Attachments, then expand Letters. The available determination letters will be hyperlinks.



To view the determination letter, click the file name hyperlink. The file will open outside of the provider portal for viewing, downloading/saving, and/or printing if needed. In most instances, the file will be visible in the bottom banner, you will need to click the file to view the document.



After clicking link, the document will be viewable in an internet browser tab separate from the Provider Portal. Once view is complete, close tab to return to the Provider Portal.



How to Add Additional Clinical Documentation

If additional supporting documentation needs to be uploaded after the request has been submitted, you will need to return to the specified request.

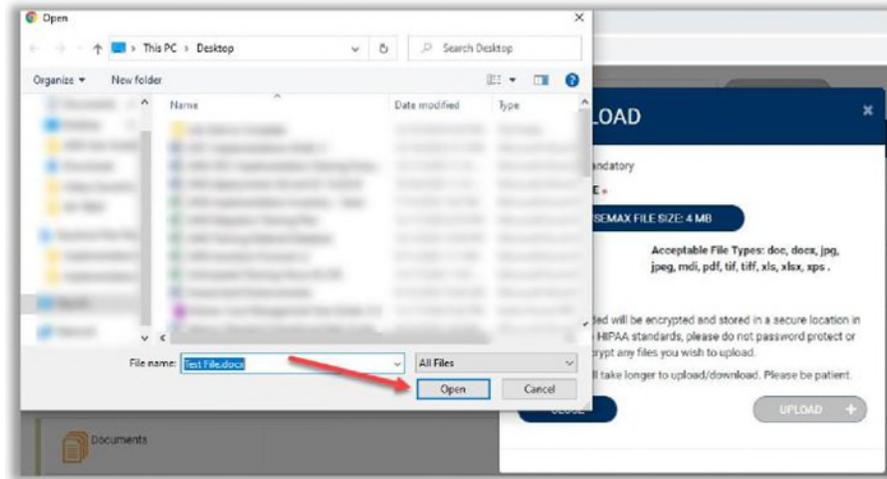
Within the request, expand Attachments, expand Documents, and then click



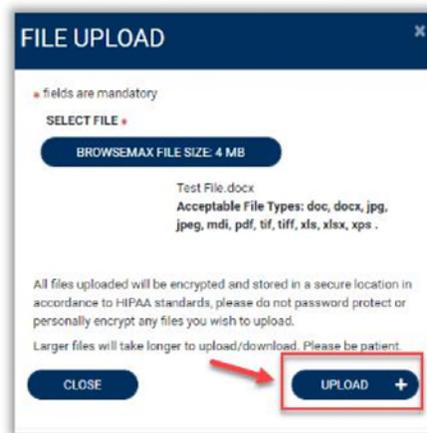
A pop up will display, click Browse to search for the supporting documentation. Please make sure that your browser's pop-up blocker is disabled for Atrezzo.



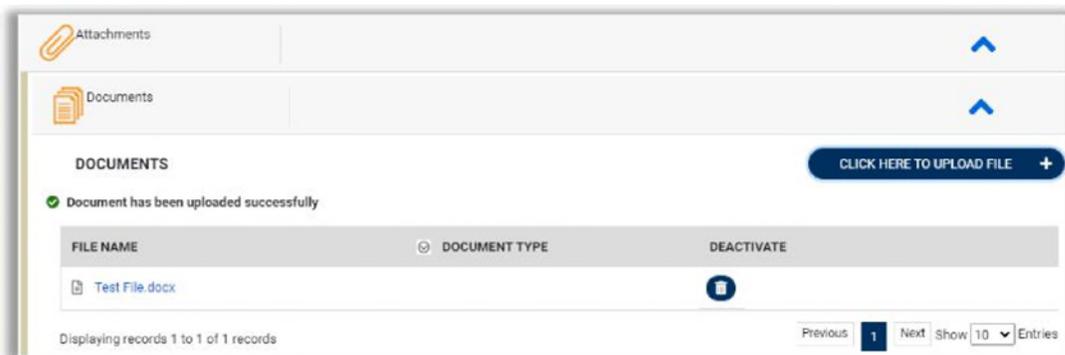
Select the file and click Open.



Repeat the above steps until all supporting documentation is uploaded. Then click **UPLOAD**.



All uploaded documents will be visible in the Documents section for review.



How to Add Revisions to a Submitted Request

Once a request has been submitted, you will not be able to make changes or additions manually. You will need to add a Communication – Note to the submitted request and Kepro will update the request for you.

To make revision or add an additional code, you will need to open the request. On the request page, expand Communications, then expand Notes and click **ADD NOTE**.

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
210150029	Outpatient	CD UM	01/15/2021	

UM-OUTPATIENT

Consumer Details: Location: 123 Somewhere Street Anywhere Colorado;

Provider/Facility: Requesting : Jane Smith MD/9999999999
Servicing : Jane Smith MD/9999999999

Clinical: Service Type : DME, Request Type : Prior Auth, Notification Date : 01/15/2021, Notification Time : 02:09 PM

Attachments: Document 0, Letters-0

Notes: **ADD NOTE** (indicated by a red arrow)

Once the note section expands, enter a note with what information is requested (i.e., what code(s) to add, what needs to be changed). Then click **SAVE**. This will send a note to Kepro to make the revision(s) to the submitted request.

ADD NOTES

NOTES *

Please add CPT E0290 to this request. See attached clinicals for supporting documentation.

Notes cannot be modified or deleted after being saved

SAVE (indicated by a red arrow)

How to Submit a Concurrent Review (IHRP)

This section will identify the steps to submit a concurrent review once the IHRP program is re-started at a later date TBD by HCPF.

