

# Home Health Prior Authorization Atrezzo™ Provider Portal Submission Requirements

Presented By:

KEPRO



# Welcome



- **KEPRO was recently awarded the contract for the Ohio Department of Medicaid (ODM) Program Integrity (PI) Hospital Utilization Review (UR) contract.**
- **Since 1985, KEPRO has provided effective care management solutions and quality improvement to federal, state Medicaid, and commercial clients.**
- **KEPRO is the CMS BFCC-QIO for the State of Ohio, along with 32 other states and the District of Columbia.**
- **KEPRO has been accredited since 2004 in Healthcare Utilization Management by the URAC.**
- **We maintain a philosophy of protecting the rights and improving the health of the populations we serve.**

# Prior Authorization Reviews



- **Effective August 14, 2017, KEPRO will begin processing Ohio Department of Medicaid Prior Authorizations for the following services:**
  - **Inpatient and Outpatient Hospital Services, Ambulatory Service Center**
  - **Home Health Services > 14 hours per week**
  - **Mental Health and Substance Use Disorder (SUD) treatment (under limited circumstances)**
- **Home Health Prior Authorizations - KEPRO will launch a new innovative web-based provider portal called Atrezzo™ which can be used for entering requests. Requests can also be submitted via fax at 844.262.8990.**

# Accessing Atrezzo Provider Portal



- **Website Address: <http://ohmedicaid.kepro.com>**
- **Select “ Atrezzo Login”**

**To Register for Atrezzo Provider Portal :**

**Enter your 10 digit National Provider Identifier (NPI) number and Provider Registration Code**

## Atrezzo Provider Portal allows for:

- **Secure access to Atrezzo Connect (Provider Portal)**
- **Provider will be able to access letters by Case/Request, Respond/Send messages To/From KEPRO**

# Atrezzo Provider Portal

## New Case Creation



### Provider Pointers:

- **New Atrezzo Provider portal case creation is required for continuation of services**
- **Face to Face assessment is required to be uploaded via the individual's Plan of care or the ODM 07137**
- **Request for prior authorization must be submitted to KEPRO prior to at the latest the day of the requested started of care date**

# Atrezzo Provider Portal Eligibility Requirements



## Provider Pointers:

- **No Authorization is required for individuals enrolled in Managed Care Organization ( MCO)**

# Atrezzo Provider Portal New Case Creation



Successful Completion of setup/login, takes you to the Home Page  
Click “New Request” to start your case creation

The screenshot shows the Atrezzo Provider Portal home page. At the top left is the KEPRO | Atrezzo logo. To the right, a box displays 'Your organization: Your Name, OH Medicaid'. Further right, a box shows request counts: 'Total (work-in-progress) Requests: 5', 'Total Saved (not submitted): 0', and 'Total Submitted: 5'. A 'Logout' link is in the top right. A navigation bar contains 'HOME', 'REQUESTS', 'SEARCH', 'MANAGEMENT', 'MY ACCOUNT', and 'HELP'. The main content area has a 'MESSAGES' section stating 'You have 0 unread messages - Go to Message Center' and a large heading 'REQUESTS SAVED BUT NOT SUBMITTED'. A 'New Request' button is located in the bottom left, with a large green arrow pointing to it from below. The footer contains 'Privacy Policy/Terms of Use | Powered by KEPRO | Copyright © 2011 KePortal | All Rights Reserved | Version 1:7.3.7986 (Atrezzo\_Train)'.



# Atrezzo Provider Portal

## New Case Creation



- Complete member search utilizing the Members Ohio Medicaid ID # or Last name and Birthdate

The screenshot displays the 'MEMBER SEARCH' section of the Atrezzo Provider Portal. At the top left is the KEPRO | Atrezzo logo. A central box shows 'Your organization: Your Name, OH Medicaid'. On the top right, a summary box shows: '[Update Counts] Total (work-in-progress) Requests: 5, Total Saved (not submitted): 0, Total Submitted: 5'. A navigation bar includes HOME, REQUESTS, SEARCH, MANAGEMENT, MY ACCOUNT, and HELP, with a Logout link. The main heading is 'MEMBER SEARCH' with the instruction 'Search for a member using the criteria below.' The search form contains three input fields: 'Member ID:' with the value '111111111', 'Member Last Name:', and 'Member Birthdate:'. A 'Search' button is positioned below the fields, with a mouse cursor pointing to it. The footer contains the text: 'Privacy Policy/Terms of Use | Powered by KEPRO | Copyright © 2011 KePortal | All Rights Reserved | Version 1.7.3.7986 (Atrezzo\_Train)'.

