



# RETROSPECTIVE POST- PAYMENT CLAIM REVIEW

North Dakota Department of Human Services

---

March 2021



# Agenda

---

1. Program objectives
2. Claims methodology
3. Review process
4. Registration Process
5. Submitting clinical information
6. Updating fax information
7. Documentation Review
8. Next steps
9. Contact information



PART ONE

---

# Program Objectives

# Program Objectives

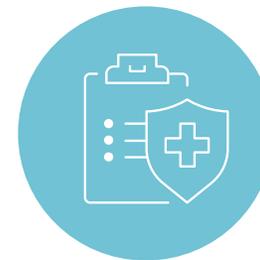
---



Partner with North Dakota DHS to help ensure quality outcomes in Medicaid population



Ensure quality of care for services rendered to the Medicaid population



Educate provider community on best practices for coding and care delivery services



PART TWO

---

# Claims Methodology

# Claims Methodology

---



## Inclusion Criteria

---

- Active Medicaid member(s) with dates of service beginning July 1st 2019- September 30th 2019 in the initial cohort and quarterly in subsequent requests
- Medical inpatient claims
- High cost DRG claims
- Readmissions, pregnancy complications, short stays



## Exclusion Criteria

---

- Zero-dollar claims
- Unknown provider NPIs



## Quality Oversight

---

- *Claims methodology processes approved by Kepro governing quality oversight committees and North Dakota DHS*



PART THREE

---

# Review Process



# Review Process

---

Key components of quality reviews include:

1. Medical Necessity
2. Level of Care
3. Coding
4. Quality of Care

# Review Process

---

- Each North Dakota Retrospective Post-Payment Reviews will be conducted by KEPRO beginning in the 1st quarter of 2021
- Each quarter Kepro will focus on select inpatient review objectives. If your claim is selected, you will receive a Request for Medical Records via postal mail
- Requested medical records must be submitted to KEPRO within 25 business days following the date of the letter request
- If Medical records are NOT received within 15 business days, a second notice requiring immediate attention will be sent requesting medical records submittal within 10 business days

# Review Process

---

- If the required documentation is NOT received within 10 business days of the final notification, KEPRO will close the case and will notify NDDHS for further action
- Requested Medical records must be submitted directly to KEPRO via Atrezzo Provider Portal web-based system at <https://portal.kepro.com>
- Non-registered providers must register for access to the portal prior to submitting medical records
- Registered providers that currently utilize the Atrezzo Provider Portal system for North Dakota DHS prior authorization request may continue to utilize existing login credentials
- Once registration is completed, the provider will conduct a search using the patient's North Dakota Medicaid ID or the Case ID listed on the Request for Medical records notification letter