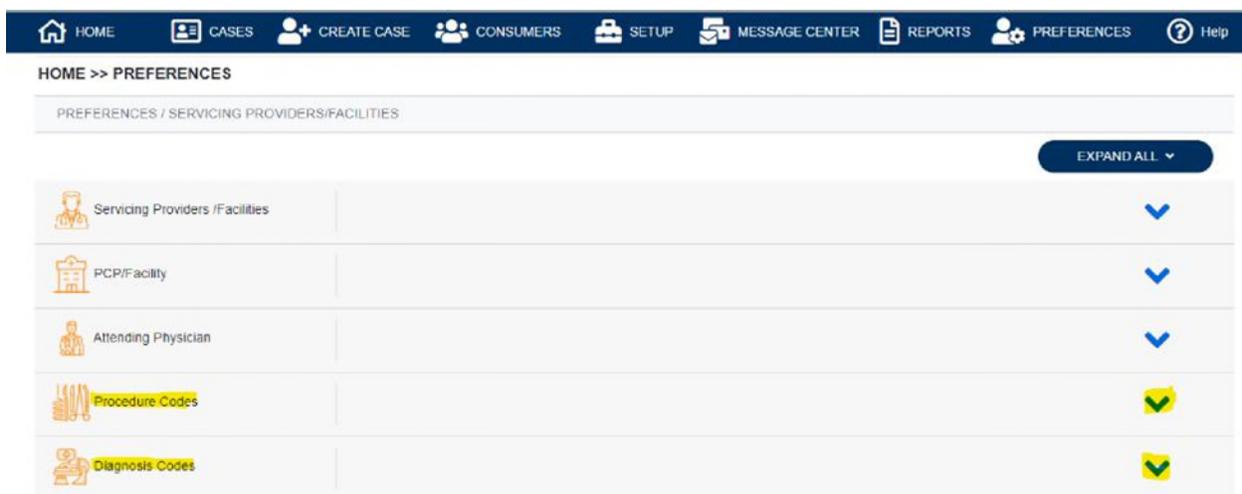
How to Set Procedure or Diagnosis Code Preferences

This feature is used for providers to narrow down their search parameters for diagnosis and procedure codes to those they use most frequently. This will allow you to see your preferred code lists when entering cases, thereby allowing you to bypass the need for searching for the codes on every case entry.

To begin, select **Preferences** at the upper right side of the home screen.



Expand the Procedure Codes and/or Diagnosis Codes ribbons by clicking the blue arrow to the right.



Enter the code type, and a 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.

Procedure Codes

CODE TYPE * CODE STARTS WITH DESCRIPTION

CPT 97110

SEARCH

Items already selected in preferred will be shown in selected. Unselect the same to remove from the Preferred list.

SELECT	CODE	DESCRIPTION
<input type="checkbox"/>	97110	THERAPEUTIC EXERCISES

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

Preferred Procedure Codes

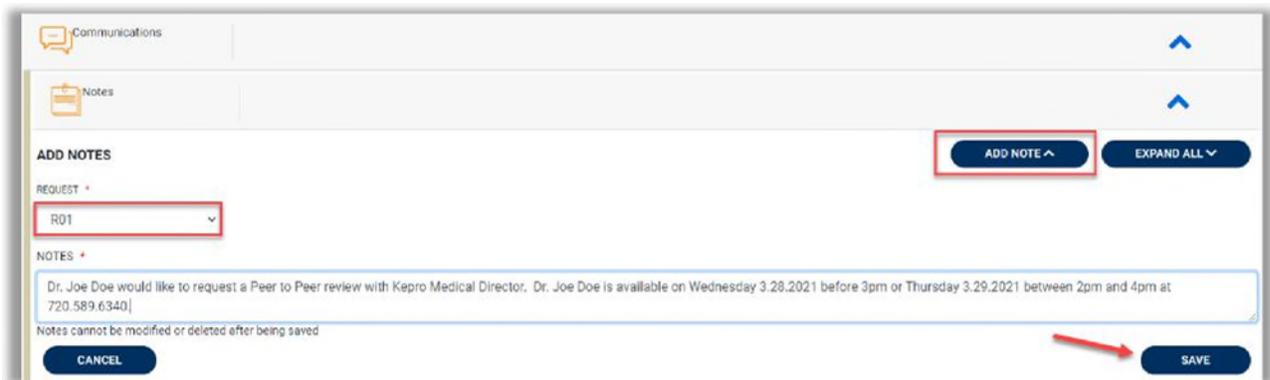
97110	THERAPEUTIC EXERCISES	
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Provider Options Following Adverse Decisions

How to Request a Peer-to-Peer Review

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. To request a Peer-to-Peer review in the provider portal, go to the specified case, expand Communication, expand Notes, click **ADD NOTE**, select which request the Peer to Peer is being requested, and then enter a note requesting a peer-to-peer review. The note must include:

- Requesting provider’s full name and contact phone information
- List a minimum of 3 different preferred dates and times, to exclude the first two days after the denial date, for the Peer-to-Peer conversation.



The screenshot shows the 'ADD NOTES' section of the provider portal. It includes a 'REQUEST' dropdown menu with 'R01' selected. Below it is a 'NOTES' text area containing a sample request for a Peer-to-Peer review. The 'SAVE' button at the bottom right is highlighted with a red arrow.

How to Request a Reconsideration

A Reconsideration request must be submitted to Kepro within 10 business days of the initial Technical Denial (10 calendar days for physician administered drugs). To request a Reconsideration, go to the specified case, expand Communication, expand Notes, click **ADD NOTE**, select which request the Reconsideration is being requested, and then enter a note requesting a Reconsideration. Additional supporting clinical documentation and/or requested must be uploaded to the provider portal.



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 Kepro 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

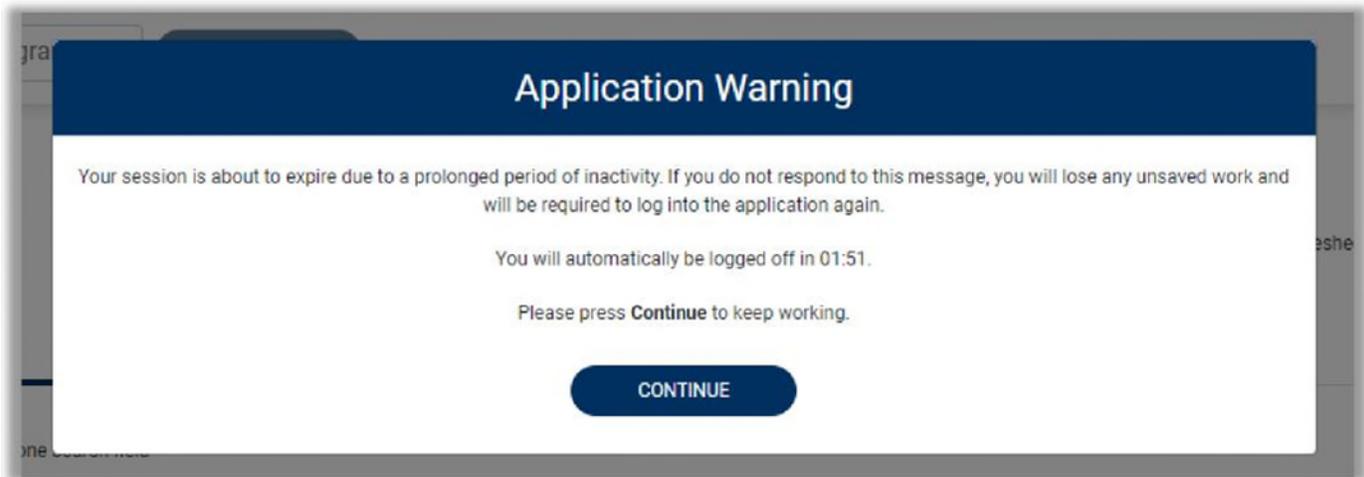
Troubleshooting Tips and Tricks

This section will identify a few troubleshooting tips and tricks to help make navigation of the system easier.

