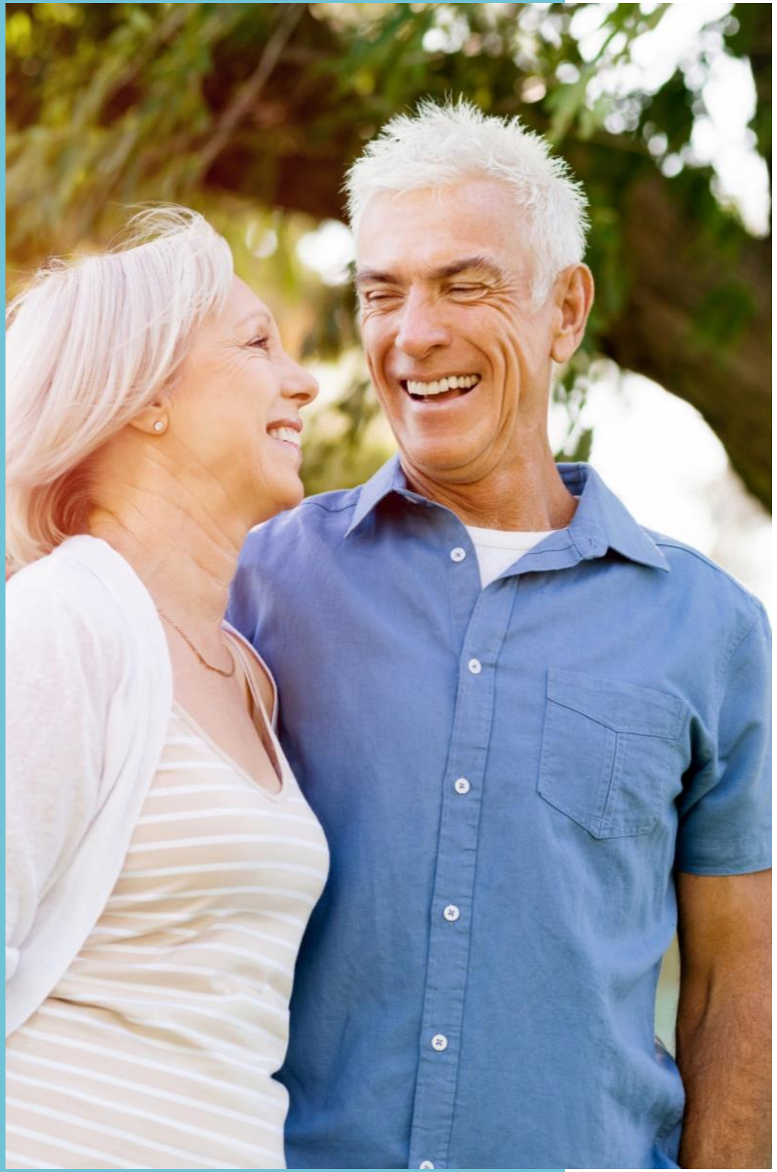
PRIOR-AUTHORIZATION SERVICES

North Dakota Department of Human Services

May 2021



Agenda

1. Who is Kepro
2. Registration Process for New Users
3. Registering for Multifactor Authentication
4. Signing on using Multi-Factor Authentication
5. Submitting a Request for an Authorization
6. Checking on case status
7. Next Steps
8. Contact information

About Kepro

Since 1985, Kepro has helped members lead healthier lives through clinical expertise, integrity and compassion. Kepro was founded by physicians and clinical expertise is at the core of our organization.

- Currently servicing 250 state, federal and employer clients
- URAC accredited in UM, CM, DM, & IRO
- Over 3,000 credentialed physicians and 500 clinicians on our Advisory and Review panel
- Currently partnered with NDDHS to provide both prior-authorization and retrospective review services

urac ACCREDITED
Health Utilization Management
Expires 12/01/2021

urac ACCREDITED
Case Management
Expires 12/01/2021

urac ACCREDITED
Disease Management
Expires 10/01/2020

urac ACCREDITED
Independent Review Organization: Internal
Expires 09/01/2022

426M
In Savings through Care Management

35 YEARS
Serving Government Sponsored Healthcare Programs

1.8M
UM Reviews a year

Kepro

PART TWO

Registration Process

Note: Providers may skip this step if they have already registered

Provider Registration

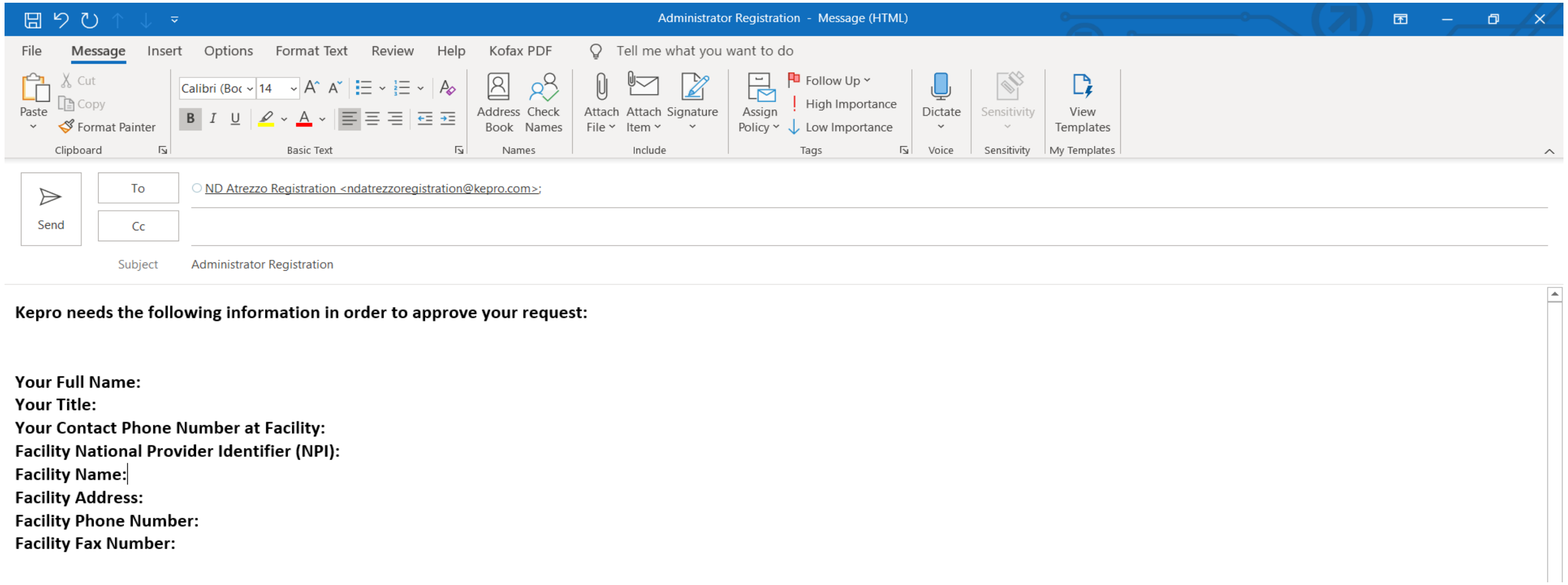
Access & Registration

- 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

To register as the account administrator of your facility, clinic, or doctor's office, please click [here](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:



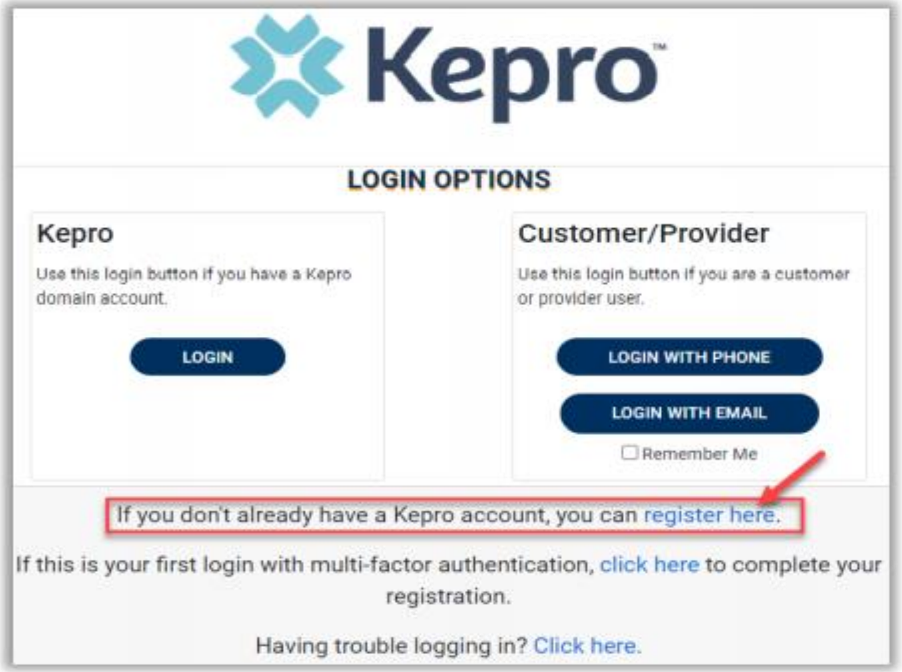
Once complete, an access code will be emailed to you within 2 business days

Provider Registration Cont.

