



COLORADO UTILIZATION MANAGEMENT

System Overview Training for IHRP 2.0

Housekeeping

- Audio or sound issues- **call** into the phone conference line

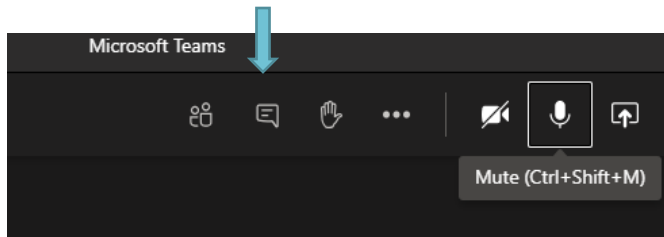
(Audio only)

- Please **turn off** your camera and **keep yourself on mute**.
- **Google Chrome** is the preferred internet browser- to avoid potential technical issues please sign in using Google Chrome.
- Recorded sessions of the webinars and training will be posted & available in the near future.
- If you are having difficulty seeing the PowerPoint presentation, please make sure you are looking at the right screen in Teams.
- You will not be able to see the presentation, access the chat box for questions, or receive the link to attendance if you do not join the webinar.

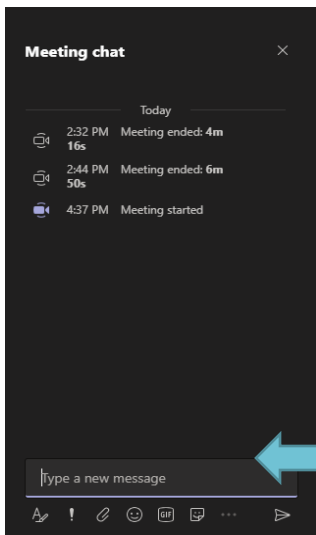
House Keeping Items

Accessing Chat in Teams

On the Teams meeting screen → Go to the tool bar and click on the 'Message' button at the bottom half of the screen.



Meeting Chat → You will now see a list (on the right side of the screen) the Meeting chat. **Type** new message to all participants in the meeting



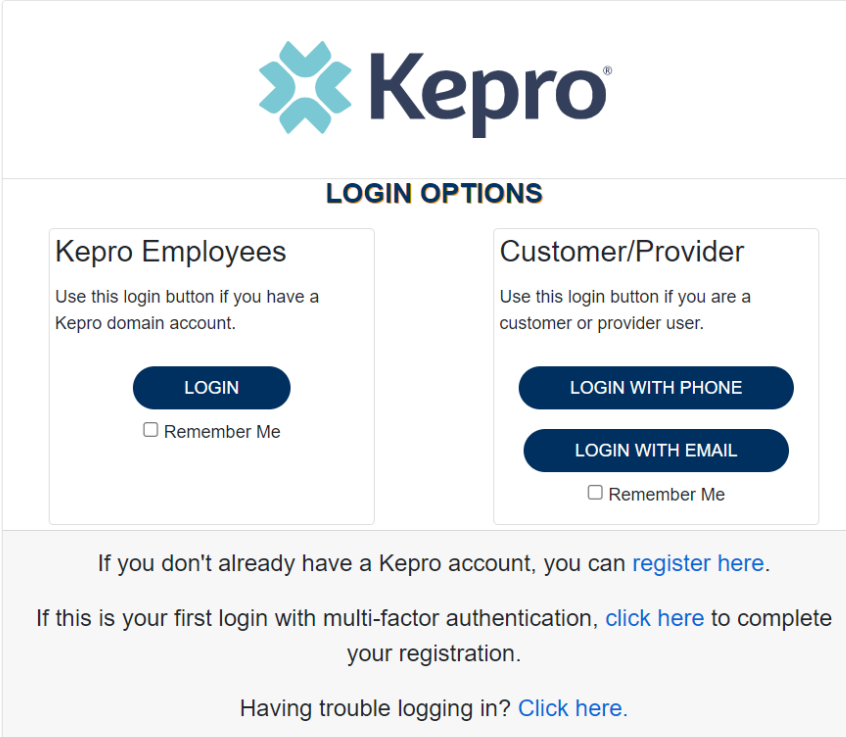
Agenda

1. Provider Login
2. Creating a Case
3. Entering Information
4. Uploading Documents
5. Responding to Pends
6. Revisions
7. Reconsiderations/Peer to Peer
8. Additional Resources and Support