Inactivity Warning

Important Note:

After a period of inactivity (15 minutes), a pop up will appear with a 2-minute countdown to logging out. If you are actively working within the system, you will not receive this pop-up warning.

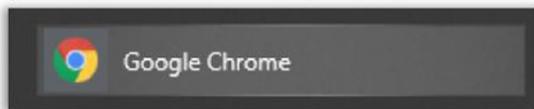


To continue working, select CONTINUE.

If you do not select continue before the countdown reaches 0, you will be required to log in again to continue utilizing the system. The system AutoSaves as you navigate and complete fields. Completed work will not be lost.

Internet Browser

Atrezzo is configured to function in all internet browsers; however, Chrome is best. Chrome users will have the best system and functionality performance over other browsers.

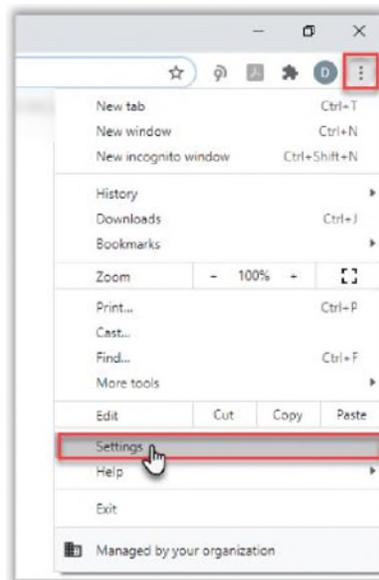


How to Add Google Chrome to Computer

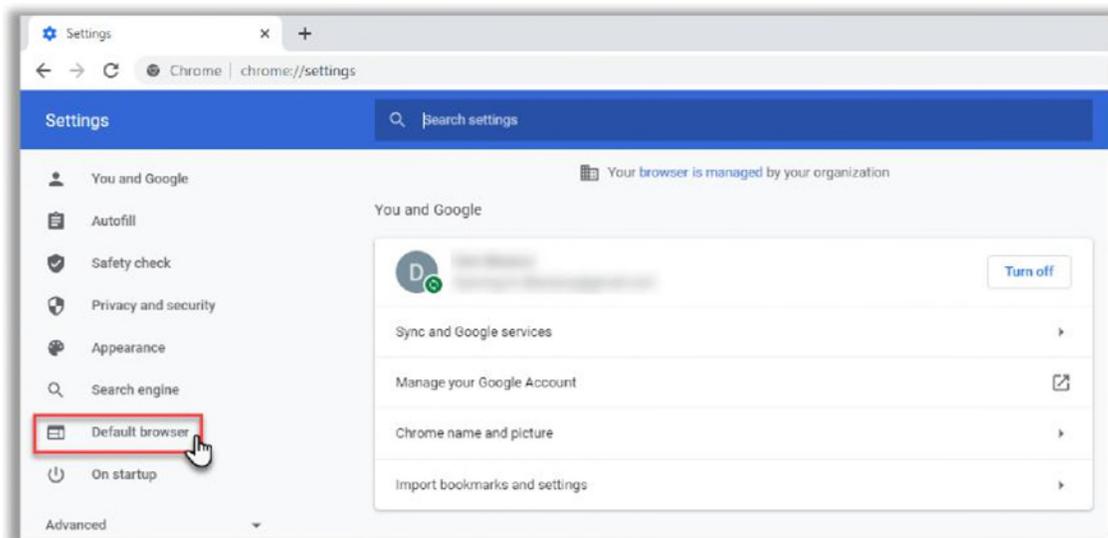
Google Chrome is the preferred internet browser for Atrezzo. A user can do a search for "Google Chrome Download" or click [Download](#) to access the available link. A step-by-step guide to adding the Chrome browser is located here: [How to Add Chrome Browser - Quick Reference Guide](#).

How to set Chrome as Default Browser

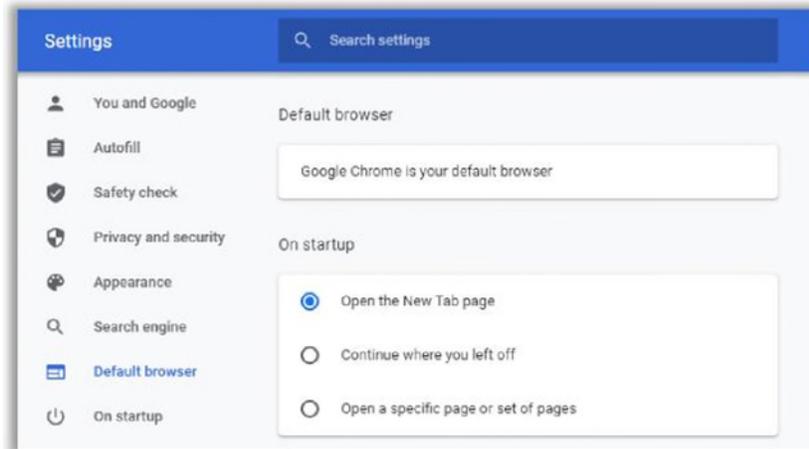
To set as the default browser, click the in the three dots in the upper right-hand corner, then select Settings from the drop down.



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

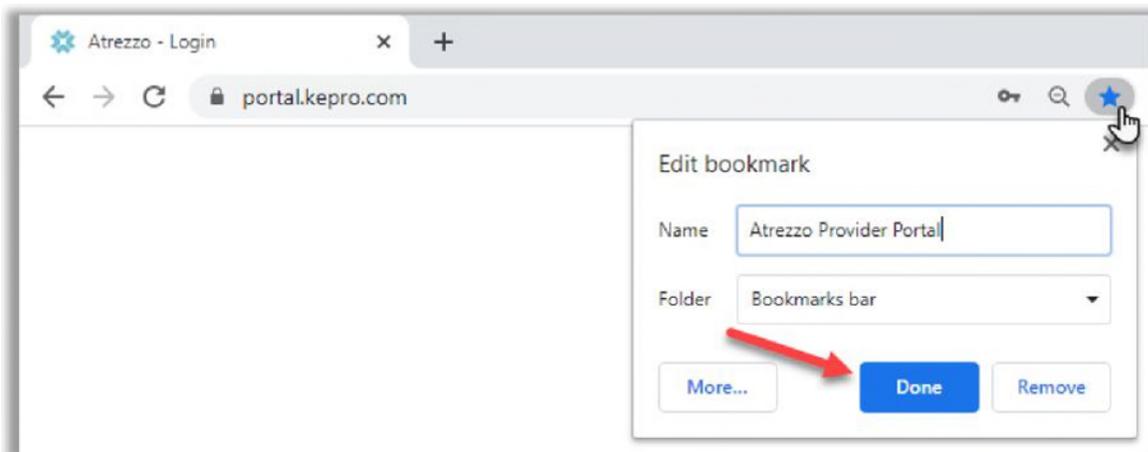


Select Make Default under Default browser.