# Atrezzo Provider Portal

## New Case Creation



Upon verification of the members First Name, Last name and Date of Birth Click “ Select” under the actions column

KEPRO | Atrezzo  
Intelligent Value

Your organization  
Your Name  
OH Medicaid

[Update Counts]  
Total (work-in-progress) Requests: 5  
Total Saved (not submitted): 0  
Total Submitted: 5

Logout

HOME REQUESTS SEARCH MANAGEMENT MY ACCOUNT HELP

### MEMBER SEARCH

Search Again

Member ID	Last Name	First Name	Address	DOB	Case Count	Actions
111111111	Test1	Test1		01/01/1970	0	Select

Records per page: 10

Records: 1 - 1 of 1 - Pages: 1

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# Atrezzo Provider Portal New Case Creation



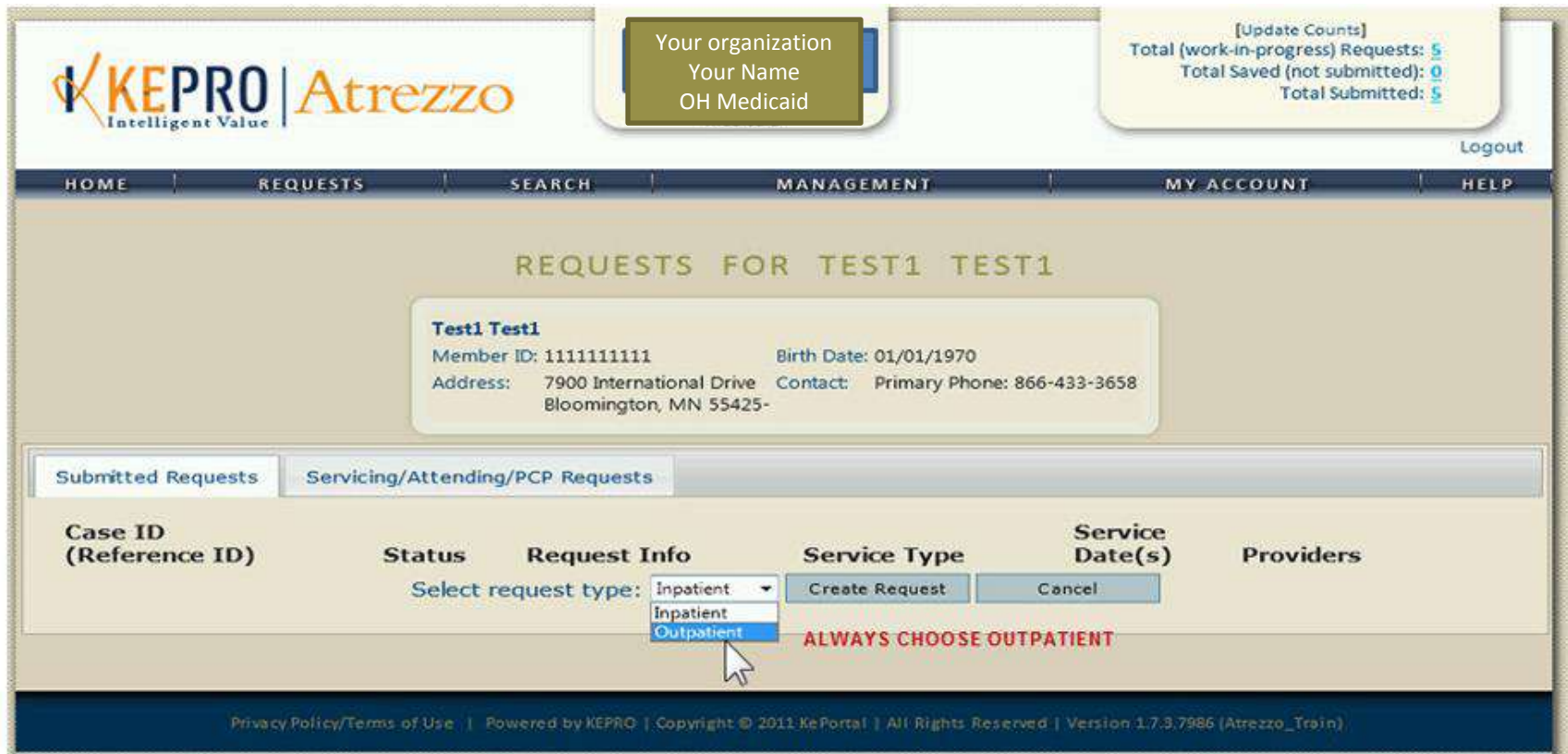
Click New Request

The screenshot displays the Atrezzo Provider Portal interface. At the top left is the KEPRO | Atrezzo logo. To its right, a box shows organization details: "Your organization: Your Name, OH Medicaid". Further right, a summary box shows counts: "[Update Counts] Total (work-in-progress) Requests: 5, Total Saved (not submitted): 0, Total Submitted: 5". A "Logout" link is in the top right. Below the header is a navigation bar with links: HOME, REQUESTS, SEARCH, MANAGEMENT, MY ACCOUNT, HELP. The main content area is titled "REQUESTS FOR TEST1 TEST1" and contains a profile card for "Test1 Test1" with details: Member ID: 111111111, Birth Date: 01/01/1970, Address: 7900 International Drive, Bloomington, MN 55425, Contact: Primary Phone: 866-433-3658. Below the profile card are two tabs: "Submitted Requests" and "Servicing/Attending/PCP Requests". A table with columns "Case ID (Reference ID)", "Status", "Request Info", "Service Type", "Service Date(s)", and "Providers" is shown. A "New Request" button is overlaid on the "Request Info" column, with a blue arrow pointing to it from below. The footer contains: "Privacy Policy/Terms of Use | Powered by KEPRO | Copyright © 20... Portal | All Rights Reserved | Version 1.7.3.7985 (Atrezzo\_Train)".

# Atrezzo Provider Portal

## New Case Creation

- Request type must reflect Outpatient



**KEPRO | Atrezzo**  
Intelligent Value

Your organization  
Your Name  
OH Medicaid

[Update Counts]  
Total (work-in-progress) Requests: 5  
Total Saved (not submitted): 0  
Total Submitted: 5

Logout

HOME | REQUESTS | SEARCH | MANAGEMENT | MY ACCOUNT | HELP

### REQUESTS FOR TEST1 TEST1

**Test1 Test1**  
Member ID: 1111111111      Birth Date: 01/01/1970  
Address: 7900 International Drive      Contact: Primary Phone: 866-433-3658  
Bloomington, MN 55425-

Submitted Requests | Servicing/Attending/PCP Requests

Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