SECTION 2 – New Provider Registration & MFA Registration

Use these instructions if you are a new provider and need to register for a Kepro account. The below instructions will guide you 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.

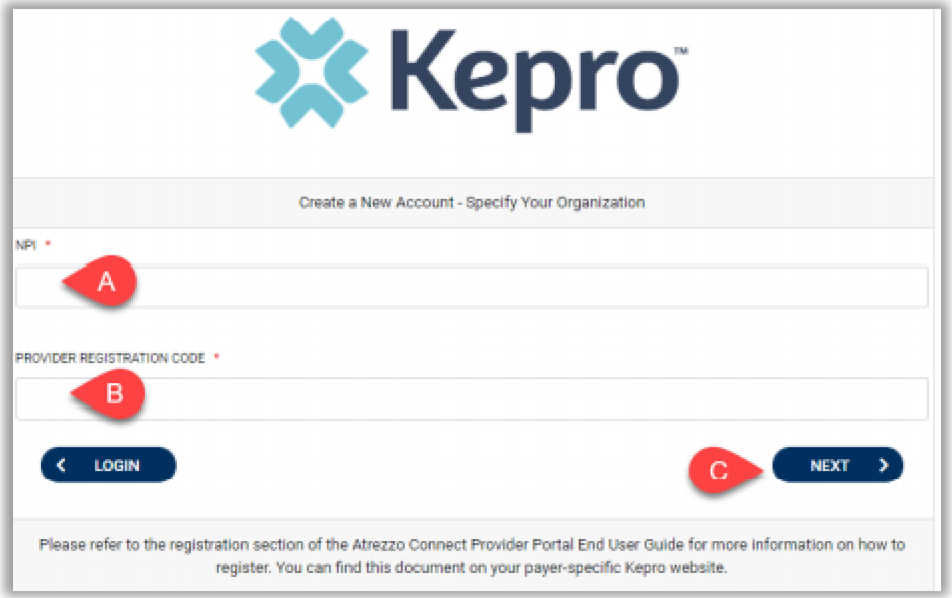
From the login screen, click the link to register for a Kepro Account.



Provider Registration Cont.

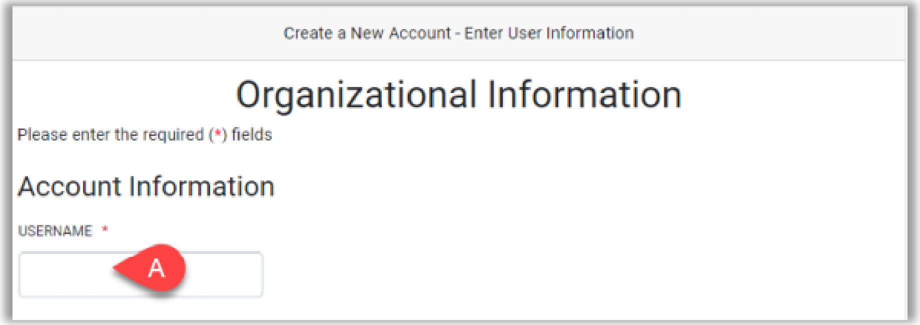
Use the code sent from step #1

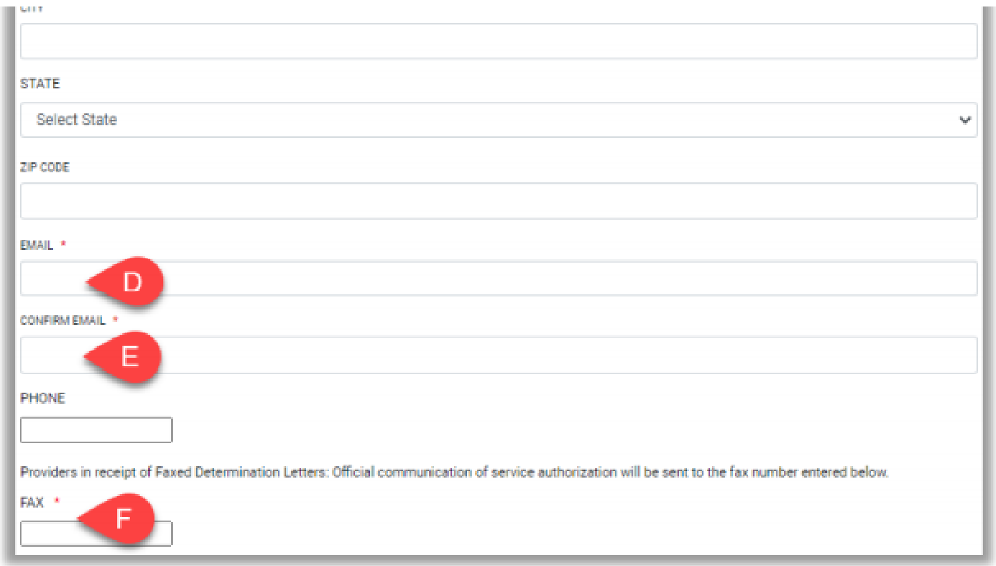
Enter NPI and Registration Code, then click Next.



Provider Registration Cont.

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





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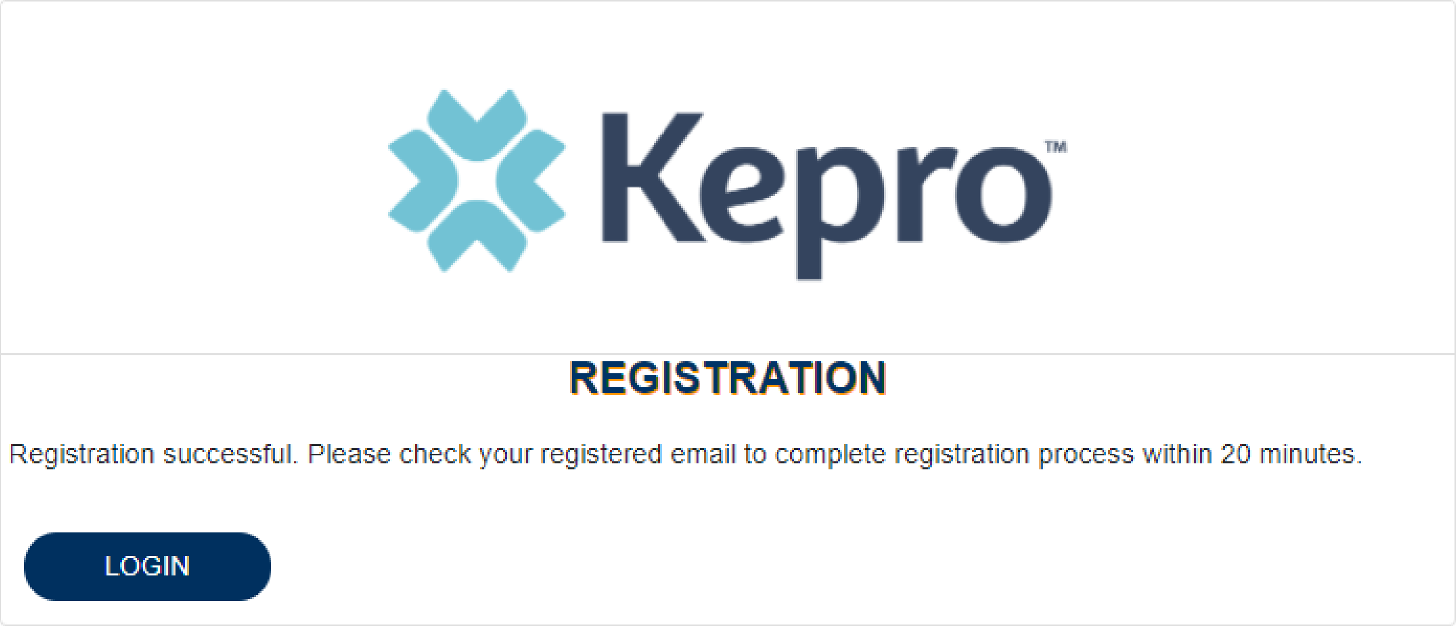
Provider Registration Complete



Provider Registration Complete

➢ An email will be sent to your account

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.


Atrezzo - Account Registration

atrezzo_donotreply@kepro.com
To: dduck_denver@yahoo.com

Dear User,

Your Atrezzo user profile has been initiated. Please follow the link below and the instructions on that page to register your account.

Atrezzo Registration
This link will expire in 20 minutes.