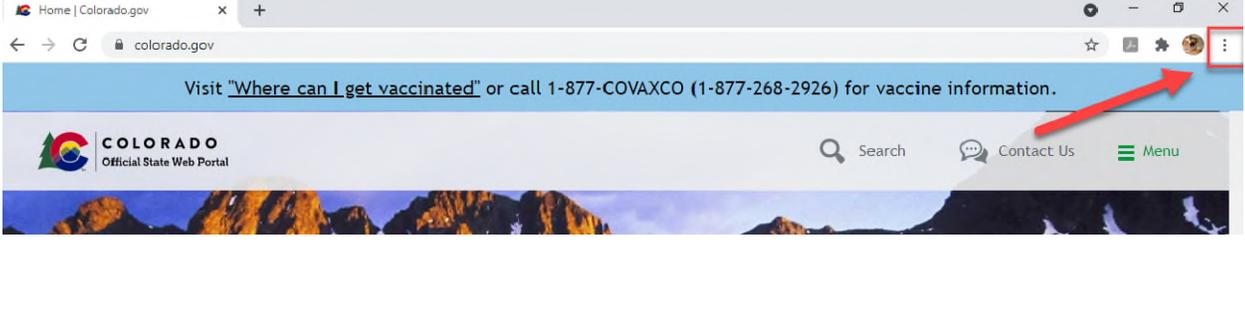
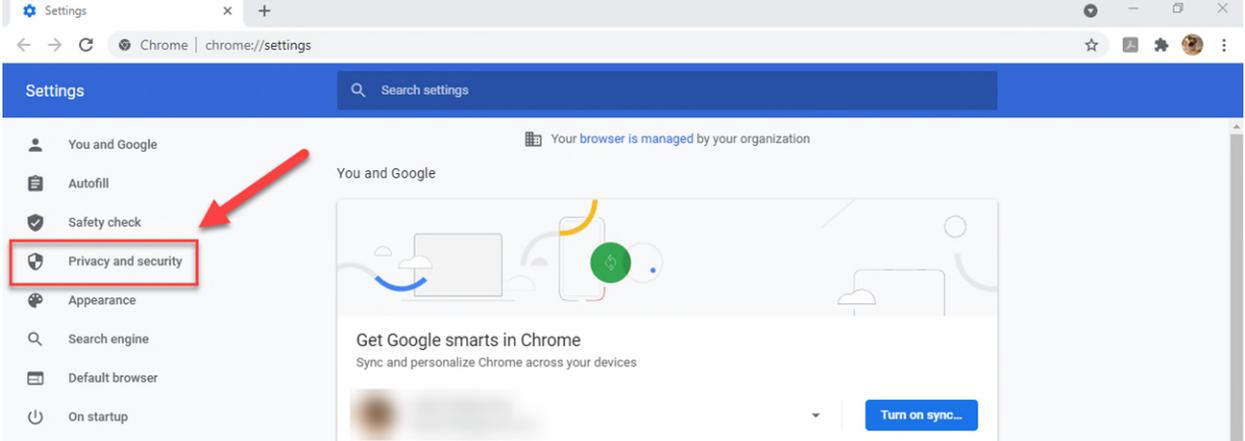
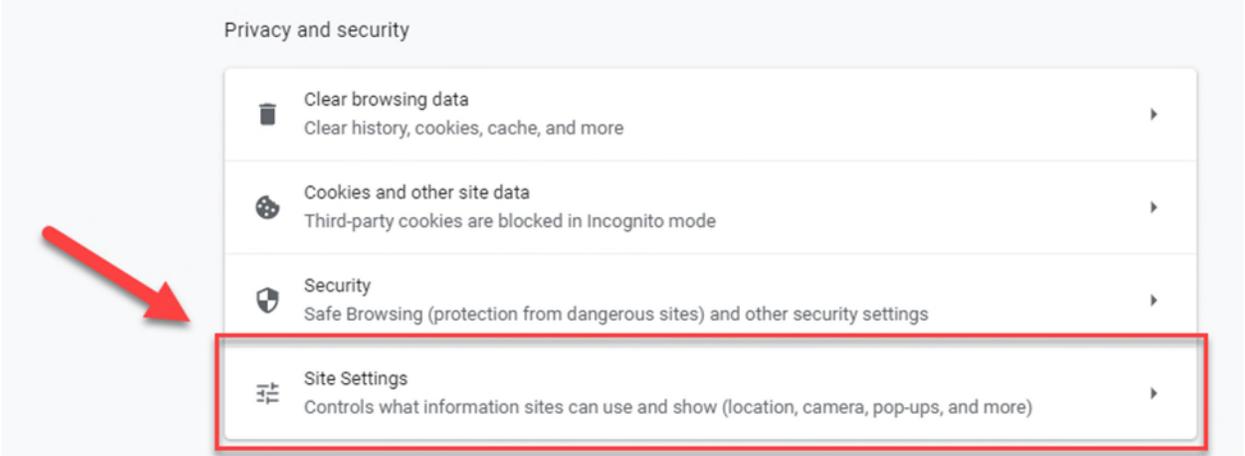