		Select request type: <input type="text" value="Inpatient"/>	<input type="button" value="Create Request"/> <input type="button" value="Cancel"/>		

**ALWAYS CHOOSE OUTPATIENT**

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# Atrezzo Provider Portal

## New Case Creation



Member Detail information will display. Ensure accuracy of the Member's name and Medicaid ID prior to proceeding. Once verification is complete click "Next" to continue.

### OUTPATIENT SERVICES REQUEST

<input checked="" type="checkbox"/> <b>Patient Detail</b>	<b>PATIENT DETAIL</b>
Requesting Provider	<b>Name</b> Test1 Test1
<input checked="" type="checkbox"/> Service Provider	<b>Member ID</b> 1111111111
Attending Physician	<b>DOB</b> 01/01/2001
Service Detail	<b>Address</b> 7900 International Dr.
Procedures	Flemington MN 55425--
Diagnoses	
Clinical Information	
Attached Documents	
<input checked="" type="checkbox"/> Questionnaires	



# Atrezzo Provider Portal

## New Case Creation

Requesting Provider information will automatically default to the provider listed in the change context section ( Top center of your screen). The requesting provider information can only be changed if you have more than 1 NPI number registered to your Atrezzo Provider portal account . To change the requesting provider you must cancel your existing case creation and select the applicable provider from the change context section.



KEPRO | Atrezzo  
Intelligent Value

Contract: Minnesota Medicaid

[Update Counts]  
Total (work-in-progress) Requests: 6  
Total Saved (not submitted): 0  
Total Submitted: 6

HOME REQUESTS SEARCH MANAGEMENT REPORTS MY ACCOUNT

View Requests  
Create New Request  
Message Center

### OUTPATIENT SERVICES REQUEST

- Patient Detail
- Requesting Provider**
- Service Provider
  - Attending Physician
  - Service Detail
  - Procedures
  - Diagnoses
  - Clinical Information
  - Attached Documents
- Questionnaires

#### REQUESTING PROVIDER

Name  
Provider ID  
Provider Type  
Address  
Phone  
Fax \*

Official communication of service authorization will be sent to the fax number entered here unless otherwise specified.

\* denotes required field

# Atrezzo Provider Portal

## New Case Creation



The Servicing provider information will automatically default to reflect the providers name listed in the change context section ( Top Center of your screen ) . If the listed provider is not applicable to the requested authorization click “Find” to complete a provider search.

### OUTPATIENT SERVICES REQUEST

- Patient Detail
  - Requesting Provider
- Service Provider**
  - Attending Physician
  - Service Detail
  - Procedures
  - Diagnoses
  - Clinical Information
  - Attached Documents
- Questionnaires

#### SERVICE PROVIDER

Use the search below to change the selected Service Provider.