Provider Login

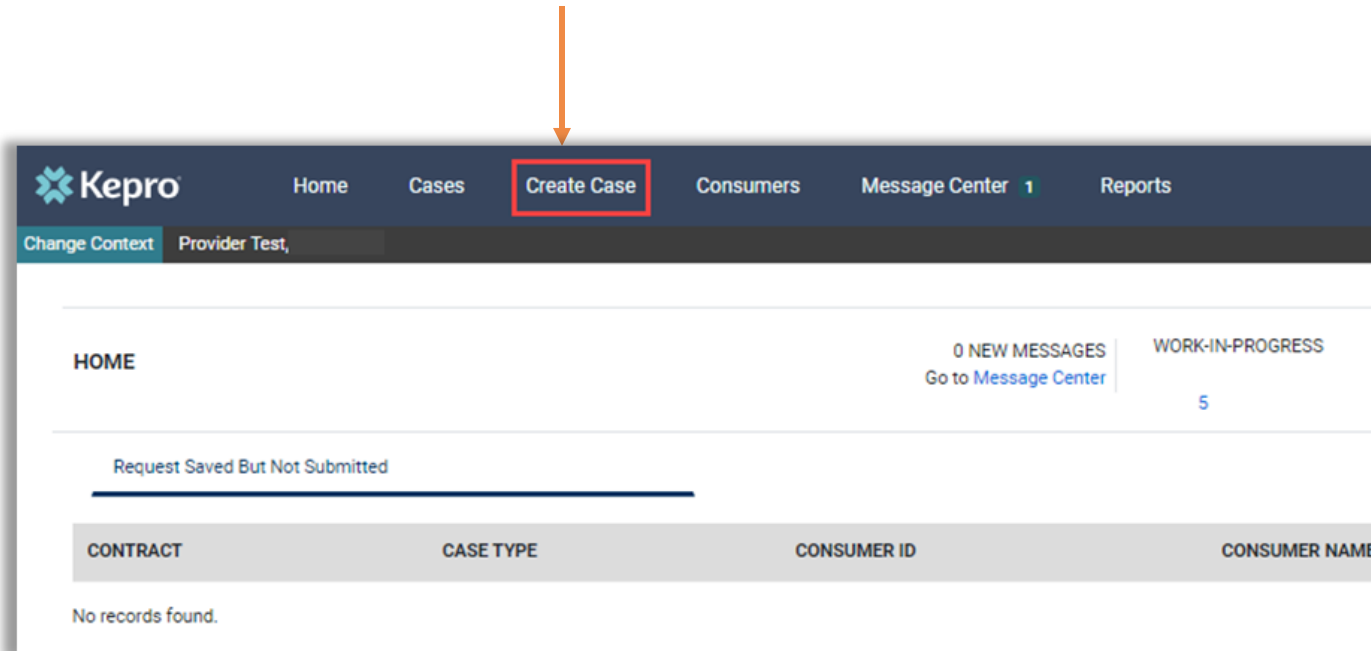
- Customer/Provider users are any users who do not have a Kepro account or Kepro.com email address.
- These users should use the login button under the Customer/Provider heading to the right-hand side of the login page
- After entering the Atrezzo Provider portal URL <https://portal.kepro.com/> the login page will display
- [Atrezzo User Guide: Registration and Login Information](#)



The screenshot shows the Kepro login interface. At the top is the Kepro logo. Below it is the heading "LOGIN OPTIONS". There are two main login boxes. The left box is titled "Kepro Employees" and contains the text "Use this login button if you have a Kepro domain account." Below this text is a dark blue button labeled "LOGIN" and a checkbox labeled "Remember Me". The right box is titled "Customer/Provider" and contains the text "Use this login button if you are a customer or provider user." Below this text are two dark blue buttons: "LOGIN WITH PHONE" and "LOGIN WITH EMAIL", followed by a checkbox labeled "Remember Me". At the bottom of the page, there is a light gray box with the text: "If you don't already have a Kepro account, you can [register here](#)." "If this is your first login with multi-factor authentication, [click here](#) to complete your registration." and "Having trouble logging in? [Click here](#)."

Create Case

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



Consumer Search

- Some information on this page will auto populate.
- If **Case Type**, does not prepopulate, select **UM**.
- Select **Inpatient** in the Request Type dropdown.
- Then place the member's Medicaid ID in the **Subscriber ID** box and select **Search**.
- If you do not have the member ID , you will need the full name and DOB.

New UM Case | Temporary Provider
Requesting Provider

Step 1 | Step 2 | Step 3
Case Parameters | Consumer Information | Create Case

Case Parameters / Choose Request Type

Case Type *

UM

Case Contract *

Request Type *

Inpatient Outpatient

Cancel | Go To Consumer Information

Step 1 | Step 2 | Step 3
Case Parameters | Consumer Information | Create Case

Consumer Information/ Search Consumer

SUBSCRIBER ID * | LAST NAME * | FIRST NAME (MIN 1ST LETTER) * | DATE OF BIRTH *

| | | MM/DD/YYYY

Cancel | Search

Consumer Search

- The Member's name will generate at the bottom.
- Click **Choose** to select the appropriate member.
- Review previous submitted requests to ensure no duplicates.
- If no duplicates are found, click **Create Case**.

New UM Case | Requesting Provider | Outpatient

Step 1 Case Parameters | Step 2 Consumer Information | Step 3 Create Case

Consumer Information / Search Consumer / Results

CONSUMER ID:

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

*Combination of DOB and Last Name or Member ID

Name	DOB	Address	Consumer ID	Contract	Case Count	Action
Member Test	09/14/1989	123 Somewhere Street	TEMP001302022111400000	Minnesota	5	<input type="button" value="Choose"/>

Step 1 Case Parameters | Step 2 Consumer Information | Step 3 Create Case

Consumer Information / Search Consumer / Consumer Cases

Member ID/Plan *

Submitted Requests | Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case Level Member ID / CaseID: / Pending Case ID									
Request 01	Un-Submitted		Outpatient	N/A	012 - Vision Care	10/2/2021 - 10/2/2021	View Procedures	No letters available	<input type="button" value="Actions -"/>
- Case Level Member ID / CaseID: / Pending Case ID									
Request 01	Un-Submitted		Outpatient	N/A	015 - DME		View Procedures	No letters available	<input type="button" value="Actions -"/>

Creating Temporary Consumer

- Enter member's name and date of birth.
- Click **Search**.
- If member does not have a Medicaid ID yet , results will show no records found.
- Click **Add Temporary Consumer**.