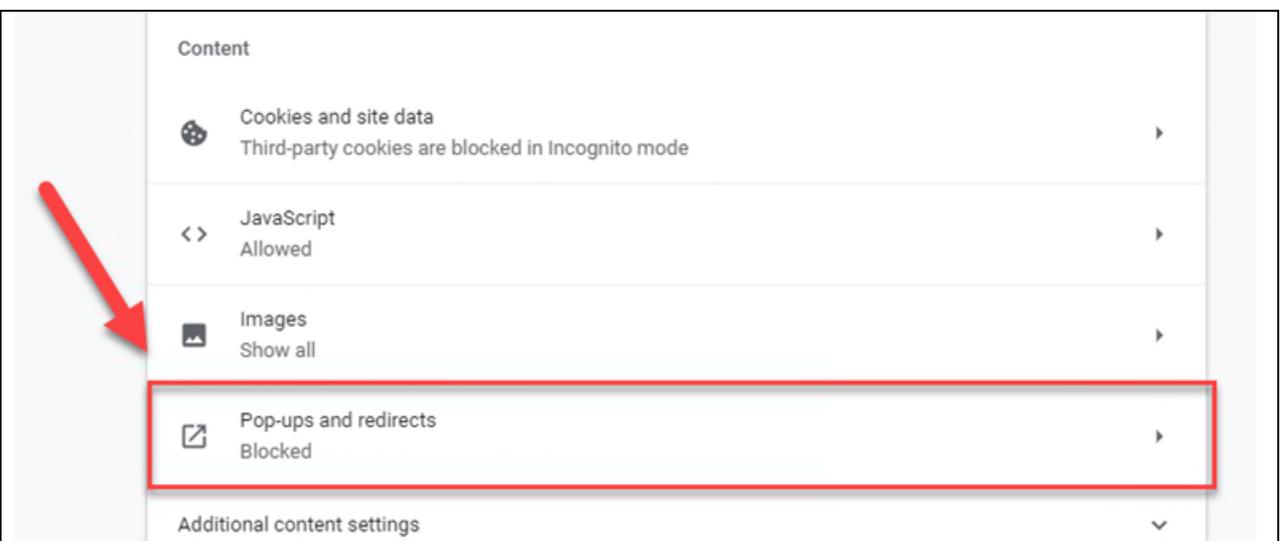
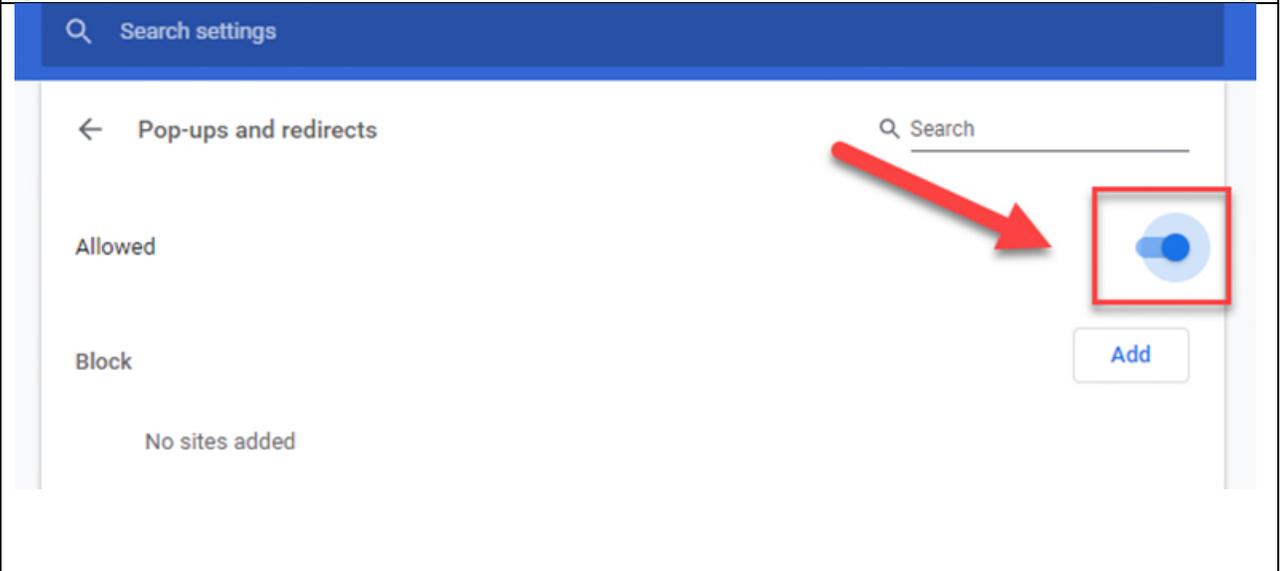
How to Set Atrezzo Bookmark in Chrome

After entering the Atrezzo portal link <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 user.



How to Disable Pop Up Blockers in Chrome

<p>1. With Chrome open, right click the three dots in the upper right-hand corner for More.</p>	
<p>2. Select Privacy and Security.</p>	
<p>3. Select Site Settings.</p>	

<p>4. Scroll down and select Pop-ups and redirects.</p>	
<p>5. If your toggle is in this position, it means that pop-ups are blocked. To allow pop-ups, click on the toggle.</p>	
<p>6. When the toggle is in this position, pop-ups will be allowed on your computer.</p>	

Password Requirements

For all Kepro provider accounts, you will be required to change your password every 90 days. The system will warn you, starting 10 days before the password expires, after you logon. The new password cannot be identical to the expiring password.

Passwords must be a **minimum of 8 characters** and a **maximum of 16 characters**. Passwords must have a least one of each of the following:

- **One upper case letter**
- **One lower case letter**
- **One number**
- **One special character.** The allowable special characters are the following:

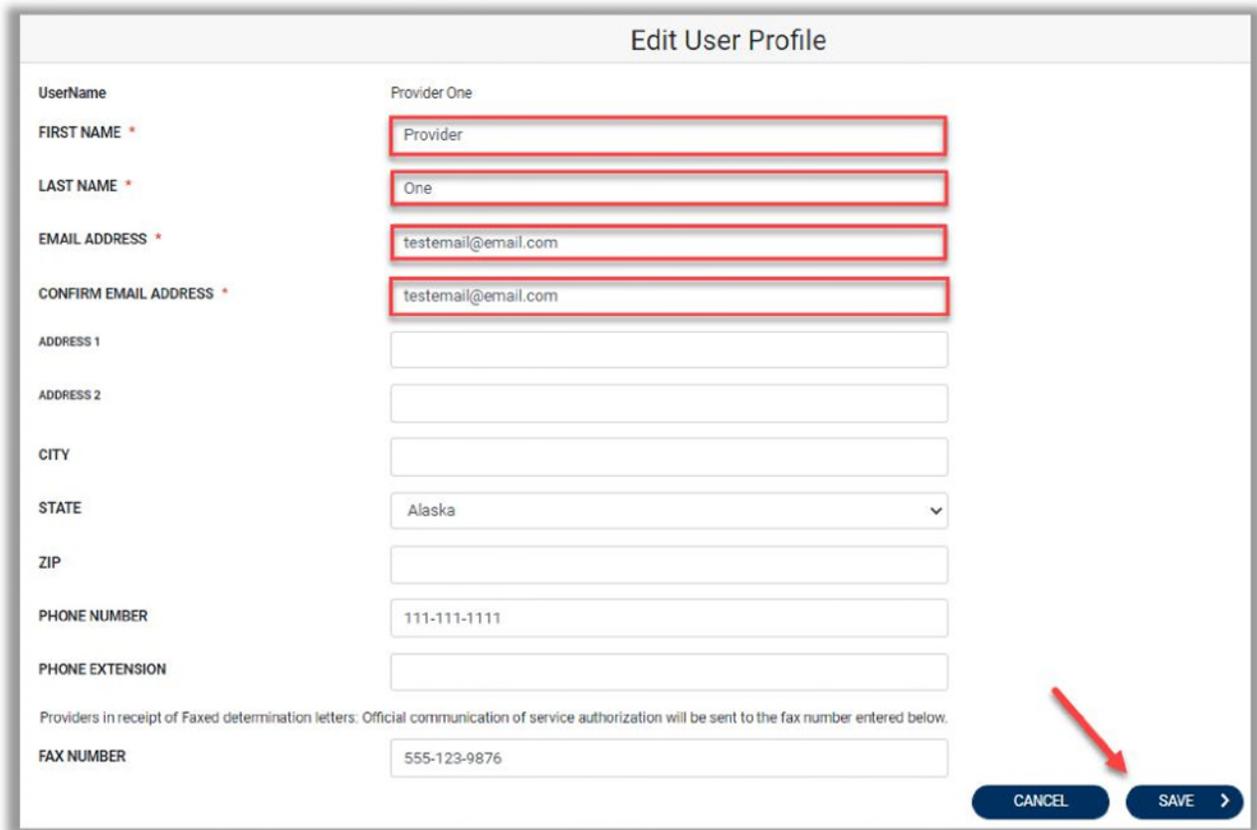
Symbol	Description
@	At sign
%	Percent sign
+	Plus sign
\	Backslash
/	Slash (or forward slash)
'	Single quotation mark
!	Exclamation point
#	Number sign (pound sign, or hashtag symbol)
\$	Dollar sign
^	Caret
?	Question mark
:	Colon
,	Comma
(Left parenthesis
)	Right parenthesis
{	Left brace
}	Right brace
[Left bracket
]	Right bracket
~	Tilde
-	Hyphen
	Underscore

Updating User Profile

To update user profile information once an account has been created, click on the  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	Provider One
FIRST NAME *	<input type="text" value="Provider"/>
LAST NAME *	<input type="text" value="One"/>
EMAIL ADDRESS *	<input type="text" value="testemail@email.com"/>
CONFIRM EMAIL ADDRESS *	<input type="text" value="testemail@email.com"/>
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="111-111-1111"/>
PHONE EXTENSION	<input type="text"/>
<small>Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.</small>	
FAX NUMBER	<input type="text" value="555-123-9876"/>

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.
Missing Information	The case cannot be submitted until all required information is submitted. Review specific fields with missing information, then click Submit.
Member does not have an active Title 19 Plan	This message displays when the selected member does not have an active Title 19 Plan and would not be eligible for services.
One or More Procedure Codes Cannot Be Submitted to Kepro OR One or more codes requested do not require Kepro Auth	Kepro cannot accept the procedure code entered.
Rapid Review Request is NOT available for the Service Type Selected. OR Please select a different Request Type, Rapid is not allowed for this case.	The service type or code being requested is not eligible to request rapid review.
You must complete the Expedited Justification Questionnaire prior to submission.	Submitter must complete the questionnaire regarding need for expedited review prior to being allowed to submit the PAR.
The Request Type cannot be Expedited, please change.	The service being requested does not meet requirements for expedited review.
Only LOS is allowed for Out of State Inpatient Request	Submitter needs to select request type LOS for out-of-state inpatient PARs.
<p>"Servicing Provider Type Not Allowed for Service Type"</p> <p>"Servicing Provider Specialty Not Allowed for Service Type"</p> <p>"Servicing Provider Type / Specialty Not Allowed for Service Type"</p>	Submitter needs to change the Servicing Provider to a valid provider type and/or provider specialty type allowed to bill for the code(s) being requested.

<p>"A required questionnaire has been added for you to complete"</p> <p>" A required questionnaire has been added for you to complete prior to submitting."</p> <p>"Please complete the required attached questionnaire before submitting."</p> <p>"You must complete the attached questionnaire"</p> <p>"Please Complete the Required CPAP Recall questionnaire before submission."</p>	<p>Submitter must complete all required questionnaires prior to submitting the PAR.</p>
<p>Member is not eligible for this Service</p>	<p>The service being requested is not a benefit for the member it is being requested for. This is usually an age-related restriction (e.g., PLTHH being requested for an adult).</p>
<p>No PAR Required for procedure codes...(specific code listed)</p>	<p>The procedure code entered does not require a PAR.</p>
<p>Requested Qty Exceeds Maximum Benefit</p>	<p>Submitter must reduce the quantity requested to the maximum benefit listed in the billing manual or fee schedule for that code.</p>
<p>Various documentation upload requirement messages:</p> <p>"You must attach Physician Order for Humidifiers E0561 or E0562."</p> <p>"Please upload the required PLTHH document, HCFA-485, before submission."</p> <p>"Please upload the required PDN document, PDN Acuity Tool, before submission."</p> <p>"Please upload the required Synagis PA Request Form before submission."</p>	<p>These messages prompt the submitter to upload required documents to the case prior to submission for review.</p>
<p>"Please Use REV Codes Only for Pediatric Long Term Home Health Requests"</p>	<p>PLTHH requests must be submitted using Revenue codes only.</p>



<p>When submitting your request after 5PM MST or on a weekend, please call the after-hours line at (334)750-9317 for review of the request you have just submitted. Please leave a voicemail with the following information: provider name, contact number, and case ID.</p>	<p>This is for PAD ONLY. All After-hours PAD requests must be followed-up with a call to the telephone number indicated to allow timely PAR review.</p>
<p>Service Type of Synagis (117e) requires a procedure code of 90378</p>	<p>This service type must be requested using only CPT code 90378.</p>

Atrezzo Help: Accessing Technical Assistance

For technical assistance, please contact the **Colorado Customer Support Center at 720.689.9630 or via email at COproviderissue@kepro.com.**

Provider Portal Tools and Resources

The following tools and resources are available to answer questions and provide additional support for the Atrezzo Provider Portal.