<b>Name</b>	LA SOLUCION FAMILIAR PARA ADULTOS YNINO
<b>Provider ID</b>	1366751042
<b>Location</b>	CHESTERFIELD VA 23235-5395

# Atrezzo Provider Portal

## New Case Creation



**\*\*Please enter the NPI# of the Ordering Physician\*\***

### OUTPATIENT SERVICES REQUEST

- Patient Detail
  - Requesting Provider
- Service Provider
  - Attending Physician**
  - Service Detail
  - Procedures
  - Diagnoses
  - Clinical Information
  - Attached Documents
- Questionnaires

#### ATTENDING PHYSICIAN

Optional: Use the search below in order to add an attending physician to this request.



# Atrezzo Provider Portal

## New Case Creation



Select the applicable service type from the drop down listing(Selection of the incorrect service type will delay case processing time)

- Service Type= Home Health
- Request Type= Prior Auth
- FIPS Code= Does not apply (Leave option blank)

### OUTPATIENT SERVICES REQUEST

- Patient Detail
- Requesting Provider
- Service Provider
- Attending Physician
- Service Detail**
- Procedures
- Diagnoses
- Clinical Information
- Attached Documents
- Questionnaires

**Service Type \***

**Request Type**

**FIPS Code**

*\* denotes required field*

# Atrezzo Provider Portal

## New Case Creation

Click “ Find” to complete Procedure Code search.

### OUTPATIENT SERVICES REQUEST

- Patient Detail
- Requesting Provider
- Service Provider
- Attending Physician
- Service Detail
- Procedures**
- Diagnoses
- Clinical Information
- Attached Documents
- Questionnaires

#### PROCEDURES

Use the search below to add procedures to this request

---

\* denotes required field

# Atrezzo Provider Portal

## Home Health Procedure Codes



- G0151- Physical Therapy
- G0152- Occupational Therapy
- G0153-Speech Therapy
- G0299- Skilled Home Health Nursing (RN)
- G0300- Skilled Home Health Nursing (LPN)
- G0156- Home Health Aide

# Atrezzo Provider Portal

## New Case Creation



Click “Select” under the Actions column which places the preferred code on the case entry

\*Recommendation: Complete Procedure Code search utilizing the Procedure Code versus the code description to reduce search results

### Procedure Search

Code Type    
Code Starts with   
Description   
Smart Search

Code	Description	Action
G0299	Hhs/hospice of rn ea 15 min	Select

### Procedure Search

Code Type    
Code Starts with   
Description   
Smart Search

Code	Description	Action
G0152	Hhcp-serv of ot,ea 15 min	Select

# Atrezzo Provider Portal

## New Case Creation



- Enter the requested date span utilizing the calendar dropdowns
- Enter the quantity ( Units)
- Enter requested rate for reimbursement
- Request containing more than 1 procedure code requires you to repeat the above steps

### OUTPATIENT SERVICES REQUEST

- Patient Detail
- Requesting Provider
- Service Provider
  - Attending Physician
- Service Detail
- Procedures**
- Diagnoses
- Clinical Information
- Attached Documents
- Questionnaires

#### PROCEDURES

Use the search below to add procedures to this request

---

G0152 - Hhcp-serv of ot,ea 15 min [remove]

Date: \*   to

Qty: \*  -Frequency-  Rate:

MOD(S):

---

*\* denotes required field*

# Atrezzo Provider Portal QTY ( Unit) calculations



- Unit Calculations

- Follow Up visit= 1 Unit equals per 15 Minute increment

Example: Member needs 4 hrs/day, 5 days/wk for 2 weeks of G0299

- Provider would request 160 units total

# Atrezzo Provider Portal

## New Case Creation



Enter the Diagnosis code by clicking “ Find”

\*\*\*Recommendation: Complete Diagnosis code search utilizing the Diagnosis code versus the code description to reduce search results

The screenshot shows a web interface for an 'OUTPATIENT SERVICES REQUEST'. On the left is a sidebar with a list of menu items, each with a checkbox: 'Patient Detail', 'Requesting Provider', 'Service Provider', 'Attending Physician', 'Service Detail', 'Procedures', 'Diagnoses' (which is bolded), 'Clinical Information', 'Attached Documents', and 'Questionnaires'. The main content area is titled 'DIAGNOSES' and contains the instruction 'Use the search below in order to add diagnoses to this request'. Below this instruction are two buttons: 'Find' and 'Show Preferred'. At the bottom of the main area are two buttons: 'Previous' and 'Next'.

# Atrezzo Provider Portal

## New Case Creation

- The first diagnosis code entered is automatically deemed as the primary diagnosis.
- Requests containing more than 1 diagnosis code requires you to repeat the above steps

### OUTPATIENT SERVICES REQUEST

- Patient Detail
  - Requesting Provider
- Service Provider
  - Attending Physician
  - Service Detail
  - Procedures
  - Diagnoses**
  - Clinical Information
  - Attached Documents
- Questionnaires

#### DIAGNOSES

Use the search below in order to add diagnoses to this request.