Kepro Home Cases Create Case Consumers Setup Message Center Reports Preferences

Change Context CO Demo Provider, Colorado

New UM Case CO Demo Provider CO UM
Requesting Provider Inpatient

Step 1 Case Parameters Step 2 Consumer Information Step 3 Create Case

Consumer Information Search Consumer

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

Girl Baby 02/13/2023

*Combination of DOB and Last Name or Member ID

Cancel Search

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

Change Context CO Demo Provider, Colorado

New UM Case CO Demo Provider CO UM
Requesting Provider Inpatient

Step 1 Case Parameters Step 2 Consumer Information Step 3 Create Case

Consumer Information Search Consumer Results

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

Girl Baby 02/13/2023

*Combination of DOB and Last Name or Member ID

Cancel Search

Name ▲	DOB ↕	Address ↕	Consumer ID ↕	Contract ↕	Case Count ↕	Action
No records found						

Showing 10 of 0

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

Not finding what you're looking for? **Add temporary consumer**

Back Previous Page 1 of 1 Next

Create Temporary Customer

- Complete all required fields with member's demographics.
- Click **Create Temporary Consumer**.

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

Change Context CO Demo Provider, Colorado

New UM Case CO Demo Provider CO UM
Requesting Provider Inpatient

Step 1 Case Parameters Step 2 Consumer Information Step 3 Create Case

CONTRACT INFORMATION

CONTRACT * Colorado PLAN * Colorado

CONSUMER DETAILS

PREFIX Select One FIRST NAME * Baby MIDDLE NAME LAST NAME * Girl SUFFIX Select One

GENDER *
 Male Female

DATE OF BIRTH * 02/13/2023 LANGUAGE Select One

CONTACT INFORMATION

Use Facility Address

ADDRESS LINE 1 * The ADDRESS LINE 1 field is required. ADDRESS LINE 2 CITY * The CITY field is required.

STATE/PROVINCE * COUNTY * POSTAL CODE * The POSTAL CODE field is required.

COUNTRY *
 Canada
 United States

PHONE NUMBER

OTHER INFORMATION

SSN (XXX-XX-XXXX)

SELF PAY MEDICAID ID/SUBSCRIBER ID

Cancel Create Temporary Consumer

Create Case

- Review previous submitted request to ensure no duplicates.
- If no duplicates are found, click **Create Case**.
- Review disclaimer stating case will be created but not submitted.
- Click **Create Case**.

Step 1 Case Parameters Step 2 Consumer Information Step 3 Create Case

Consumer Information/ Search Consumer/ Consumer Cases

Member ID/Plan *
Select One

Submitted Requests Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case Level Member ID / CaseID: / Pending Case ID									
Request 01	Un-Submitted		Outpatient	N/A	012 - Vision Care	10/2/2021 - 10/2/2021	View Procedures	No letters available	Actions -
- Case Level Member ID / CaseID: / Pending Case ID									
Request 01	Un-Submitted		Outpatient	N/A	015 - DME		View Procedures	No letters available	Actions -

Cancel Create Case

Step 1 Case Parameters Step 2 Consumer Information Step 3 Create Case

Create Case/ Review

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

Cancel Create Case

The case has been created, notice the additional steps now listed.

New UM Case | Temporary UMWA Provider | The Funds 92 | JAMES TESTERMAN (M)
 Requesting Provider | Outpatient | 05/01/1964

Step 3: Create Case | Step 4: Additional Providers | **Step 5: Service Details** | Step 6: Diagnoses | Step 7: Requests | Step 8: Questionnaires | Step 9: Attachments | Step 10: Communications | Step 11: Submit Case

Additional Providers/ Provider/Facility

[Add Attending Physician](#)

Selected Providers

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	Temporary UMWA Provider	9999999		9999999999	123 Temporary Road, Temp City, WV US 99999		(999) 999-9999	(555) 555-5555	
Servicing	Temporary UMWA Provider	9999999		9999999999	123 Temporary Road, Temp City, WV US 99999		(999) 999-9999		Update

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

[Add a Note](#) | [Cancel](#) | [Go to Service Details](#)

Entering Provider Information

The next screen will be where you enter all the information for the service being requested.

At the top there is a selection for EXPAND ALL. Please select this and work from the top down.

Helpful Hints

- The Servicing Provider is the billing provider and who will get paid.
- The Servicing Provider and Requesting Provider may or may not have same NPI.
- Attending (Ordering) Provider is not required but is recommended.

Section in Atrezzo	Who should be entered
Servicing Provider (Billing Provider)	Hospital
Requesting Provider	Hospital/Hospital System/Surgeon
Attending Provider (ordering)	M.D., D.O., P.A., N.P. (Physician, Physician Assistant, Nurse Practitioner)

Add Providers

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

Selected Providers

Provider Type	Name	Medicaid ID	NPI	Address	Phone	Fax	Action
Requesting	Provider Test	9999999994	9999999994	123 Anywhere Lane ,	(999) 999-9999	(###) ###-####	
Servicing	Provider Test	9999999994	9999999994	123 Anywhere Lane ,	(999) 999-9999		Update

Search Servicing Provider

PROVIDER TYPE *

Facility Provider

FIRST NAME

LAST NAME

NPI

COUNTRY

Canada United States

STATE/PROVINCE

Search Results

First Name	Last Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
Temporary	Provider			9999999999	9999999	, , US	US		Choose

Showing 10 of 1

Previous Page 1 of 1 Next

Add Attending Physician

- Click **Add Attending Physician**, if applicable.
- Search for Physician.
- Click **Choose** to add the attending physician.