Thank you,
Kepro

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

PART THREE

Multi-factor Authentication

Single-Factor authentication (username/password) is not sufficiently secure when handling sensitive Personal Health Information or Personally Identifiable Information. Multi-Factor authentication is required to properly secure access to sensitive information.

What is MFA?

Multi-Factor authentication (MFA) is an authentication method that requires users to verify identity using multiple independent methods. Instead of just asking for a username and password, MFA implements additional credentials like a pin sent via email or text, or a verification call made to a preregistered phone number.

How it Works:

The goal of MFA is to provide a multi-layered defense system. This helps ensure that the users who access your system are who they say they are. Even if one factor is compromised, there are still more barriers to breach.

For example, to log in to a secure program, a user would need to type a password and enter another number from a text, phone call or email. Only the correct password combined with the correct number from the additional authentication factor would give a user access

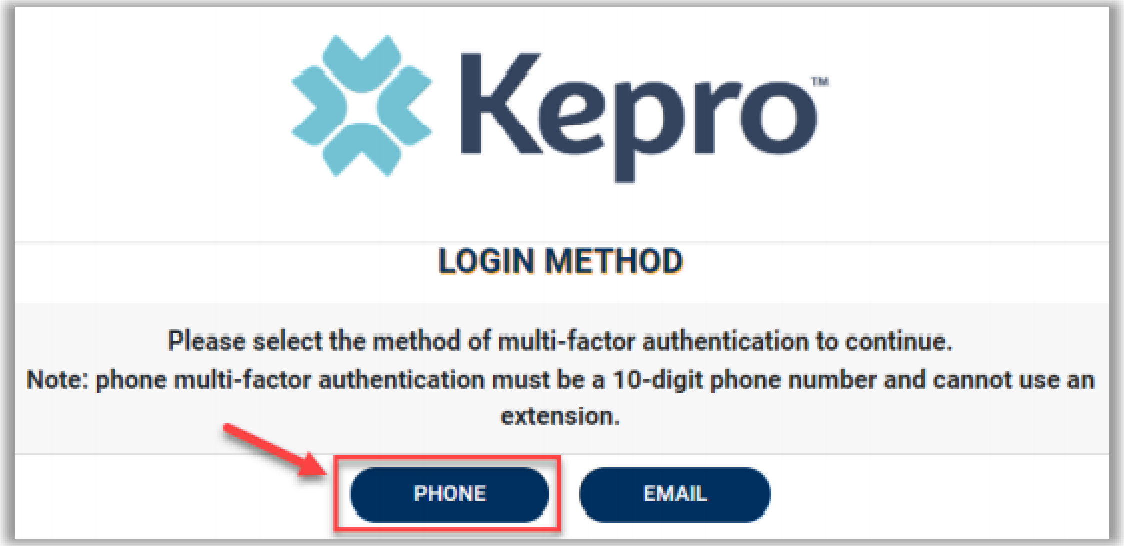
Register for MFA

Setting up secure access

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).

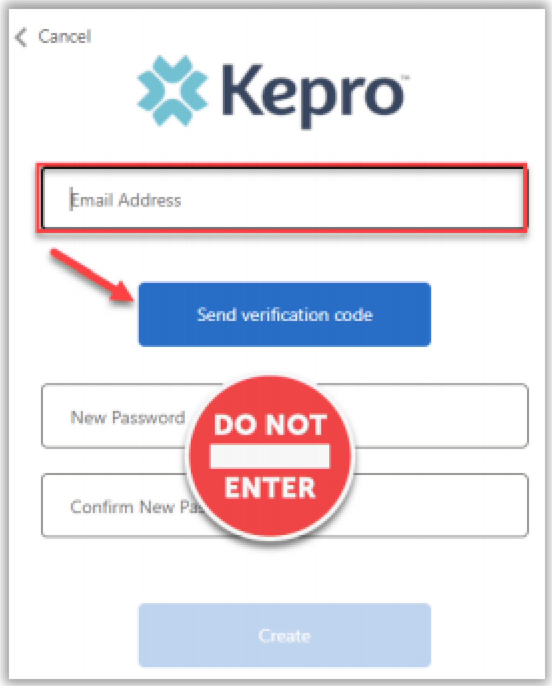
Phone Verification

Click the PHONE button



Register for MFA Cont.

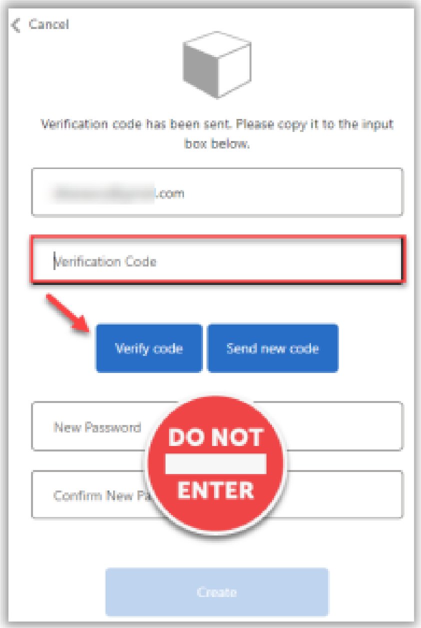
Enter your work email address, then click Send Verification Code. A code will be sent to your email.



Register for MFA Cont.

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).

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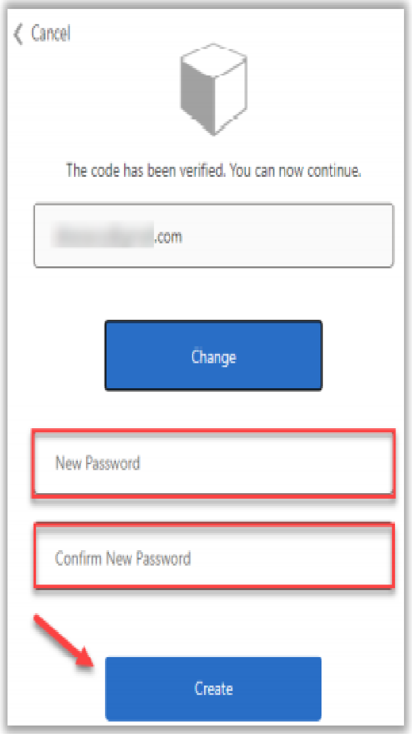
Register for MFA Cont.

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.



Helpful Hints

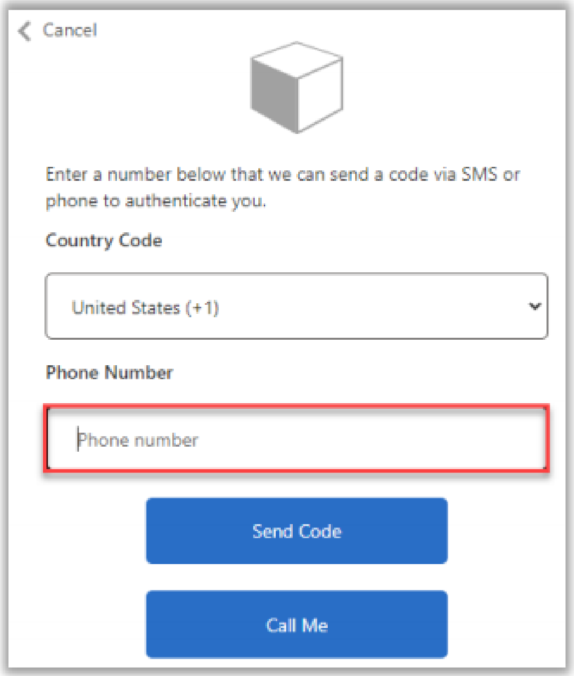
*Password are 8-16 characters

*1 upper case/ 1 lower case

*1 number

*1 special character

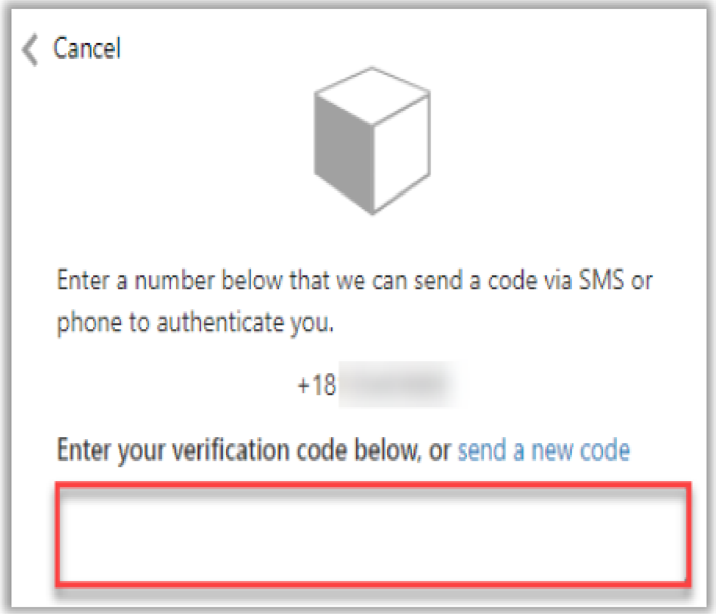
Enter your phone number and select Send Code or Call Me.