Primary	Type	Code	Description	
<input checked="" type="checkbox"/>	ICD10	F84.0	AUTISTIC DISORDER	[remove]



# Atrezzo Provider Portal

## New Case Creation



- Clinical documentation must support the requested services
- Requestor's contact name and telephone number should be entered in the clinical information section
- After you enter your clinical information, please hit "Save" before proceeding to any other section to ensure that the clinical information entered is saved

**OUTPATIENT SERVICES REQUEST**

Patient Detail  
Requesting Provider

Service Provider  
Attending Physician  
Service Detail  
Procedures  
Diagnoses  
**Clinical Information**  
Attached Documents

Questionnaires

Please click Save button before proceeding to the next section of the case submission process.

**CLINICAL INFORMATION**

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

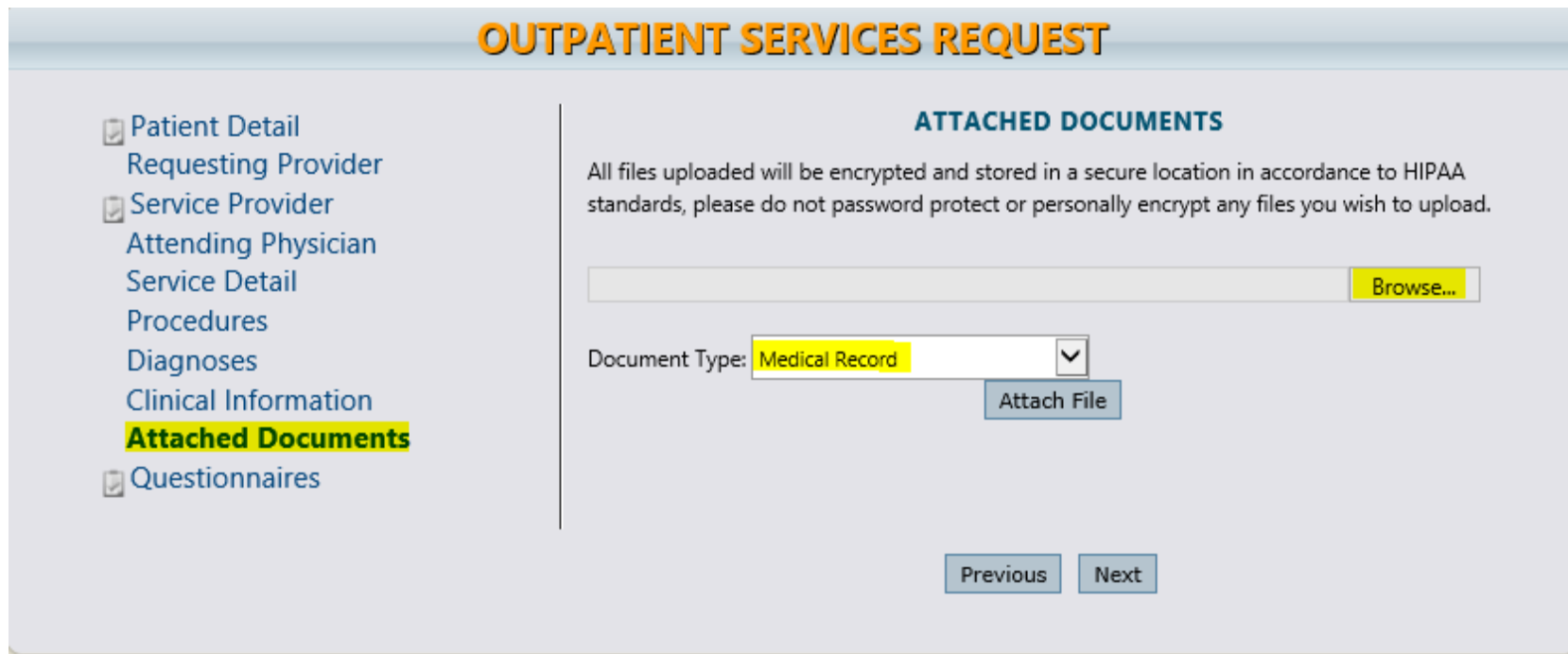
# Atrezzo Provider Portal

## Attaching Documents

### How to attach a Document

Click “Browse” to locate the file and click open to attach. The file Name will appear when it is successfully uploaded ( refer to slide 27 for steps 2-4 )

### Step 1



**OUTPATIENT SERVICES REQUEST**

- Patient Detail
  - Requesting Provider
- Service Provider
  - Attending Physician
  - Service Detail
  - Procedures
  - Diagnoses
  - Clinical Information
  - Attached Documents**
- Questionnaires

**ATTACHED DOCUMENTS**

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Document Type:

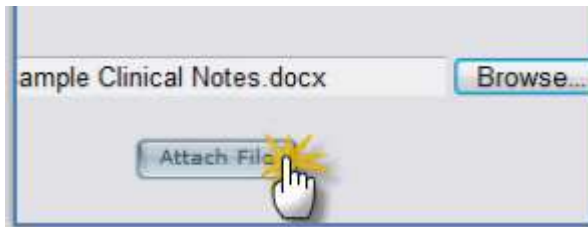
# Atrezzo Provider Portal

## Attaching Documents

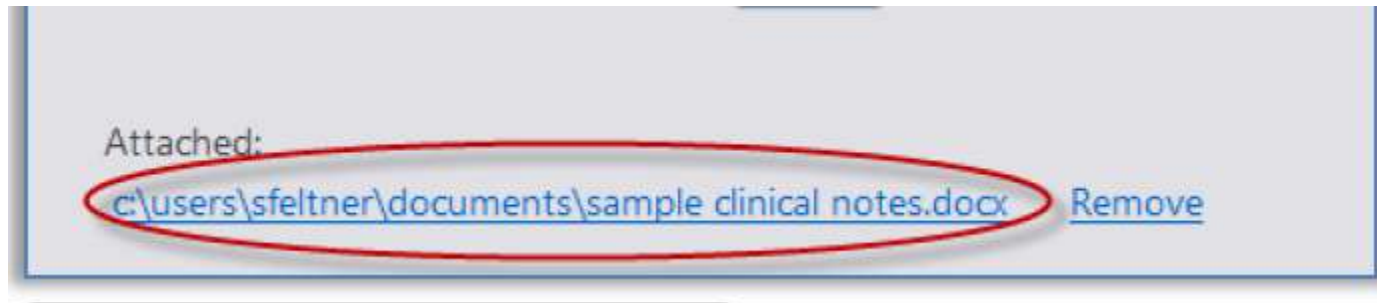
Step 2



Step 3



Step 4



# Atrezzo Provider Portal

## Attaching Documents



### Provider Pointers:

- Any one document must be less than 4 MB. There is no limit to the total size of all the documents, so long as each individual document is less than 4 MB.

- If the document size is more than 4 MB compress the file to reduce the size.

Instructional information regarding file compression depends on your individual computer settings. Consult with your IT representative within your facility for assistance.

OR

Split your document into two separate files to meet the maximum size limit.

- Atrezzo accepts files with the following extensions:

PDF	DOCX	XLS	GIF	TIF	TXT
XLSX	JPG	DOC	RTF	BMP	JPEG

# Atrezzo Provider Portal

## Home Health Questionnaire



### Provider Pointers:

- Click on the link for the Home Health Questionnaire to complete
- Prior to final case submission, the below questionnaire is required to be completed

The screenshot shows a web interface titled "OUTPATIENT SERVICES REQUEST". On the left is a navigation menu with several items, each preceded by a small icon: "Patient Detail", "Requesting Provider", "Service Provider", "Attending Physician", "Service Detail", "Procedures", "Diagnoses", "Clinical Information", "Attached Documents", and "Questionnaires". The "Questionnaires" item is highlighted in yellow. The main content area is titled "QUESTIONNAIRES" and contains a table with two columns: "Questionnaire Name" and "Status". The table has one row with the value "Home Health Questionnaire" in the first column and "Not Completed" in the second. The text "Home Health Questionnaire" is also highlighted in yellow. At the bottom right of the main content area is a button labeled "Previous".

Questionnaire Name	Status
Home Health Questionnaire	Not Completed

# Atrezzo Provider Portal

## New Case Creation



---

### HOME HEALTH

1. *Is the member less than 21 years old?*

(Please select one.)

- Yes
- No

2. *Does the member currently use 14 hours or less per week of State Plan Home Health Nursing/Aide Services?*

(Please select one.)

- Yes
- No

3. *Does the member currently use 28 hours or less per week of post hospital benefit?*

(Please select one.)

- Yes
- No

# Atrezzo Provider Portal

## New Case Creation



4. *Does the member currently use 8 hours or less per day of State Plan Home Health Nursing/Aide/Therapies?*

(Please select one.)

- Yes
- No

5. *Is the member currently on the Ohio Home Care or Transitional Care Out Waiver?*

(Please select one.)

- Yes
- No

6. *Is the member in a managed care plan?*

(Please select one.)

- Yes
- No

7. *Is the service going to be used for respite or habilitation?*

(Please select one.)

- Yes
- No

---

**Disclaimers** (please check to confirm acceptance):

If you answered YES to any of the questions above, this request should not be submitted to KEPRO for increased state plan home health services.

Save Changes

# Atrezzo Provider Portal

## New Case Creation



- Click the check box on the case entry page acknowledging the below statement.