Step 3 **Create Case** Step 4 **Additional Providers**

Additional Providers/ **Provider/Facility**

Add Attending Physician

Selected Providers

Provider Type	Name
Requesting	Provider Test
Servicing	Provider Test

Search Attending Physician

PROVIDER TYPE *
 Provider

FIRST NAME LAST NAME NPI NETWORK TAX ID
 999999999 Select One

COUNTRY
 Canada United States

STATE/PROVINCE COUNTY CITY POSTAL CODE SPECIALITY
Select One Select One **Search**

Search Results

First Name	Last Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
Temporary WV	Provider			999999999	9999999	,, US	US		Choose

Showing 10 of 1 Previous Page 1 of 1 Next **Cancel**

Service Details

- Enter fax number if not auto populated.
- Click **Go to Service Details**.
- Select appropriate options from drop downs.
- Click **Go to Diagnosis**.

Selected Providers

Provider Type	Name	Medicaid ID	NPI	Address	Phone	Fax	Action
Requesting	Provider Test	9999999994	9999999994	123 Anywhere Lane	(999) 999-9999	(###) ###-####	
Servicing	Provider Test	9999999994	9999999994	123 Anywhere Lane	(999) 999-9999		Update

Step 3 Step 4 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10 Step 11
Create Case Additional Providers **Service Details** Diagnoses Requests Questionnaires Attachments Communications Submit Case

Service Details/ Enter Service Details

Place Of Service Service Type *

Enter Diagnosis

- Select appropriate **Code Type**.
- Enter diagnosis code or description in search box.
- Click **Go to Requests**
- Repeat these steps to add all necessary diagnosis codes.
- To set a primary diagnosis, you can drag and drop to top of list.

Step 3 Create Case | Step 4 Additional Providers | Step 5 Service Details | Step 6 Diagnoses | Step 7 Requests | Step 8 Questionnaires | Step 9 Attachments | Step 10 Communications | Step 11 Submit Case

Diagnosis/Add Diagnosis

Code Type * ICD10

Search Select a Diagnosis Code

Please enter 3 or more characters

Order Rank	Code	Description	Source	Created By	Deactivate
1	R68.89	OTHER GENERAL SYMPTOMS AND SIGNS	Manual		Remove

Showing 10 of 1

Add a Note

Previous Page 1 of 1 Next

Cancel Go to Requests

Request Type

- Select **Request Type**.
- Click **Add a Note**, if applicable.
- Click **Go to Procedures**.
- **Code Type** will default but can be changed if needed.
- Enter and select appropriate code.
- Repeat to add all necessary codes.

Step 3 Create Case | Step 4 Additional Providers | Step 5 Service Details | Step 6 Diagnoses | Step 7 Requests | Step 8 Questionnaires | Step 9 Attachments | Step 10 Communications | Step 11 Submit Case

Requests/Request Details

Request Type *
Prior Auth

FIPS Code

Notification Date *
01/20/2023

Notification Time *
01:10 PM

Add a Note

Cancel

Go to Procedures

Step 3 Create Case | Step 4 Additional Providers | Step 5 Service Details | Step 6 Diagnoses | Step 7 Requests | Step 8 Questionnaires | Step 9 Attachments | Step 10 Communications | Step 11 Submit Case

Requests/Request 01/Procedures

Code Type *
CPT

Search
Search by code or description

V5010 Un-Submitted
N/A - N/A 0 / 0

Please enter 3 or more characters

Modifier
Select One

Unit Qualifier
Select One

Model Number

Length of Stay

- Inpatient cases, click into the **Length of Stay (LOS)** field.
- Enter **Requested Start Date**.
- Enter **Requested End Date**.
- Enter **Requested Duration**.
- Entries will autosave.

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments

Requests/Request 01/Procedures

Code Type * CPT Search Search by code or description

LOS (Un-Submitted)
N/A - N/A

LOS Length of Stay

Unit Qualifier Select One

Requested

Requested Start Date * MM/DD/YYYY Requested End Date * MM/DD/YYYY

Requested Duration * []

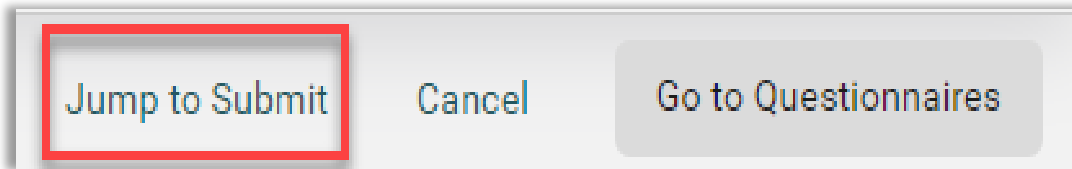
Rates

Requested Rate []

Add a Note

Questionnaires

- Click **Go to Questionnaires**, if applicable.
- Click **Jump to Submit** if you do not need to provide any questionnaires, attachments or communications.
- All required questionnaires will be populated.
- Click **Take** to open the questionnaire in a new tab.