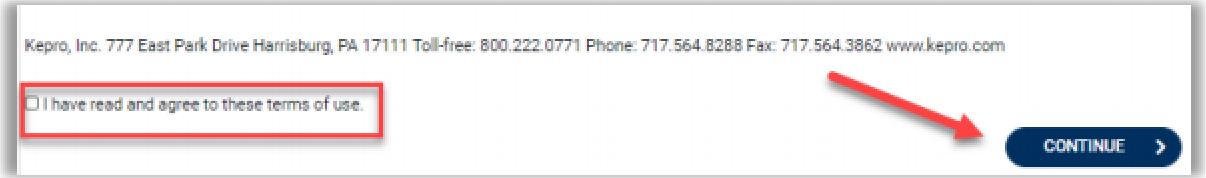


Register for MFA Cont.

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.





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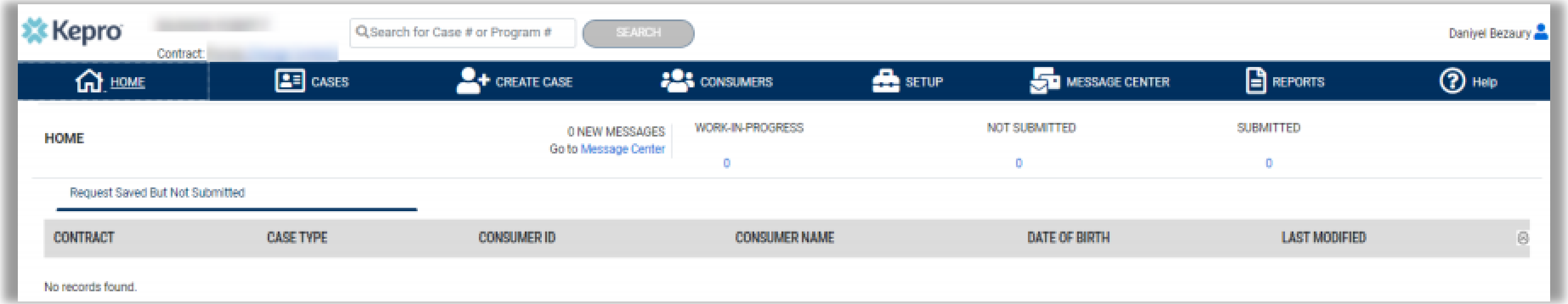
Sign-on Complete

Login will complete and the home screen will display.



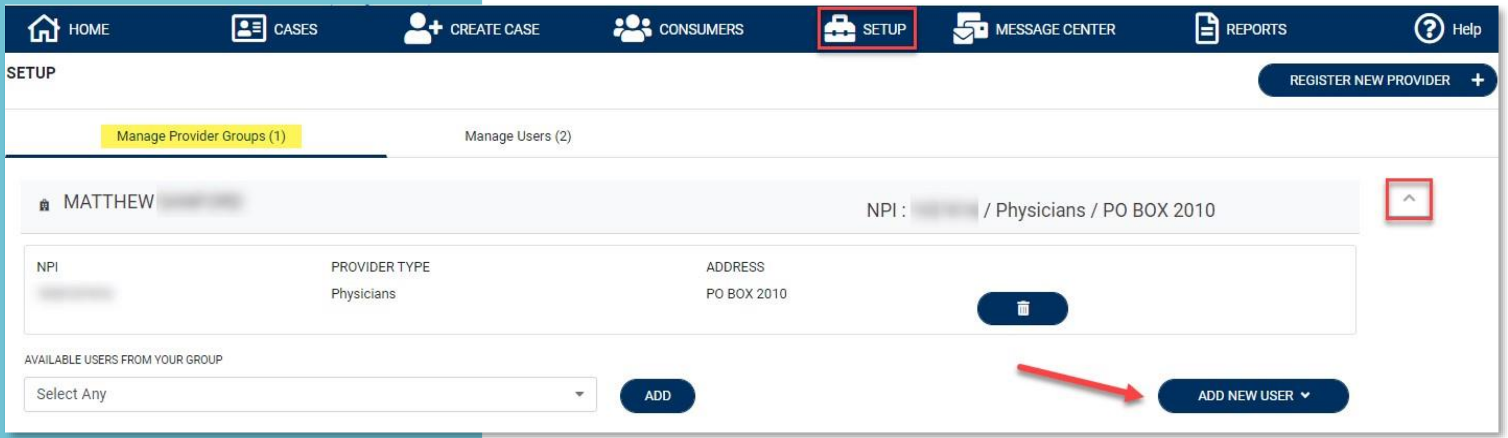
Adding Another User

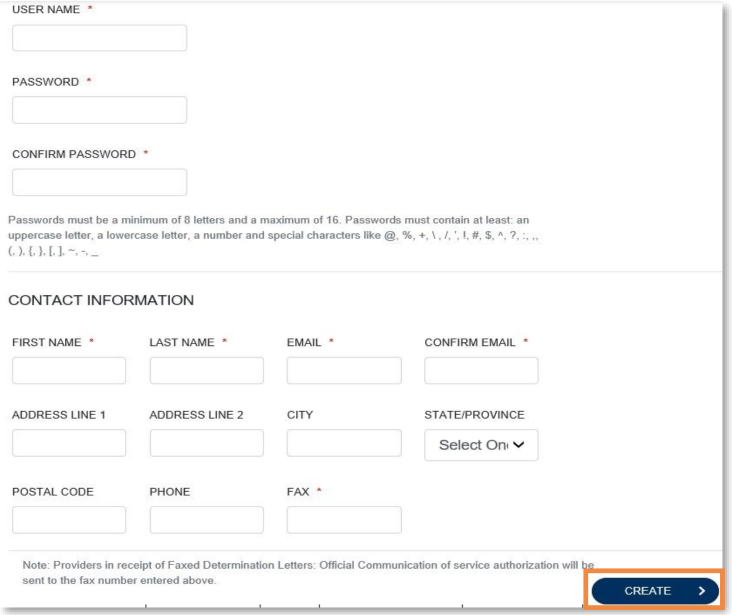
Helpful Hints

- Provide each user at your facility with their new username and password.
- Always use Manage Providers Groups Tab

What to Know

- Click on **SETUP** on the navigation pane. You will see Manage Provider Groups. Always stay in this tab/section.
- Click on the **arrow** on the far right to expand the section.
- Click on **Add New User**.
- Create a **username** and **password**, complete the contact information section, click **Create**.





Helpful Videos

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

- Provider Admin Registration Video

- Provider Admin Add & Manager Users Video

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PART FOUR

Log On Using Multi-factor Authentication

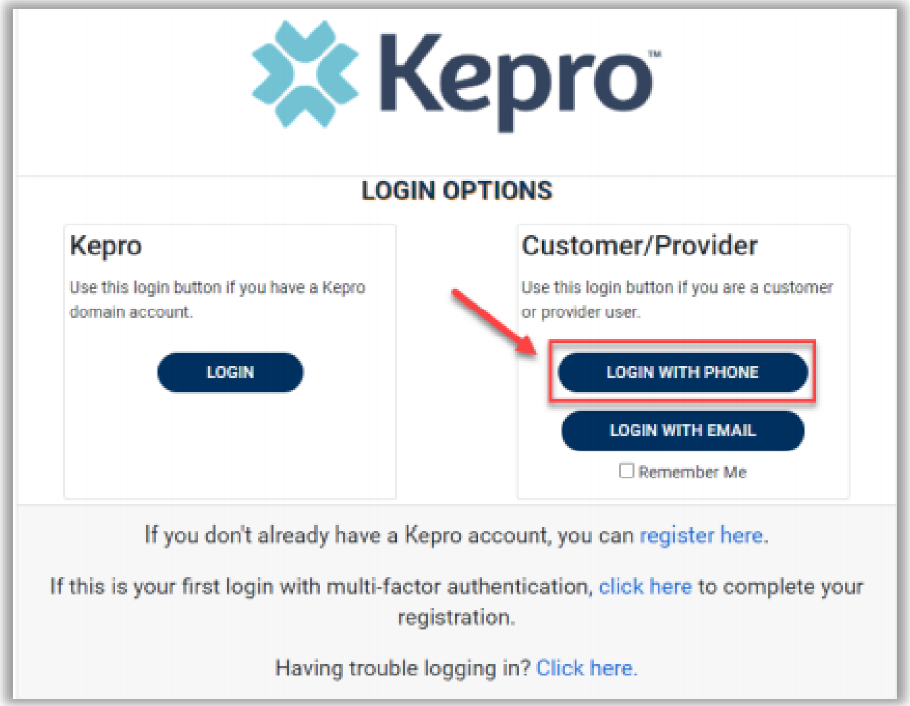
*** use this process for subsequent portal access***

Logging In via Phone

SECTION 3 – Phone Login

Use these instructions if you have already registered MFA with a direct phone number and want to login via SMS text or voice call.