PART FOUR

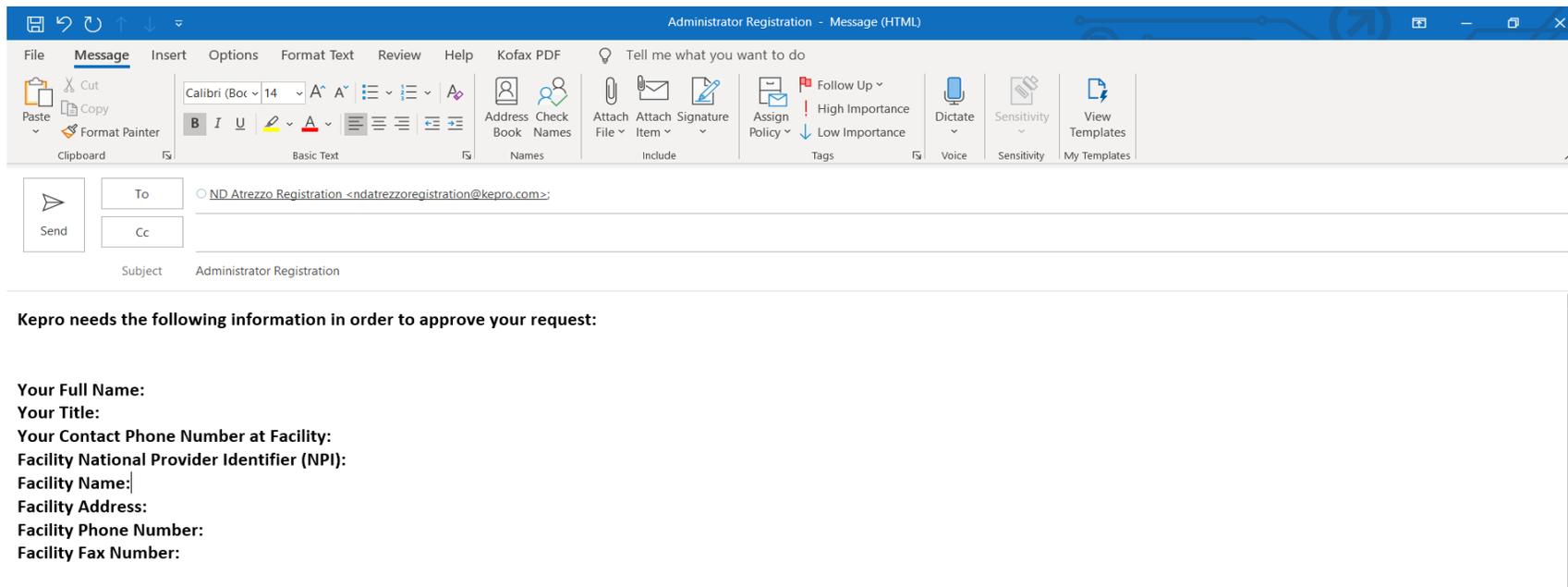
---

# Registration Process

# Provider Registration: Initiating A Request for Access

To register as the account administrator of your facility, clinic, or doctor's office, please click [here](http://ndatrezzoregistrationkepro.com) (ndatrezzoregistrationkepro.com) to send us an email. Complete all of the requested information within the email before sending. You will be contacted by Kepro and provided with a registration code to access Kepro's ANG Provider Portal at <https://portal.kepro.com>

Email Example:



\*\*\*Note: Providers may skip this setup if they have already registered with the provider portal\*\*\*

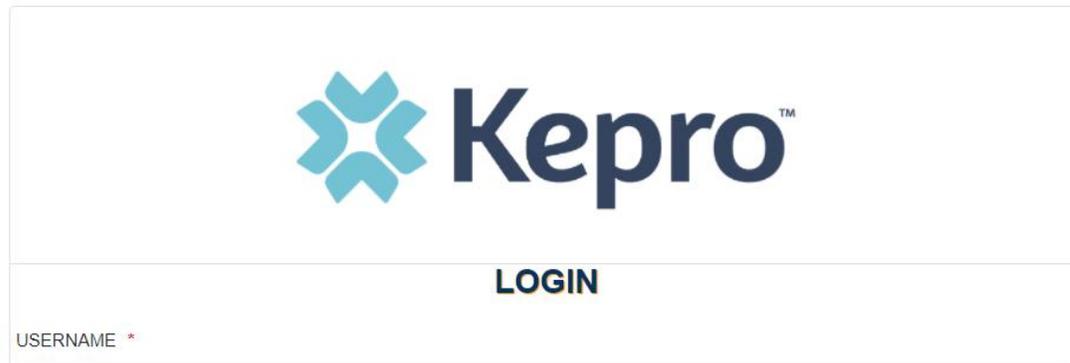
# Provider Registration: Initiating A Request for Access (cont.)

---

Once the registration code is obtained from Kepro via email, you may use that to log onto the provider portal illustrated on the subsequent pages

## Helpful Hint

Bookmark  
the Provider  
Portal URL for  
future use



The screenshot shows the Kepro login interface. At the top center is the Kepro logo, which consists of a teal asterisk-like icon followed by the word "Kepro" in a dark blue sans-serif font with a trademark symbol. Below the logo, the word "LOGIN" is centered in a bold, dark blue font. At the bottom left of the page, there is a text input field with the label "USERNAME" and a red asterisk indicating a required field.

# Provider Registration: Initiating A Request for Access (cont.)

---

## 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 NPI and Medicaid ID for the facility or clinic.
- Upon initial login, the Provider Administrator should follow the steps on the subsequent slides to complete registration.

# Provider Registration: Initiating A Request for Access (cont.)

Once at the ANG provider portal, click REGISTER HERE under the Login section and enter the facility NPI. The Provider Registration Code will be emailed to requesting providers once the request for access is completed. Enter the code in the corresponding field.