Step 3 Create Case | Step 4 Additional Providers | Step 5 Service Details | Step 6 Diagnoses | Step 7 Requests | Step 8 Questionnaires | Step 9 Attachments | Step 10 Communications | Step 11 Submit Case

Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3749716	Checklist	* Radiology	Kepto	01/19/2023 08:03:51 AM			0	Take

Showing 10 of 1 | Previous Page 1 of 1 Next

Add a Note | Jump to Submit | Cancel | Go to Attachments

Take Questionnaire

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

Radiology

Medical Necessity

Treatment Plan

1 . Are Physician's Order(s), Evaluation and Treatment Plan Attached? *

Yes No

2 . Cancer Diagnosis *

Yes No

MARK AS COMPLETE >

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3749716	Checklist	* Radiology	Kepro	01/19/2023 08:03:51 AM	WV SNS Demo Provider	01/19/2023 08:11:39 AM	0	View

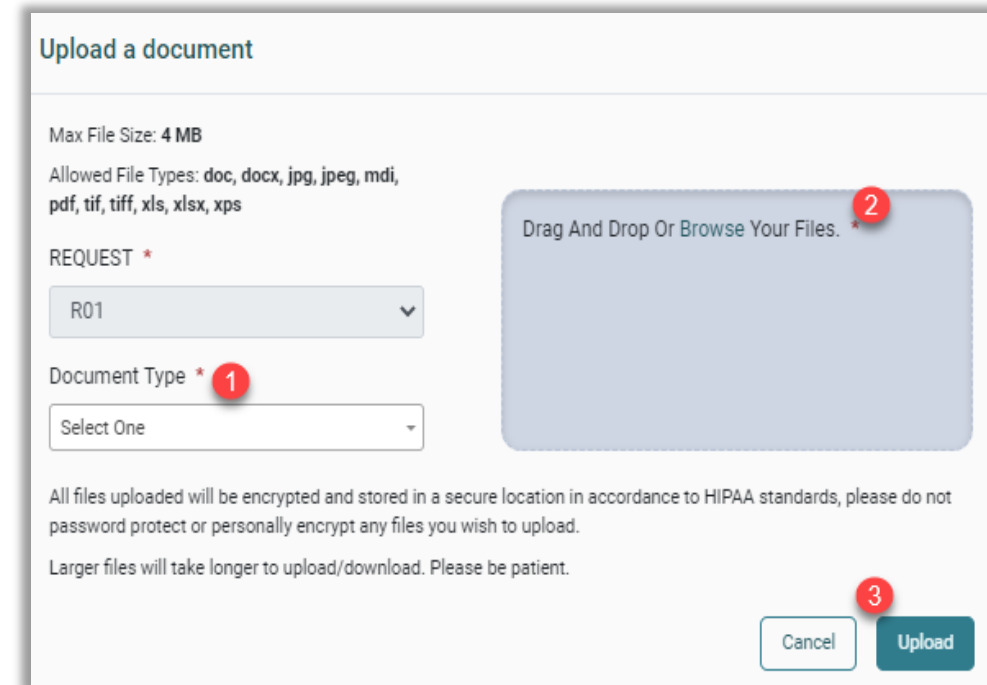
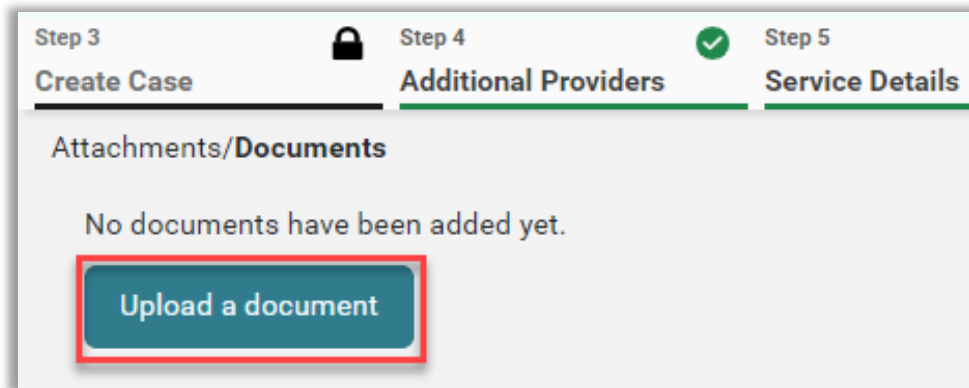
Showing 10 of 1

Previous Page 1 of 1 Next

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

Attachments/Documents

- Click **Upload a Document**.
- Select the appropriate **Document Type**.
- Add the document by dragging and dropping or clicking **Browse**.
- Click **Upload**.



Add Communications

- Click **Go to Communications**.
- To add additional information, click **Add a Note**.
- If additional information is not needed, click [Jump to Submit](#).

The screenshot shows a progress bar at the top with steps 3 through 11. Step 4, 'Additional Providers', is the current step. Below the progress bar is the 'Attachments/Documents' section. It features an 'Upload a document' button and a table with columns: Request, File Name, Document Type, Received On, and Action. A table row shows 'R01', 'Test.docx', 'Appeal Document', and '1/23/2023 1:51:30 PM'. Below the table is a pagination control showing 'Page 1 of 1'. At the bottom right, the 'Go to Communications' button is highlighted with a red box.