From the login page, click Login With Phone

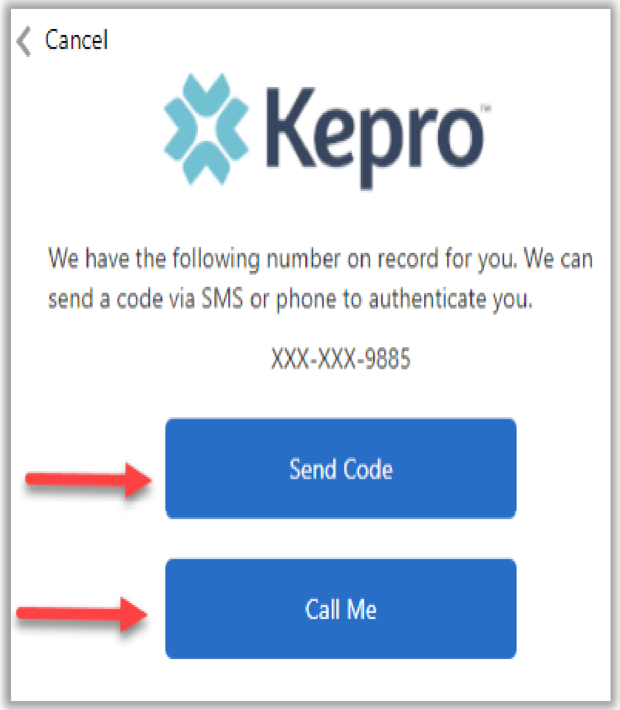


Logging in using a phone number (as opposed to email) is the most secure option

MFA Sign-On Continued

Enter the email address and password created during the registration process. Click Sign in

Confirm the phone number on file to receive a verification code. Select Send Code for an SMS text verification code or Call Me for a voice call prompting to press the # to complete verification.

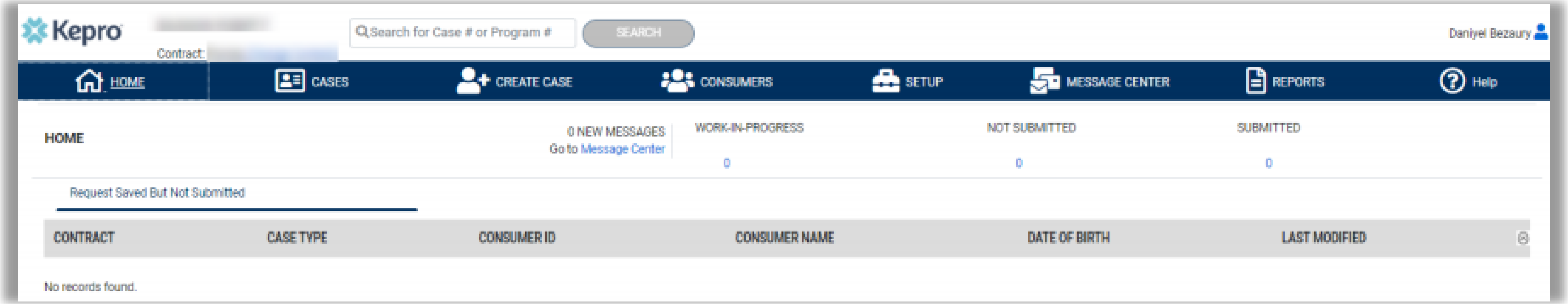


MFA Final Step

If Send Code option is selected, enter code received via text and click Verify Code.

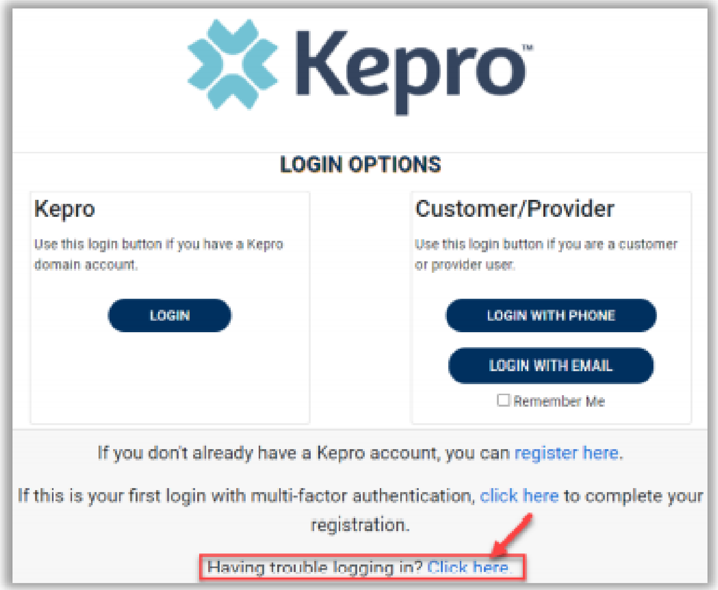
Sign-on Complete

Login will complete and the home screen will display.

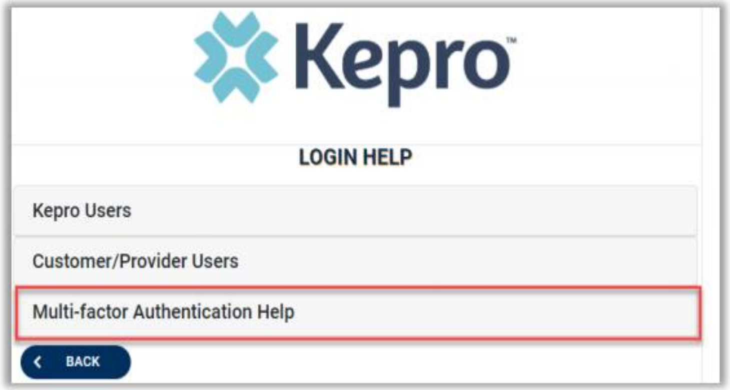


Trouble logging on? See our helpful hints on this slide.

Need Help?



Click Multi-Factor Authentication Help



Follow the prompts for the assistance needed.

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PART FIVE

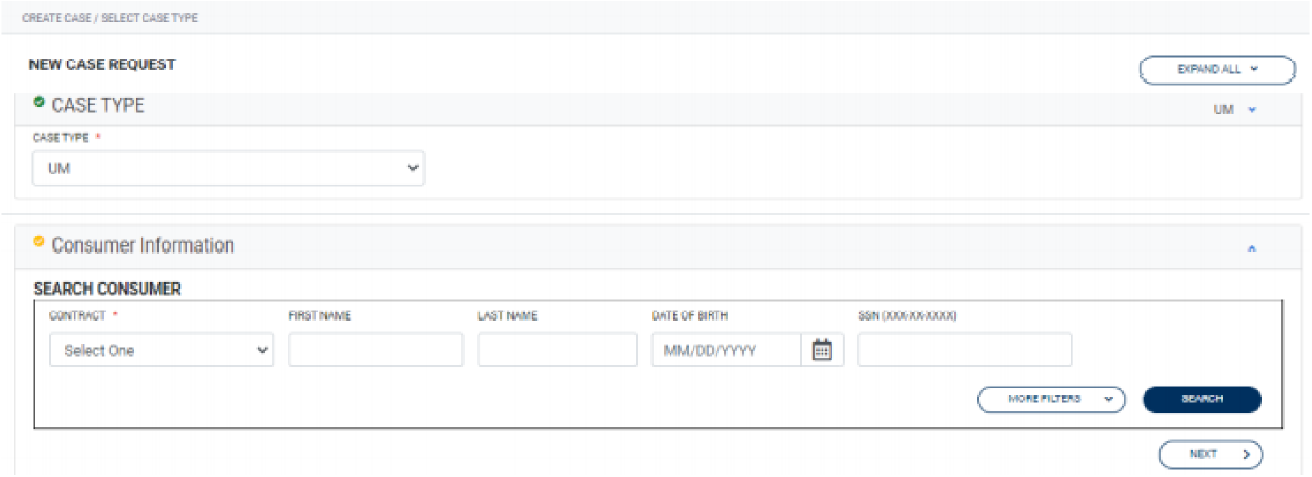
Submitting a Request for Prior-Authorization