The image displays two screenshots of the Kepro provider portal interface. The left screenshot shows the 'LOGIN' page with fields for 'USERNAME' and 'PASSWORD', a 'LOGIN' button, and a 'register here' link. The right screenshot shows the 'Create a New Account - Specify Your Organization' page with fields for 'NPI' and 'PROVIDER REGISTRATION CODE', and buttons for 'LOGIN' and 'NEXT'. An orange arrow points from the 'register here' link in the first screenshot to the 'NPI' field in the second screenshot.

# Provider Registration: Initiating A Request for Access (cont.)

Complete the Account Information section by creating a username, password, security question and answer. This will be used to reset the password in the future if needed.

Complete the Contact Information Section, click

**NEXT >**

Review the Terms of Use Agreement, click the acknowledgment

check box, and then click **CONTINUE >**

## Helpful Hints

- The username and password created here will be used by the Provider Administrator account login
- Passwords must be 8-16 characters
  - One upper case letter
  - One lower case letter
  - One number
  - One special character
- Fields that have an asterisk (\*) are required.

Create a New Account - Enter User Information

### Account Information

USERNAME \*

PASSWORD \*

CONFIRM PASSWORD \*

SECRET QUESTION \*

SECRET ANSWER \*

Contact Information

FIRST NAME \*

LAST NAME \*

ADDRESS 1

ADDRESS 2

CITY

State

Select State

ZIP CODE

EMAIL \*

CONFIRM EMAIL \*

Phone

Fax \*

\* - Required field

**NEXT >**

KEPRO Portal - 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 KEPRO, 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 KEPRO 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,

American Arbitration Association with such arbitration to occur in Harrisburg, Pennsylvania.

KEPRO, Inc. 777 East Park Drive Harrisburg, PA 17111 Toll-free: [800.222.0771](tel:800.222.0771) Phone: [717.564.8288](tel:717.564.8288) Fax: 717.564.3862 [www.kepro.com](http://www.kepro.com)

I have read and agree to these terms of use.

**CONTINUE >**

# Provider Registration: Initiating A Request for Access (cont.)

---

Please see additional video instructions regarding these processes via the links below:

- [Provider Admin Registration Video](#)
- [Provider Admin Add & Manager Users Video](#)





PART FIVE

---

# Submitting Clinical Information

# Submitting Clinical Information

---

- Each Request for Medical Records will be assigned a case ID# in the letter sent to providers. Providers will need to find the case ID in order to upload requesting documentation.

***\*\*Please note: Kepro is NOT accepting faxed or mailed records for retrospective reviews. The records must be uploaded into the Atrezzo provider portal\*\****