Request	File Name	Document Type	Received On	Action
R01	Test.docx	Appeal Document	1/23/2023 1:51:30 PM	Remove

The screenshot shows a progress bar at the top with steps 3 and 4. Step 4, 'Additional Providers', is the current step. Below the progress bar is the 'Communications/Notes' section. It displays the text 'No notes have been added yet.' and a blue 'Add a note' button, which is highlighted with a red box.

Add Note

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

Add a note

Note Type *

External

Note *

←

Notes cannot be modified or deleted after being saved.

Cancel Add Note

Step 3 Create Case

Step 4 Additional Providers

Step 5 Service Details

Step 6 Diagnoses

Step 7 Requests

Step 8 Questionnaires

Step 9 Attachments

Step 10 Communications

Communications/Notes

Add a note

Additional Information Here

ExternalNotes * 01/23/2023 01:53:24 PM ** External

Cancel Go to Submit

Review Case

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

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments Step 10 Communications Step 11 Submit Case

Submit Case/ Review

Additional Providers

Requesting
Temporary UMWA Provider
Servicing
Temporary UMWA Provider
Attending
BRANDON TESTER
Update Additional Providers

Service Details

130 - Hearing Aids
Update Service Details

Diagnoses

1
Diagnoses
R68.89
Update Diagnoses

Requests

Notification Date
01/20/2023
Update Requests
Request Type
Prior Auth

Questionnaires

0
Questionnaire
View Questionnaires

Attachments

1
Attachments
Update Documents

Communications

1
Notes
Update Notes

Cancel Submit

Disclaimer

Read the disclaimer and click **Agree**.

Disclaimer

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Once you click **Agree**, a case number will be assigned and you will be taken to that case.

Case ID

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

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID
MEMBER TEST	F	09/14/1989 (33 Yrs)	TEMP001302022111400000
CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE SRV
SUBMITTED 230260017	Outpatient		01/26/2023
UM-OUTPATIENT		CASE SUMMARY ACTIONS COPY EXTEND EXPAND ALL	
Consumer Details	Location: 123 Somewhere Street Anywhere Minnesota;		▼
Provider/Facility		Requesting : Provider Test/9999999994 Servicing : ROTECH /1346220969	▼
Clinical		Service Type : 032 - DME Request Type : Prior Auth	Notification Date : 01/26/2023 Notification Time : 12:58 PM
Questionnaires			▼
Attachments	Document-4	Letters- 0	▼
Communications		Most Recent Note date:	▼

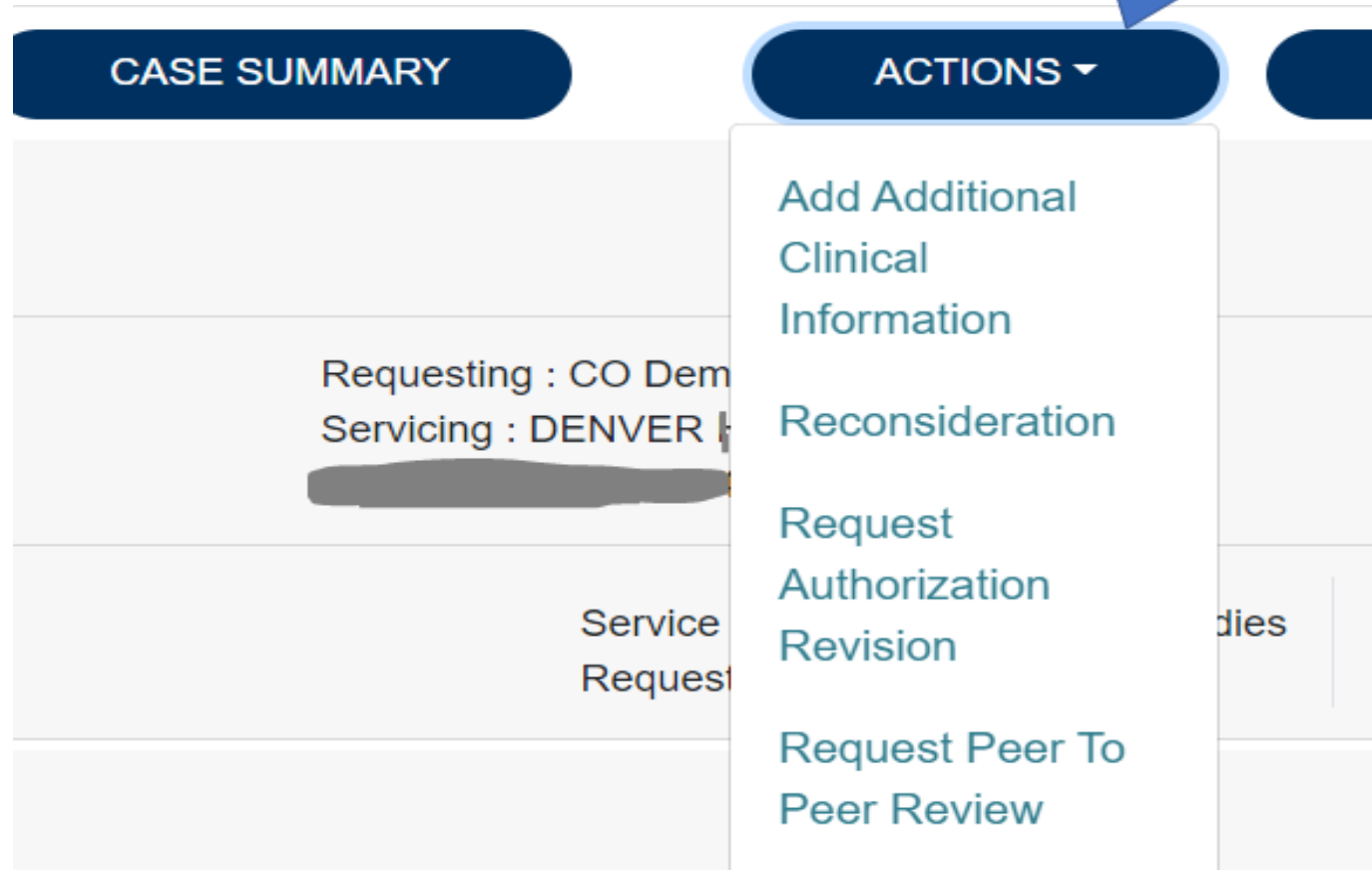
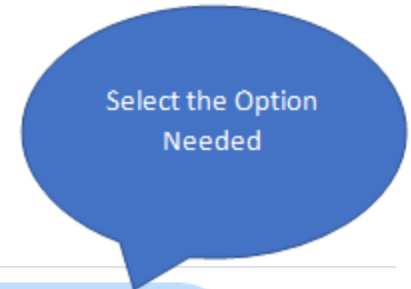
Submitting Additional Information