Creating a Case

Create Case

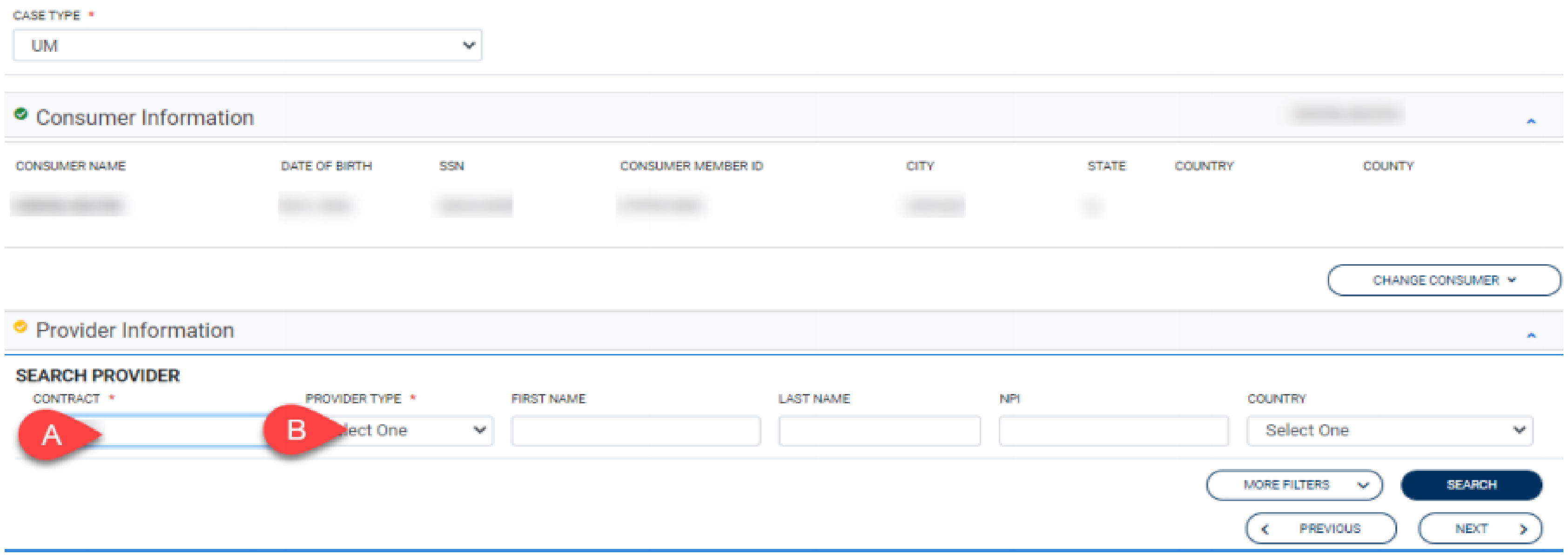
This section will identify the steps to create a new UM case. Drop down options will vary based on contractual requirements and displays can vary by assigned user role.

Click Create Case in the navigation index. Select the appropriate case type: UM. Search for a Consumer by entering the Contract, and consumer information, then click SEARCH.



Creating a Case Cont.

Once the appropriate Consumer is selected, enter Provider Information. Contract will default based on selected Consumer. Enter appropriate Provider Type (Facility or Provider) and available information, then click SEARCH.

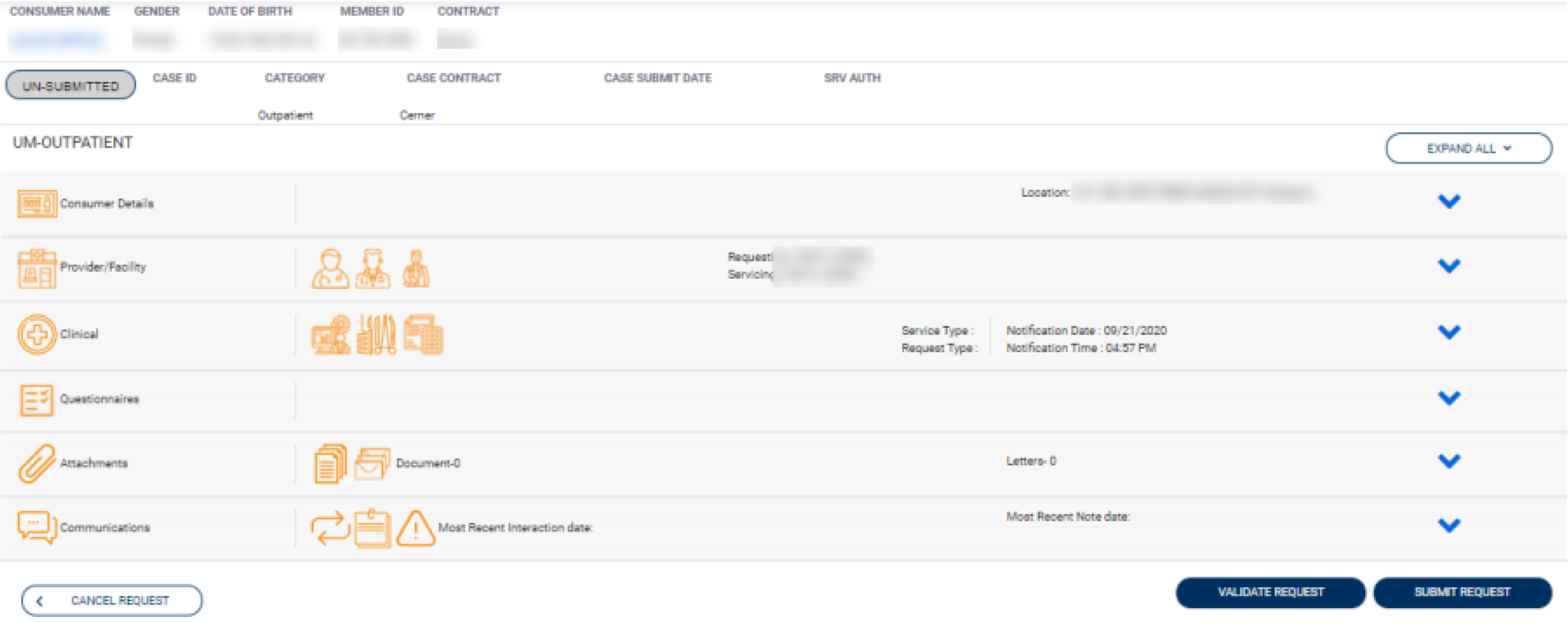


Once the appropriate Provider is selected, enter Case Parameters (options will vary by contract), then click CREATE CASE.

NOTE: *Until all required fields are completed, the Create Case button will remain inactive (grayed out). Once all required fields are completed, this button will activate and the case can be created.*

Creating a Case Cont.

Once the case has been created, the case page will display. The case will default to "Un-Submitted" until all required UM information is added to officially submit the request.

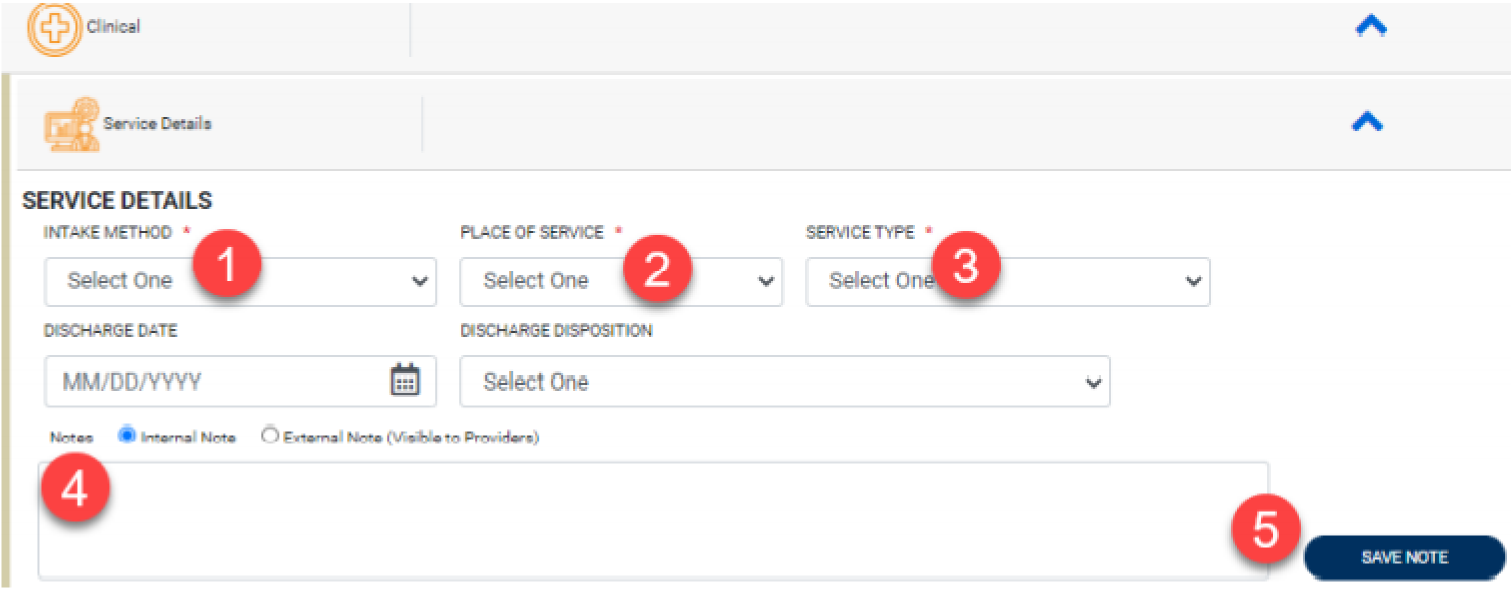


Complete all required information based on contractual requirement and workflow. Some information will populate based on the case creation, including Consumer Details and provider/Facility.