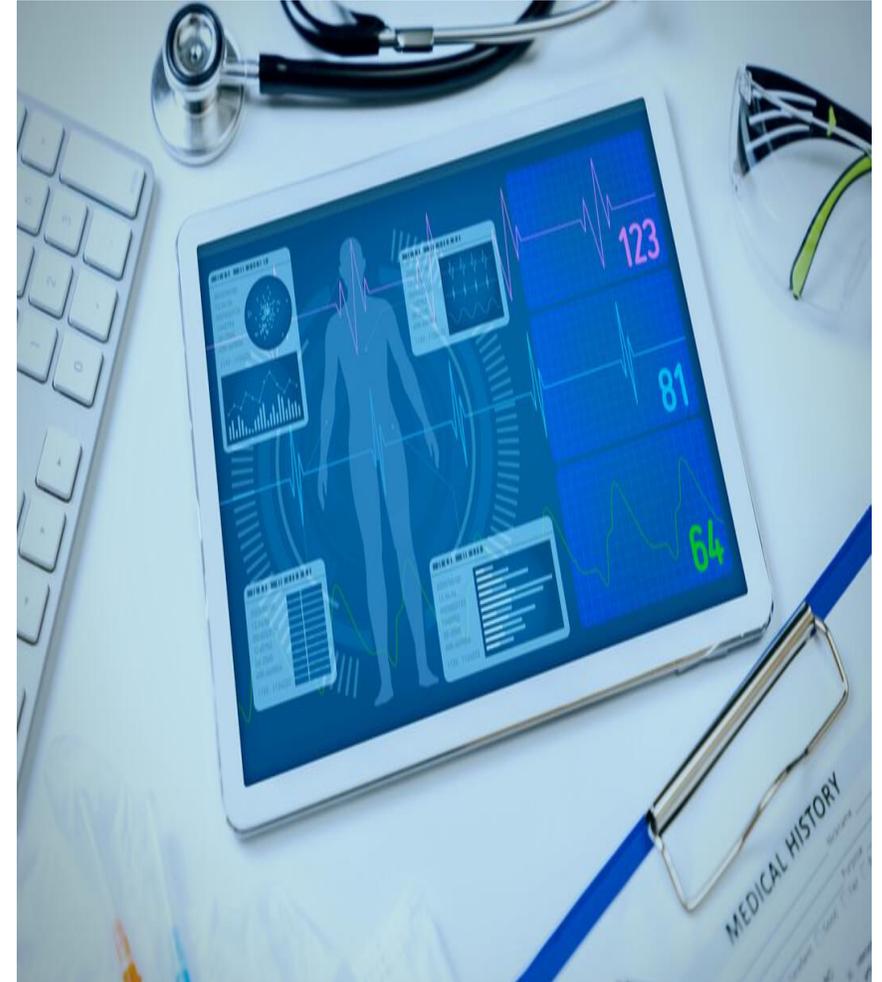
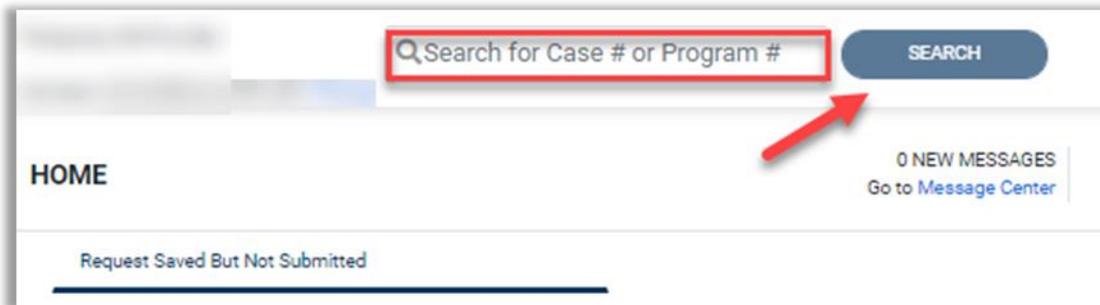
# Submitting Clinical Information

## FINDING YOUR CASE ID:



- **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.



# Submitting Clinical Information

---

## UPLOADING DOCUMENTATION:

Once case is located, you may upload supporting documentation. Click under Attachments, then Documents. A blue click box will display. Click on it to upload medical records.

CLICK HERE TO UPLOAD FILE +

A pop up will display, click Browse to search for the supporting documentation.

**FILE UPLOAD** ✕

\* fields are mandatory

**SELECT FILE +**

**BROWSE MAX FILE SIZE: 4 MB**

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

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

Larger files will take longer to upload/download. Please be patient.