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

The screenshot shows a user interface for a case management system. At the top, there is a header bar with the text "Single Contract: CO Demo Provider, Colorado". Below this is a table with columns: CONSUMER NAME, GENDER, DATE OF BIRTH, MEMBER ID, and CONTRACT. The data row shows: AMY TRAIN, F, 12/15/1960 (61 Yrs), TEMP001982021032300000, Colorado. Below the table is another row with columns: CASE ID, CATEGORY, CASE CONTRACT, CASE SUBMIT DATE, and SRV AUTH. The data row shows: COMPLETED, 222430003, Outpatient, CO UM, 08/31/2022. Below this is a section titled "UM-OUTPATIENT" with buttons for "CASE SUMMARY", "ACTIONS", "COPY", "EXTEND", and "EXPAND ALL". A blue callout bubble points to the "ACTIONS" button with the text: "Select 'Actions' for Options (Add Additional Info, Reconsideration, Revision, Peer-to-Peer)". Below the buttons is a list of sections: "Consumer Details" (Location: 123 Somewhere Street Anywhere Colorado), "Provider/Facility" (Requesting: CO Demo Provider/1111111111, Servicing: [redacted]), "Clinical" (Service Type: 117b - Imaging Studies, Request Type: Prior Auth, Notification Date: 08/31/2022, Notification Time: 11:29 AM), and "Service Details".

Adding Actions

Here you will choose from the dropdown which action is needed.



The screenshot displays a software interface with two main sections: 'CASE SUMMARY' and 'ACTIONS'. The 'CASE SUMMARY' section contains the following text: 'Requesting : CO Dem', 'Servicing : DENVER', a redacted area, and 'Service Request'. The 'ACTIONS' dropdown menu is open, showing the following options: 'Add Additional Clinical Information', 'Reconsideration', 'Request Authorization Revision', and 'Request Peer To Peer Review'. A blue speech bubble points to the 'ACTIONS' dropdown with the text 'Select the Option Needed'.

Selecting Request

Select the appropriate request and click next.

The screenshot shows a web form titled "Add Additional Clinical Information". It features a required field labeled "REQUEST *" with a dropdown menu. The dropdown menu is open, showing three options: "Select One" (highlighted in blue), "Select One", and "R01". An orange arrow points to the first "Select One" option. Below the dropdown are two buttons: "CANCEL" and "NEXT". An orange arrow points to the "NEXT" button. The form is set against a background with some partially visible text on the left: "ID", "982", "UE", and "02".

Adding additional clinical information

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

Add Additional Clinical Information

Case 222430003 Request 01	<u>Amy Train</u> (F) 12/15/1960	CO UM Outpatient
------------------------------	------------------------------------	---------------------

Note

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

Document Type

Select One ▾

Drag and Drop or [Browse](#) your files.

CANCEL SUBMIT

- 1) Add a Clinical Note to the reviewer if needed.
- 2) Select the Document Type
- 3) "New" Drag & Drop Documents
- 4) Submit

Uploading Documents

- Select the documents to Drag & Drop into the box
- Submit

The screenshot illustrates the document upload process. On the left, a table lists documents with their names, status (green checkmarks), and dates. Below the table is a file selection dialog with a search box containing 'Test Order', a file type dropdown set to 'All Files', and 'Open' and 'Cancel' buttons. An orange arrow points from a file icon in the table to a large light-blue box with the text 'Drag and Drop or Browse your files.' Below this box, a red error message reads 'Please upload a Document.' At the bottom right, there are two buttons: a white 'CANCEL' button and a dark teal 'SUBMIT' button, with an orange arrow pointing up to the 'SUBMIT' button.

st Clinical	✓	8/1/2022 6:16 PM
st Order	✓	8/1/2022 6:16 PM
NCEMENT TEMPLATE Physical Oc...	✓	10/19/2021 7:18 AM
;	✓	8/17/2022 7:26 PM
CO_Active_Users	✓	10/4/2021 9:01 AM
	✓	8/15/2022 10:10 AM

Test Order

All Files

Open Cancel

Drag and Drop or Browse your files.