Document Name	Description
Atrezzo Provider Portal User Guide	User guide which provides an overview of the Provider Portal for Atrezzo, the Kepro proprietary system.
Atrezzo Provider Portal MFA Process	This document includes all instructions and steps the Provider Group Administrator will need to successfully register the group account, and complete Multi-factor Authentication.
Provider Group Administrator Quick Reference Guide - How to Add and Manage Group Users	This document is a quick reference guide with steps to add a new user to the group account.
Quick Reference Guide – How to Reset Password or Unlock Account	This document will provide steps to reset a user password or to unlock an account after several unsuccessful login attempts.
Quick Reference Guide – How to Update User Profile Information	This document will provide detailed steps on how to update the user profile. This will include only basic demographic information specific to the user, not the group account.
Quick Reference Guide – How to Make Revisions to a Submitted Request	This document will provide detailed steps on how to make revisions, such as adding a code, to a submitted request.
Quick Reference Guide – How to Complete a Saved Request	This document will provide detailed steps on how to complete a request started but not submitted.

Quick Reference Guide – How to Add Supporting Documentation	This document will provide detailed steps on how to add supporting documentation once a request has already been submitted.
Quick Reference Guide – How to Add Google Chrome to Computer	This document will provide detailed steps on how to add Google Chrome Browser, which is the preferred browser for the Atrezzo Provider Portal.
Quick Reference Guide – How to View Determination Letter	This document will provide steps to view the determination letter once notification has been received.
How to Request Provider Reports in Atrezzo - Quick Reference Guide	This document provides details on how to request, view, and download reports of your cases in Atrezzo.

Additionally, training videos are available on the Colorado PAR Website. These videos will provide step by step demonstration on how to complete specified tasks.

Video Name	Description
Kepro System Administrator 1.1 Training	This video provides a step-by-step demonstration for the Provider Group Administrator to register for the Atrezzo Provider Portal, complete the MFA process, and add/manage users.
Kepro System Overview 2.1 Training	This video demonstrates how to submit a PAR to Kepro using the Atrezzo platform, including how to complete a saved request, how to upload supporting documents, how to search for existing cases, and where to view determination letters.
Kepro System Overview 2.2 Training	This video demonstrates how to request revisions, reconsiderations, and Peer-to Peers.

Utilization Review Turnaround Times

Review Type	Response Time
Expedited UM	4 business hours
Rapid UM	Same day when submitted by 2PM
Standard Outpatient UM	10 business days
Inpatient Prospective UM	1 business day
UM-After Additional Information is Received	2 business days
Urgent PAD	4 hours
Prospective Non-Urgent PAD	24 hours
PAD After Additional Information is Received	24 hours

Timeline for Retroactive PARs and PAR Date Ranges

Review Type	Retroactive PAR requests	PAR date range (calendar days)
Audiology	N/A	Up to 1 year (365 days)
Behavioral Therapy	N/A	Up to 182 days
Diagnostic Imaging	N/A	Up to 90 days
DME	Are allowed up to 90 calendar days	Up to 1 year (365 days)
Speech Therapy	N/A	Up to 182 days
LTHH	Are allowed up to 10 calendar days	Up to 1 year (365 days)
Molecular Testing	N/A	Up to 1 year (365 days)
Physician Administered Drugs	Are not accepted*	Up to 1 year (365 days)
Private Duty Nursing	Are allowed up to 10 calendar days	Up to 1 year (365 days)
PT/OT	N/A	Up to 1 year (365 days)
Surgical	N/A	Up to 90 days
Transplants	N/A	Up to 1 year (365 days)
Vision	N/A	Up to 1 year (365 days)

*Requests must come to the Dept on a case-by-case basis to have the Benefit Manager **bypass timeliness**. **If the request for untimely or retroactive review is due to a member's enrollment being backdated, and the Provider is submitting the request for retro in an appropriate timeframe from when they are made aware of member's eligibility, then the Department does authorize retro requests, unless the request is from over 1 year ago.** In that instance, the request must be sent to the Department. Requests for untimely submission may be sent to hcpf_um@state.co.us and hcpf_benefitsupport@state.co.us for review and approval by the UM team in consultation with the appropriate benefit manager and clinical team.

Clinical Review Criteria

Kepro uses [InterQual](#) for both Inpatient and Outpatient Reviews.

“InterQual Criteria are objective and specific to better help ensure the most appropriate care and more consistent, defensible decision-making. Our four criteria suites provide comprehensive coverage for medical and behavioral health across all levels of care as well as ambulatory care planning. With an outstanding track record, widespread adoption, and continual enhancement, InterQual Criteria are the standard for evidence-based clinical decision support.”

[For some codes](#), the State and Kepro have developed criteria where none are available in InterQual, or where State Plan/CCR requirements supersede InterQual criteria.

How to Know what Requires a PAR

To determine what services require a PAR, please refer to Health First Colorado [Fee Schedule](#). Colorado HCPF also provides numerous Provider Billing Manuals by provider type located at [Colorado HCPF Billing Manuals](#). In addition, the state publishes its Medical Assistance Administrative Rules here: [10 CCR 2505-10](#). In addition, information by service type is linked below.

Outpatient PAR Billing Manual, Regulatory, and Resource Links

Outpatient PAR Links	Limitations	Links to Benefit Specific Provider Training
Audiology	PAR limited to 365 days or less	Provider Benefit Specific Training: Audiology
Diagnostic Imaging (DI) and Radiology	PAR limited to 90 days	Provider Benefit Specific Training: Diagnostic Imaging
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME)	PAR limited to 365 days or less	Provider Benefit Specific Training: Durable Medical Equipment

Outpatient PAR Links	Limitations	Links to Benefit Specific Provider Training
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) means the child health component of Medicaid. The EPSDT program requires coverage of periodic and interperiodic screens, vision, dental and hearing care, diagnostic services needed to confirm the existence of a physical or mental illness or condition, and all medical assistance services that are recognized under Section 1905 of the Social Security Act, even if not offered under the state plan pursuant to federal laws applicable to the program (including 1905(a), 42 U.S.C. §§1396a(a)(42), 1396d(a)(4)(B) and 1396d(r)). All services for members age 20 years and younger will be reviewed for medical necessity regardless of whether the services are not normally a covered benefit or if the units requested are greater than the stated limits for the service(s) requested.</p>	Quick Reference Guide EPSDT Exceptions

Outpatient PAR Links	Limitations	Links to Benefit Specific Provider Training
Medical Surgeries	PAR up to 90 days Cosmetic/aesthetic surgeries are excluded as per 10 CCR 2505-10-8.011.11 . PAR for surgeries will be reviewed for medical necessity.	Provider Benefit Specific Training: Medical, Surgeries
Molecular Testing	PAR limited to 365 days	Provider Benefit Specific Training: Molecular/Genetic Testing
Pediatric Behavioral Therapy (PBT)	PAR limited to 182 days	Provider Benefit Specific Training: Pediatric Behavioral Therapies
Pediatric Long-Term Home Health (PLTHH/LTHH)	PAR limited to 365 days	Provider Benefit Specific Training: Pediatric Long Term Home Health (PLTHH)
Physician Administered Drugs (PAD)	Up to 365 days	Provider Benefit Specific Training: PAD Recorded Presentation - Provider Benefit Specific Training: PAD
Private Duty Nursing (PDN)	PAR limited to 365 days	Provider Benefit Specific Training: Private Duty Nursing (PDN)
Physical and Occupational Therapy (PT/OT)	No PAR required for visits 0-48. PAR limited to 1 year (in 6-month increments).	Provider Benefit Specific Training: Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy

<u>Speech Therapy (ST)</u>	PAR limited to 6 months	<u>Provider Benefit Specific Training: Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy</u>
<u>Transplants</u>	PAR up to 365 days	<u>Provider Benefit Specific Training: Medical, Surgeries</u>

Requirements for Out-of-State PARs

All Providers must be enrolled in the Health First Colorado Medicaid program to participate and receive Service Authorizations. Out-of-State (OOS) Providers may initiate enrollment with Colorado Medicaid by going to <https://www.colorado.gov/hcpf/provider-enrollment>.

OOS providers requesting inpatient stay must complete the [Inpatient Prior Authorization Request Form](#) to document evidence that:

- The provider has a valid Colorado Medicaid Provider ID
- The request is a service that [requires PAR](#).
 - Exclusions:
 - Emergent admissions,
- Outpatient services by providers not located in a Colorado [Border Towns](#). The request is for a service type Kepro reviews for Health First Colorado members (e.g., Inpatient Admissions, Transplants and Molecular Testing)
- Date(s) of service requested.
- The out-of-state inpatient services are Medically Necessary and not available in Colorado or the Member's local approved border town.
 - Occasionally, the services may be available in Colorado for most Members, but documentation may establish that the services are not available in Colorado for this Member due to unique medical needs.
 - Clinical information about the requested services and why they are medically necessary (include Letter of Medical Necessity from Colorado physician) and evidence that the Member's health would be endangered if required to return to or remain in Colorado for treatment.

Failure to acquire a Service Authorization for services requiring an authorization may result in non-payment for the services rendered.

Kepro will pend all Out-of-State Inpatient prior authorization requests to Colorado HCPF with the review summary, appropriate clinical documentation and determination recommendation prior to any decision being rendered. The Department's Medical Director will then agree or disagree with the submitted recommendation and Kepro will take appropriate steps provided by the Department, including but not limited to:

- Approval

- Medical Necessity prior authorization denial
- Technical denial
- Requesting additional documentation

The Company will notify the Provider via fax, portal, or mail of the determination.

Colorado State Regulations regarding Out of State medical care for Medicaid members is located here: [10 CCR 2505-10 8.013](#).

Inpatient Hospital Review Program (IHRP)

At a later date, yet to be defined, Kepro will also administer an Inpatient Hospital Review Program (IHRP) which may include:

- Admission Review
- Concurrent Review
- Complex Case Review
- Retrospective Review
- APR-DRG validation

Quality Improvement and Appropriate Utilization

Kepro Colorado has a dedicated quality management team to collect and analyze operational data. This team also provides expert analysis and meaningful information to stakeholders in the Colorado PAR program to measure the success of all efforts and partner to improve the quality of care for Health First Colorado members.

Each Kepro business unit reports on the performance of their contracts to the Kepro Executive Leadership Team four times per year. A Corporate Quality Performance Committee and Operations Quality Performance Committee oversee the performance of all utilization programs within Kepro. In addition to corporate oversight, a Local Quality Improvement Committee for the Colorado PAR Program is responsible for guidance and oversight regarding the identification, implementation, and outcomes measurement of quality improvement activities for the Colorado UM and PAD Drugs programs.

The Committee will monitor and evaluate the quality and appropriateness of all services provided through the contract. The Committee will identify quality deficiencies and areas

of strength to sustain or improve operational processes and client satisfaction, and report these to the Kepro Operations Quality Performance Committee quarterly.

Specifically, the Committee will:

- Remain current with Health First Colorado Benefits policies.
- Develop an ongoing Quality Work Plan.
- Plan provider satisfaction surveys to implement during FY 2021 and beyond.
- Track, trend, and report the Kepro performance metrics that are listed in the Colorado contract.
- Refer incidences of not meeting metrics back to the managers who can develop and implement plans to quickly improve outcomes.
- Manage ongoing site-specific Quality Improvement Projects (QIPs), including baseline data, interventions, and measurements.
- Monitor completion of Inter-rater Reliability (IRR) and Clinical Documentation Audits (CDA).
- Perform annual review and/or revision of Local Level Policies & Procedures.

To ensure quality services to our members and client health care needs, Kepro continuously evaluates all areas of our quality management program for opportunities for improvement.

Identifying Improvement Areas

Areas for opportunity may be identified through:

- Results of the internal monitoring, data analysis and trending.
- Employee and Provider suggestions, and suggestions from the Quality Management Committees.

When areas of improvement are identified either internally or externally, Kepro uses a systematic method to plan for performance improvement.

The Role of Providers in Quality Improvement

Provider feedback is documented, analyzed, and reviewed to identify trends and areas of possible improvement. Providers are encouraged to forward any suggestions or concerns to coproviderissue@kepro.com.

Fraud, Waste and Abuse

During the course of performing utilization review, Kepro will submit review requests where there are concerns about high utilization, misuse, waste, fraud, abuse, and/or other trend(s) to the Department with a summary of the research conducted on the specific request and industry best practices to provide rationale for recommendations for approval, denial, or further investigation. Suspected fraud includes identification of intentional deception or misrepresentation by a person with the knowledge that the deception could result in some unauthorized benefit to the individual or some other person.

Filing a Complaint

To file a Complaint regarding services provided by Kepro, contact our provider relations group at coproviderissue@kepro.com.

Written complaints should include the following information:

- Provider Name
- Provider NPI Number
- Kepro Case ID number
- Complainant's Name and Telephone number
- Description of issue/complaint

A member of Kepro's provider relations department will provide follow up within 1 business day.

Kepro and Confidentiality

Kepro, its subsidiaries, and affiliates are committed to ensuring that our privacy practices comply with industry best practices, and as applicable, all federal and state laws and regulations including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). For a Health First Colorado provider to receive an authorization for services requiring prior authorization review (PAR), the provider must request an authorization from Kepro electronically, using Atrezzo. This web-based, HIPAA compliant, Direct Data Entry (DDE) application enables providers to request services and to submit necessary clinical information supporting the request. Kepro is



committed to maintaining the confidentiality of non-public information it creates or receives while providing prior authorization services. Non-public information includes, but is not limited to personally identifiable information, protected health information and business confidential information.