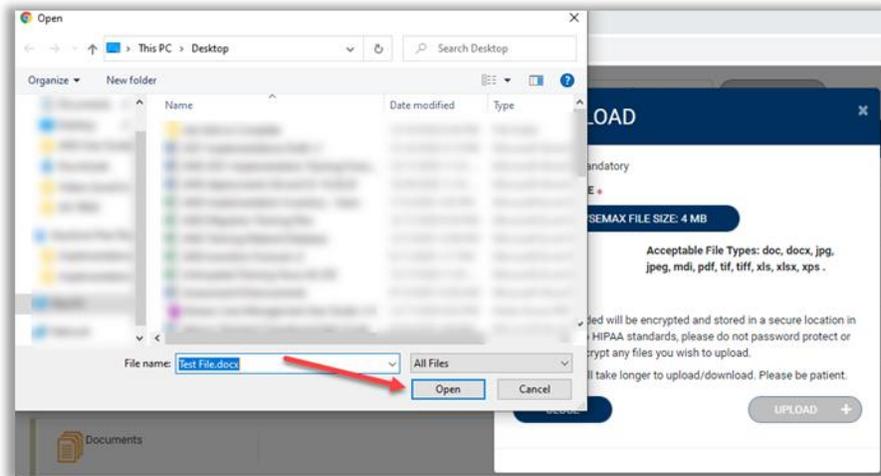
**CLOSE** **UPLOAD +**



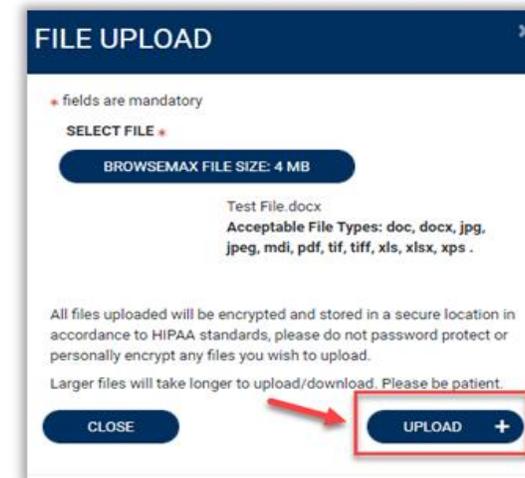
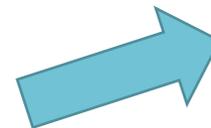
# Submitting Clinical Information

## UPLOADING DOCUMENTATION CONT:

Select the file, and click Open.



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



# Submitting Clinical Information

## UPLOADING DOCUMENTATION CONT:

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

Attachments

Documents

**DOCUMENTS** [CLICK HERE TO UPLOAD FILE](#) +

✔ Document has been uploaded successfully

FILE NAME	DOCUMENT TYPE	DEACTIVATE
Test File.docx		

Displaying records 1 to 1 of 1 records

Previous **1** Next Show 10 Entries



PART SIX

---

# Updating Fax Information

# Updating Fax Information

---

**IMPORTANT!!!!**

Providers will need to enter a note and a working fax number for all correspondences related to that particular case (case determination, request for additional information, etc). If a fax number is not updated in the case, and additional information is necessary for the review, Kepro may deny the case for lack of information.

# Updating Fax Information

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**.

The screenshot shows the 'Notes' section of the Kepro interface. At the top, there are two expandable sections: 'Communications' and 'Notes', both with blue upward-pointing arrows. Below these, there are two buttons: 'ADD NOTE ^' and 'EXPAND ALL v'. The 'ADD NOTE ^' button is highlighted with a red box. Below the buttons, there is a text input field with the placeholder text 'Enter additional notes or documentation here.' and a red box around it. To the right of the input field, the text 'Update your fax information here' is written in red. Below the input field, there is a 'CANCEL' button and a 'SAVE' button. The 'SAVE' button is highlighted with a red arrow. At the bottom, there is a 'DATE/TIME' section and a message 'No records found.'