YOU ARE NOW READY TO SUBMIT YOUR ATREZZO PROVIDER PORTAL CASE!!!

- Click “ Submit”. Request overview page will now display your case entry and KEPRO case ID number.

If you are unable to complete your case submission you have the option of Selecting “Save for Later”. Selecting this option saves the data entered into the case up to the current point. The case will display on the Atrezzo Provider Portal home page awaiting final submission.

\*\*\*Note: Case Submittal is confirmed by receipt of KEPRO case ID on the Request Overview page.

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

Save

Save for later

Cancel Request

Submit



# Atrezzo Provider Portal New Case Creation

YOUR ATREZZO PROVIDER PORTAL CASE ENTRY IS NOW COMPLETE!!

KEPRO case ID number is located in the upper left corner of your screen



REQUEST OVERVIEW

**CASE INFORMATION**

Case ID:	Case Submit Date:	SPV Auth:	
1129000	9/16/2011	N/A	
Member ID:	Member Name:	Gender:	DOB:
[REDACTED]	[REDACTED] / [REDACTED]	F	11/1 [REDACTED]
Service Type:	Admission Source:		
0100 [REDACTED]	[REDACTED]		
Info Method:	Discharge Disposition:		
[REDACTED]	[REDACTED]		

**REQUEST**

Fac: [REDACTED] Attending Physician: [REDACTED]

**DIAGNOSES**

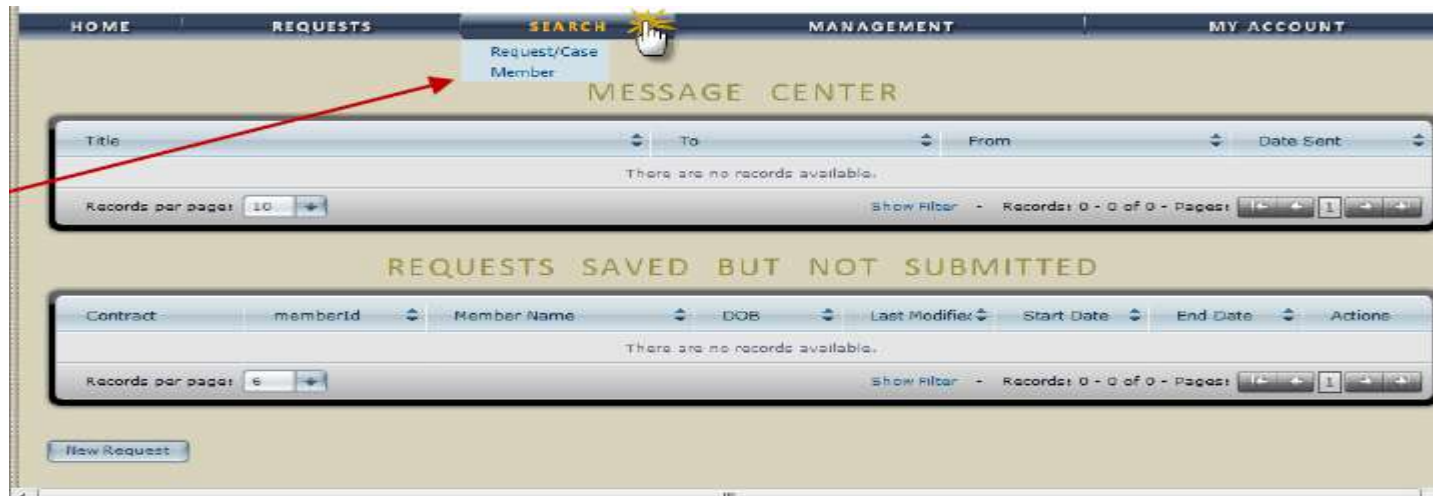
Primary	Code	Description
	0111	SPUR OF OSTEOARTHRITIS

# Atrezzo Provider Portal

## Completing Case Inquiry

### Complete Member search

#### Search by Member ID or Last Name and Date of Birth



# Atrezzo Provider Portal

## Completing Case Inquiry

Select the Member from the search results by clicking on the SELECT Link ( Located under the Actions Column)



Member ID	Last Name	First Name	Address	Birthdate	Case Count	Actions
[REDACTED]	SMITH	[REDACTED]	[REDACTED]	01/01/[REDACTED]	0	<a href="#">Select</a>

Records per page: 10

Records: 1 - 1 of 1 - Pages: 1

# Atrezzo Provider Portal

## Completing Case Inquiry



Verify the member's information and click **Select** next to the applicable request

**\*Note:** Un-Submitted status indicates your request has not been submitted to KEPRO. View all Un-Submitted request on your home page

### REQUESTS

Member ID: Birth Date:  
Address: Contact:

Submitted Requests

Servicing/Attending/PCP Requests

Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers	
(N/A) [Procedures] [Diagnosis]	Un-Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Outpatient Letters: 0 Messages: 0				[Select] [Extend] [Copy]
163431334 (N/A) [Procedures] [Diagnosis]	Submitted Approved: 0 Denied: 0 Pending: 1 Void: 0	Outpatient Letters: 0 Messages: 1	048a - CMDE	11/14/2016 - 11/14/2016	[Servicing]	[Select] [Extend] [Copy]

# Atrezzo Provider Portal

## Completing Case Inquiry



### **Request Overview page will displays all case information**

- Member Information
- Requested and Certified CPT codes
- Requested and Certified Quantity
- Current Status (Pending- Add information, Submitted, Approved or Denied)
- All Case Messages
  - Ability to send a new messages
- Attached Documents ( All clinical information previously attached for KEPRO Review )
  - Ability to attach additional documentation
- Clinical Information- View all Clinical notes submitted by KEPRO internal staff members and Providers via the Atrezzo Provider Portal System
  - Ability to add Additional Clinical Information

# Atrezzo Provider Portal

## Completing Case Inquiry

REQUEST OVERVIEW

PRINT CASE 

CASE INFORMATION

<b>Case ID:</b> [REDACTED] 334	<b>Case Submit Date:</b> 12/8/2016 4:12 PM	<b>SRV Auth:</b> N/A	<b>Reference ID:</b> N/A
<b>Member ID:</b> [REDACTED] 74	<b>Member Name:</b> [REDACTED] BUR	<b>Gender:</b> M	<b>DOB:</b> [REDACTED] 010

PROCEDURES

0359T	BEHAVIORAL ID ASSESSMENT	<b>Status:</b> Pending	<b>Reason:</b> Additional Info - Pend
<b>Quantity:</b>	<b>Requested</b>	<b>Certified</b>	
1	N/A	N/A	
<b>Start Date:</b>	<b>End Date:</b>	<b>Freq:</b>	<b>Rate:</b>
11/14/2016	11/14/2016	N/A	N/A
		<b>Mod:</b> UB	
<b>Errors:</b>			

---

PROVIDER INFORMATION

**Servicing Provider:**  
[REDACTED] IFT

**Attending Physician:**

---

DIAGNOSIS CODES & OTHER CASE INFORMATION

Primary	Code	Description
<input checked="" type="checkbox"/>	F84.0	AUTISTIC DISORDER

---

<b>Request Type:</b> Prior Auth	<b>Intake Method:</b> Web	<b>Discharge Dispositions:</b>
------------------------------------	------------------------------	--------------------------------

MESSAGES AND ATTACHMENTS

**MESSAGES**

[View Messages \(1\)](#)  
[Send New Message](#)

**LETTERS**

No Letters exist for this request.

**ATTACHED DOCUMENTS**

[REDACTED]

Attach New Document (4 MB size limit):

**QUESTIONNAIRES**

No Questionnaires exist for this request.

CLINICAL INFORMATION

# Atrezzo Provider Portal

## Receiving Provider Notification



Upon review of the submitted clinical documentation KEPRO will make a medical necessity determination. Provider notification regarding Approvals, Denials and request for additional documentation or corrections is viewable via the **Atrezzo Provider Portal Message Center**.

To **READ** a message sent, go to the Home Screen and click on the message located in the Message Center.

MESSAGE CENTER			
Title	To	From	Date Sent
Approval	Paige Ash	KePRO	1/20/2016
Approval	Paige Ash	KePRO	1/21/2016

# Atrezzo Provider Portal

## Receiving Provider Notification

- The message appears (1)
- To REPLY to the message, type the reply in the space provided (2)
- Click the Reply button (3)



The screenshot displays the Atrezzo Provider Portal interface. At the top, there is a navigation bar with tabs for HOME, REQUESTS, SEARCH, MANAGEMENT, and MY ACCOUNT. Below the navigation bar, the page title reads "MESSAGES FOR CASE" followed by a redacted case ID. The message content includes the following fields: To: [redacted], From: [redacted], Sent At: [redacted], and Subject: Re: Lab Results. The message body contains the text "Thank you - please forward the labs as soon as possible to ensure this request is finalized today." with a red circle containing the number 1 next to it. Below the message body, there is a "Subject:" label and a text input field containing "Re: Lab Results". A large text area for the reply is located below the input field, with a red circle containing the number 2 next to it. At the bottom left of the message area, there is a "Reply" button with a hand cursor icon and a red circle containing the number 3 next to it.



# Atrezzo Provider Portal

## Receiving Provider Notification



For additional assistance contact KEPRO Customer  
Service Department at 844-854-7281

OR

Refer to the Atrezzo Provider Portal User Guide  
located under the Help tab on the Home page in  
the Atrezzo Provider Portal