Complete Required Information

Add Service Details

To add clinical details supporting the request, expand Clinical then expand Service Details. Complete the required information (indicated by red asterisk). To add a note, the user will need to identify if it is to be an internal note (indicating only internal Kepro staff can see this note) or an external note (indicating the providers, clients, and customers are able to see the note). Once a note is added, you must click Save Note. Drop downs will auto save; however, you must save all notes once documentation is complete.

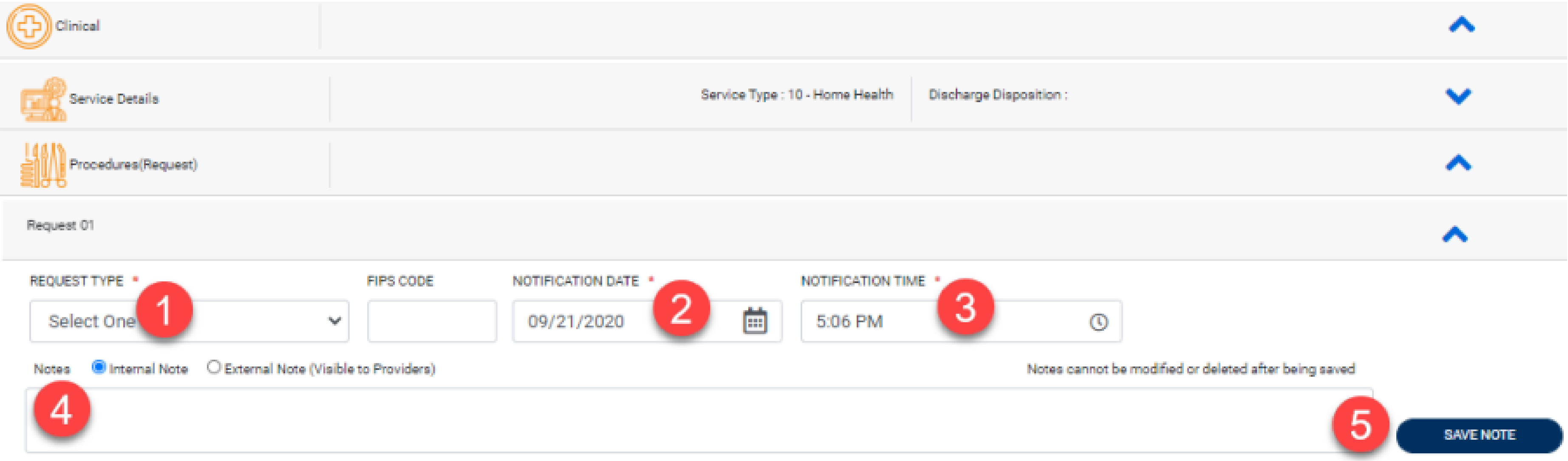


Complete Required Information Cont.

Adding Procedure (Request)

After entering the Service Details, expand Procedure (Request) and complete all required fields. Drop downs will auto save; however, note documentation will need to be indicated as internal or external and saved.

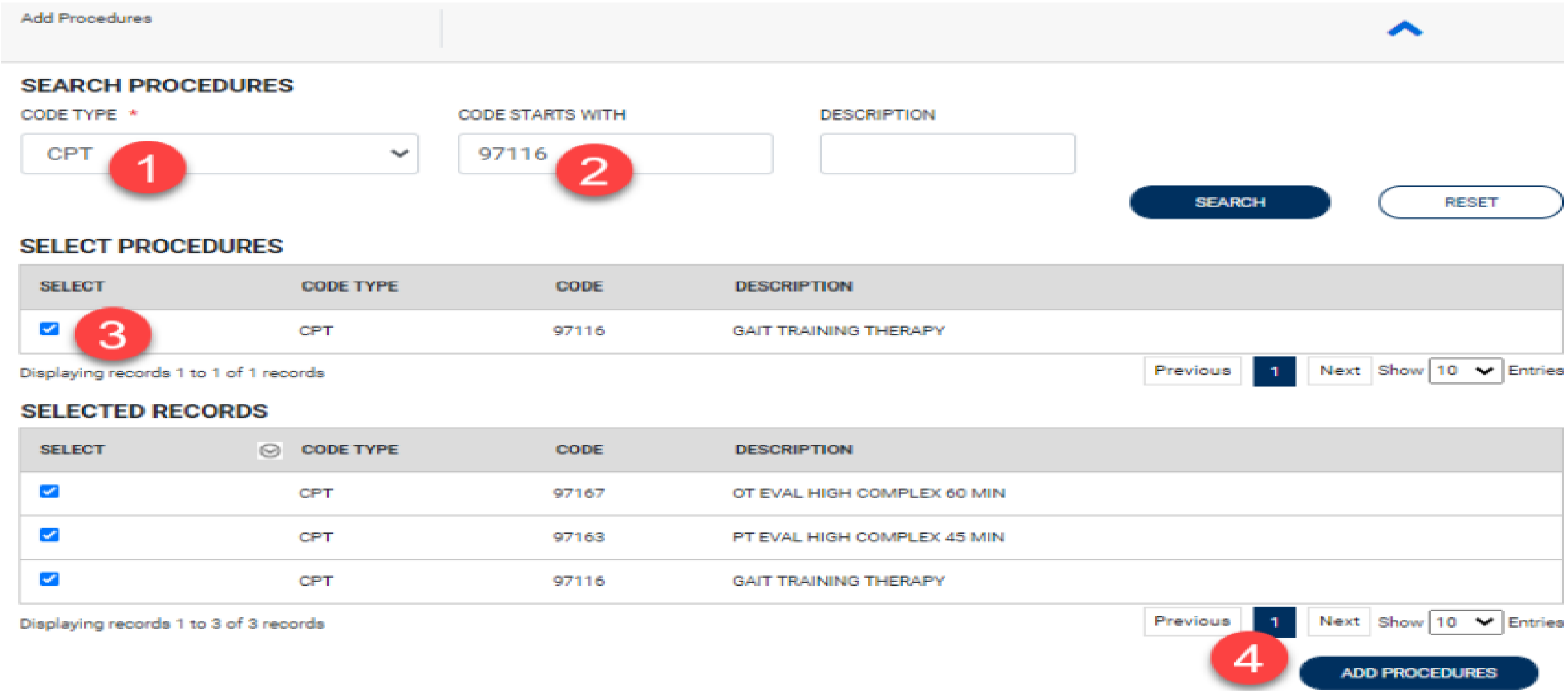
NOTE: *Notification Date and Notification Time will auto populate with current date and time.*



The first request will be identified as Request 01 with subsequent requests following in numerical order (Request 02, Request 03, etc.). Once Request Type is entered, a new section will be visible, expand Add Procedures.