PART SEVEN

---

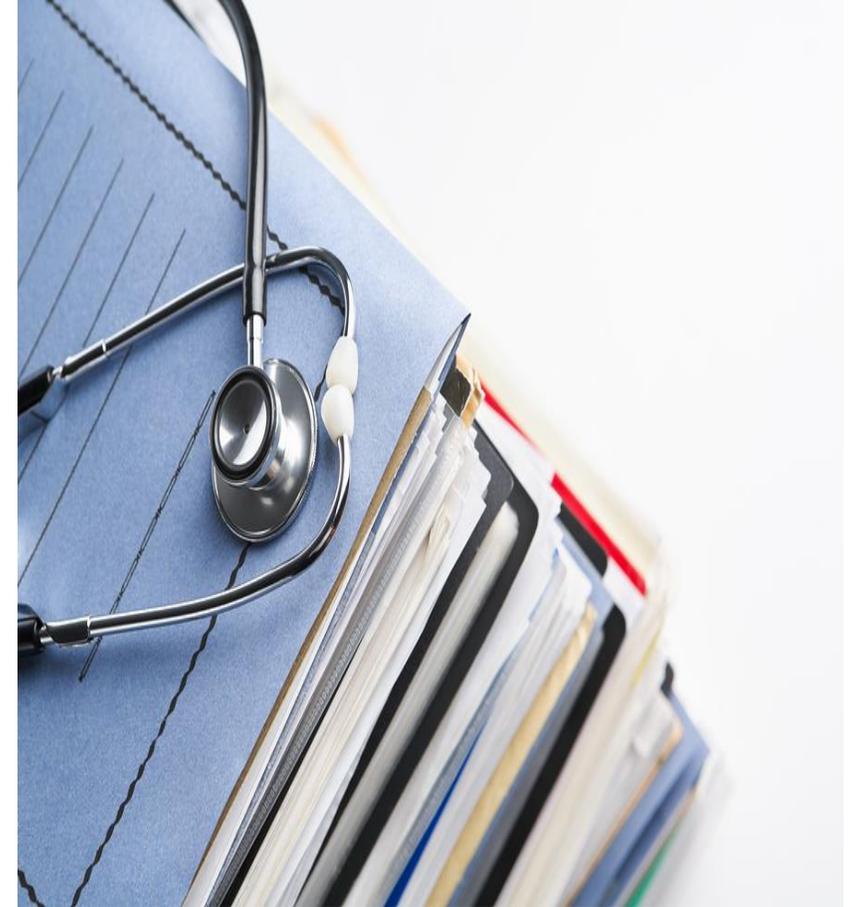
# Documentation Review

# Documents Reviewed

---

Review of all medical record documentation may include (but not be limited to) the following examples:

- Physician orders to include the inpatient admission order
- Emergency medical assistance
- Emergency department documentation
- History and physical
- Discharge documentation to include the discharge summary, discharge orders and discharge instructions
- Procedure notes (surgery, anesthesia, etc)

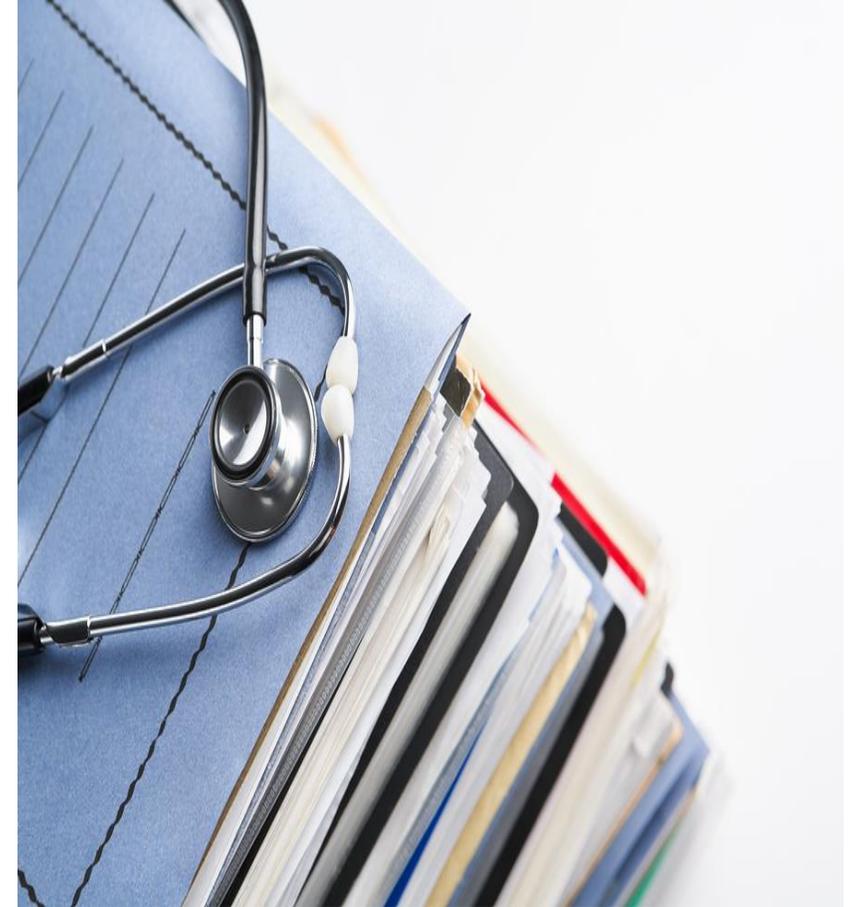


*\*\*\*Note: Providers must submit the signed doctors admit to inpatient order regardless of the dates of service under review. Without these documents, KEPRO will deny the case.\*\*\**