Please upload a Document.

CANCEL SUBMIT

Verifying New Information

1. The note is visible.
2. The Document Type is Chosen.
3. Document(s) Uploaded.
 - Then click Submit.

Add Additional Clinical Information

Case 222430003 Request 01	Amy Train (F) 12/15/1960	CO UM Outpatient
------------------------------	-----------------------------	---------------------

Note

The "new" order and clinical are attached. Thanks

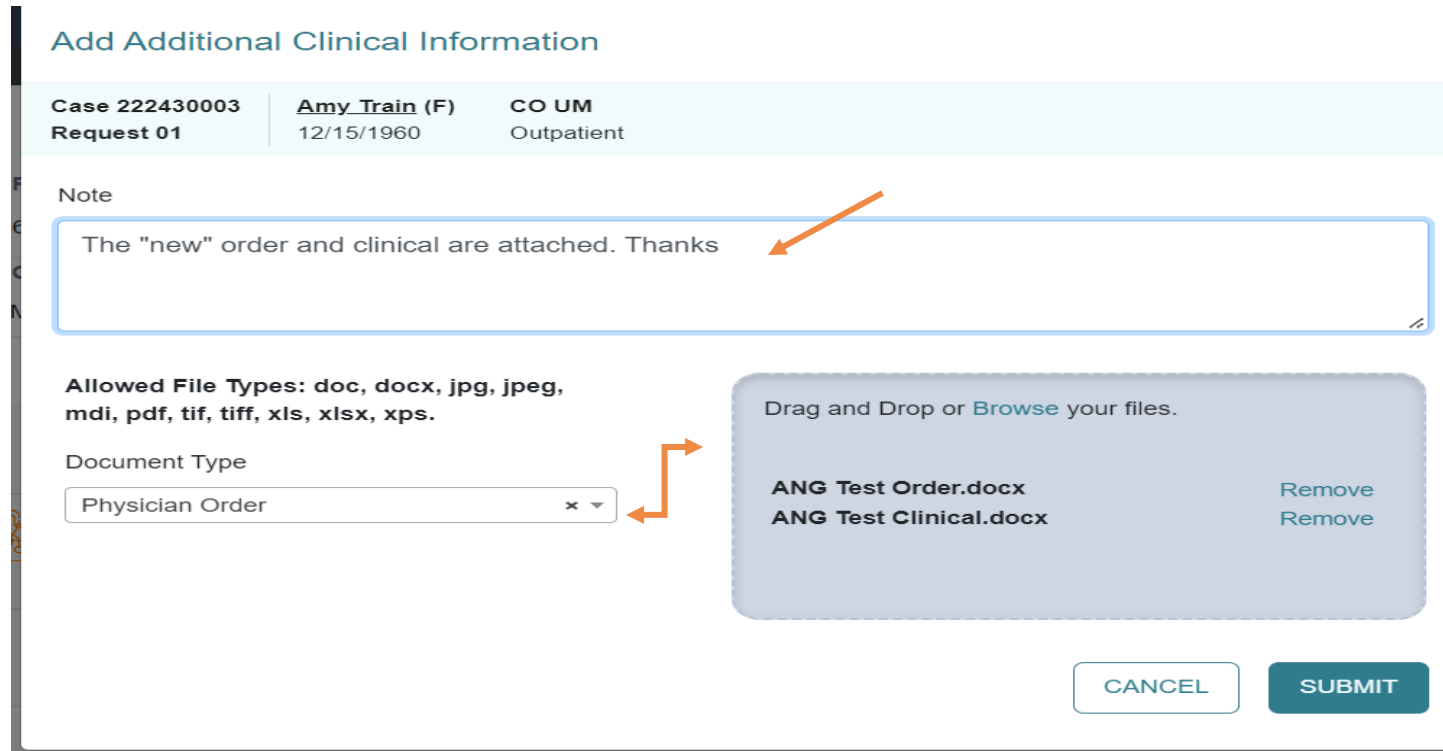
Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.

Document Type
Physician Order

Drag and Drop or [Browse](#) your files.


ANG Test Order.docx Remove
ANG Test Clinical.docx Remove

CANCEL SUBMIT





Viewing Additional Info

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

 Documents
^

DOCUMENTS

REQUEST	FILE NAME	DOCUMENT TYPE	RECEIVED ON
R01	 training case docs.docx	Physician Order	1/10/2023 10:14:17 AM

 Notes

NOTES

REQUEST	DATE/TIME	NOTE TYPE
R01	01/10/2023 10:14:18 AM	AdditionalClinicalInfoNotes

NOTE: add note

Resources for Providers

24-hour/365 days provider Atrezzo portal can be accessed at portal.kepro.com

Provider Communication and Support email:
coproviderissue@kepro.com

Provider Education and Outreach, along with System Training materials (including Video recordings and FAQ) are located at hcpf.colorado.gov/par

Provider Manual is posted at hcpf.colorado.gov/par

Inpatient Hospital Review Program Information:
<https://hcpf.colorado.gov/IHRP>

Additional Resources & Support

For escalated concerns
please contact:
hcpf_um@state.co.us

Contact Info

 Kepro Call Center: 720-689-6340

 COproviderissue@kepro.com

 Coproviderregistration@kepro.com