# Documents Reviewed (cont)

---

- Progress notes (physician, nurse, case management, social work, therapy and other)
- Pathology reports
- Consults
- Flow sheets (ventilator, nursing, labor and delivery, etc)
- Supporting diagnostic studies
- Medication administration documentation
- Therapy evaluations and recommendations (physical therapy, occupational therapy, speech & language therapy, etc)
- Clinic notes
- Transferring facility report, progress notes and physician orders
- Documentation of coordination of care
- Documentation of discharge disposition



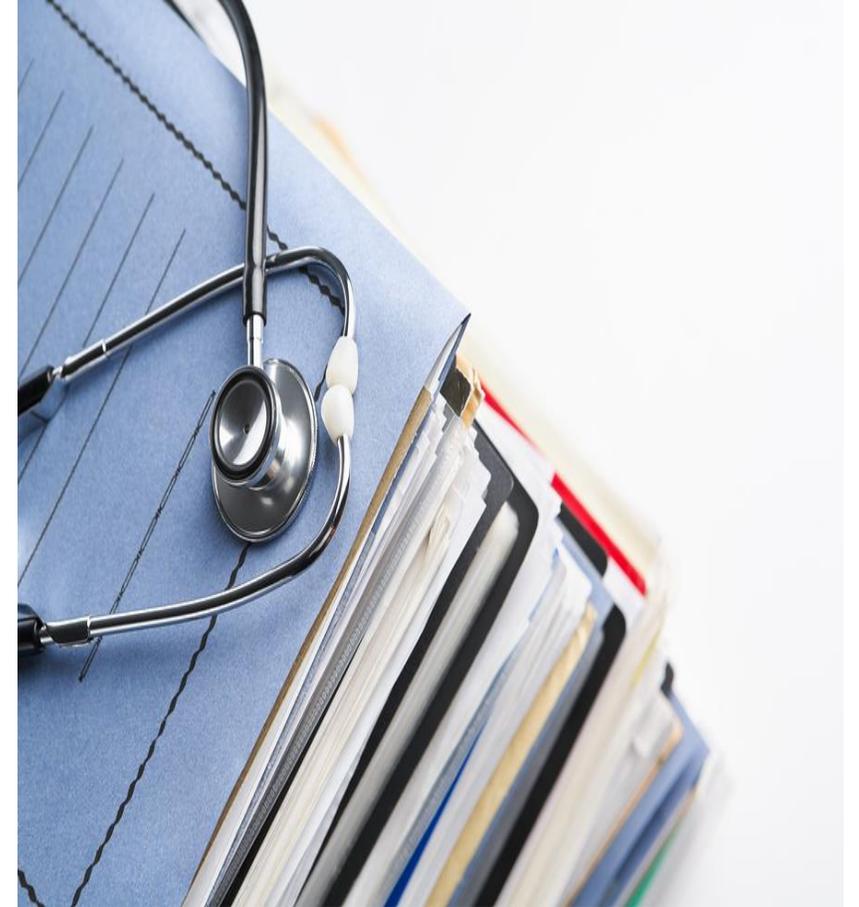
# Documents Reviewed (cont)

---

Additional documentation requests:

During the review process, the nurse reviewer may need additional documents:

- A letter will be sent via fax listing the additional documents needed to complete the review.
- When the documents have been pulled, please upload them to the Case ID number listed on the letter within **5 business days** of the request for additional information.





PART EIGHT

---

Next Steps

# Next Steps

---

- 1) Register for the Atrezzo provider portal (if not already completed)
- 2) Assign & delegate users as needed in your organization
- 3) Be on the lookout for mailed (or faxed) letters requesting medical records from Kepro
- 4) Once letter received, find case ID#s and upload documents as requested
- 5) Update fax information in cases





PART NINE

---

# Contact Information

# Contact Information

---

If you have any questions about registration for Atrezzo Provider Portal, please contact KEPRO at [ndatrezzoregistration@kepro.com](mailto:ndatrezzoregistration@kepro.com)

OR

Refer to the Atrezzo Provider Portal User Guide located under the Help tab on the Home page in the Atrezzo Provider Portal at: <http://nddhs.kepro.com/>

OR

Contact Us by Phone: 844.396.9569