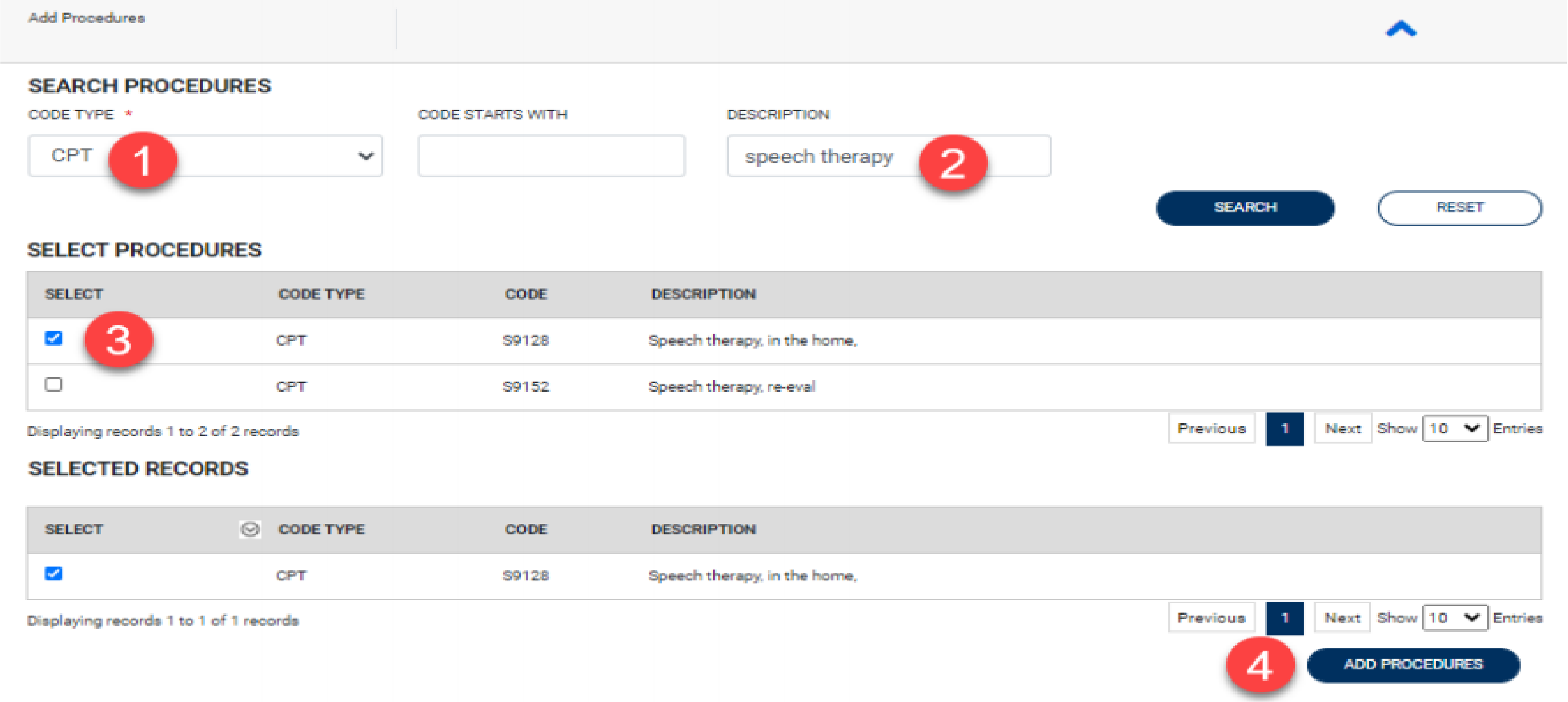
Complete Required Information Cont.

To search by a code, enter appropriate code type (which will vary by contract), then enter the code (or beginning of code) and click SEARCH. After searching for a code, the result list will display. To select the appropriate procedure code, click the Select box. The selected records will render below. This process should be continued until all procedure codes are entered. Once all selected click ADD PROCEDURES.



Complete Required Information Cont.

To search for a procedure code by description, enter a keyword in the description box and click SEARCH.
Select the appropriate procedure code from results list, then click ADD PROCEDURES

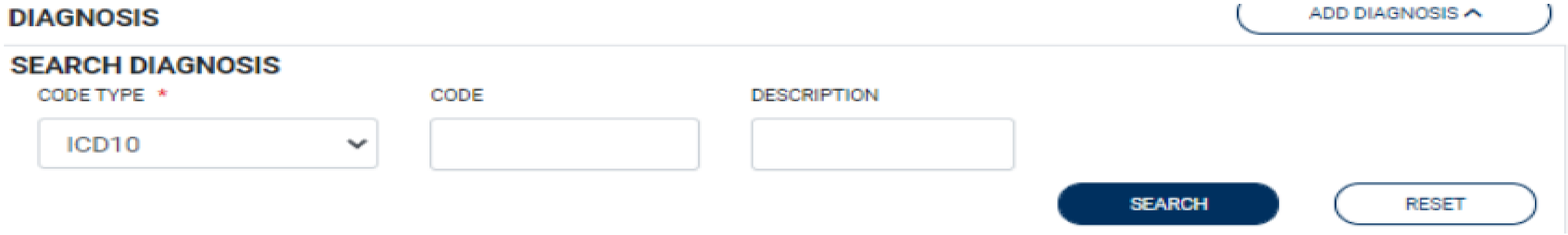


Complete Required Information Cont.

After all Procedure (Request) steps are complete, expand Diagnosis and click ADD DIAGNOSIS to continue adding clinical details.

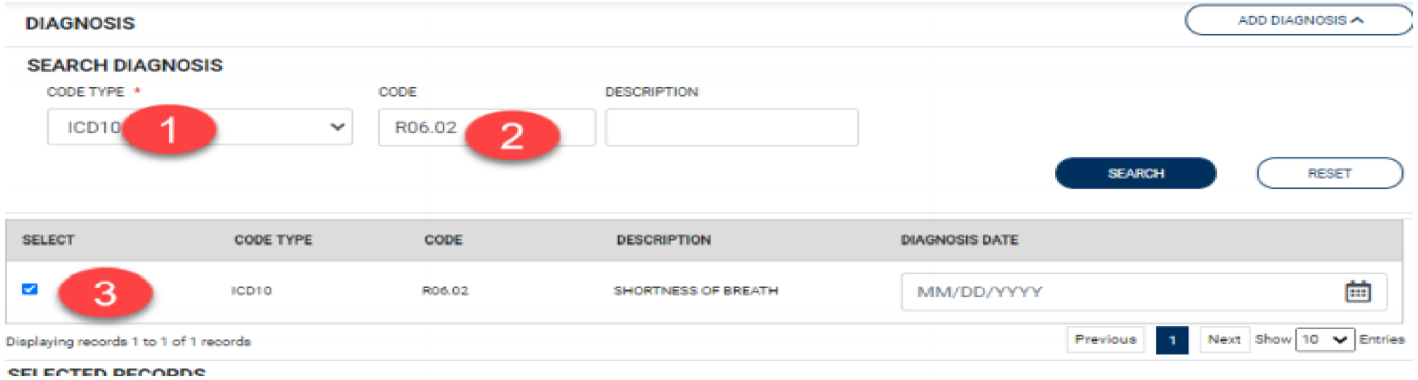
Adding a Diagnosis

To manually enter a diagnosis, click ADD DIAGNOSIS. Confirm the Code Type (defaults to ICD10). You can search by code or description if a code is not available.



To search by code, enter appropriate code type and click SEARCH. After searching for a code, the result list will display. To select the appropriate diagnosis, click the Select box. The selected records will render below. This process should be continued until all diagnosis codes are entered.

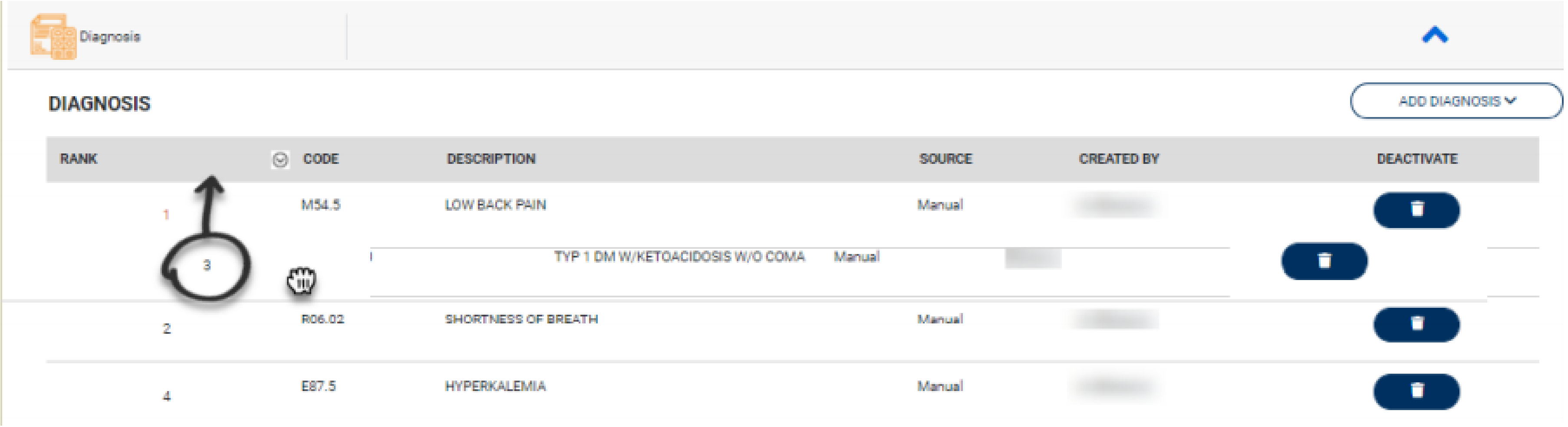
Once all selected click ADD DIAGNOSIS.



Complete Required Information Cont.

Once the diagnoses are added, to select the primary diagnosis, click the number (Rank) in the diagnosis list, or drag and drop the primary diagnosis to the top of the list.

The below image demonstrates moving the 3rd item to the top to be the primary diagnosis.

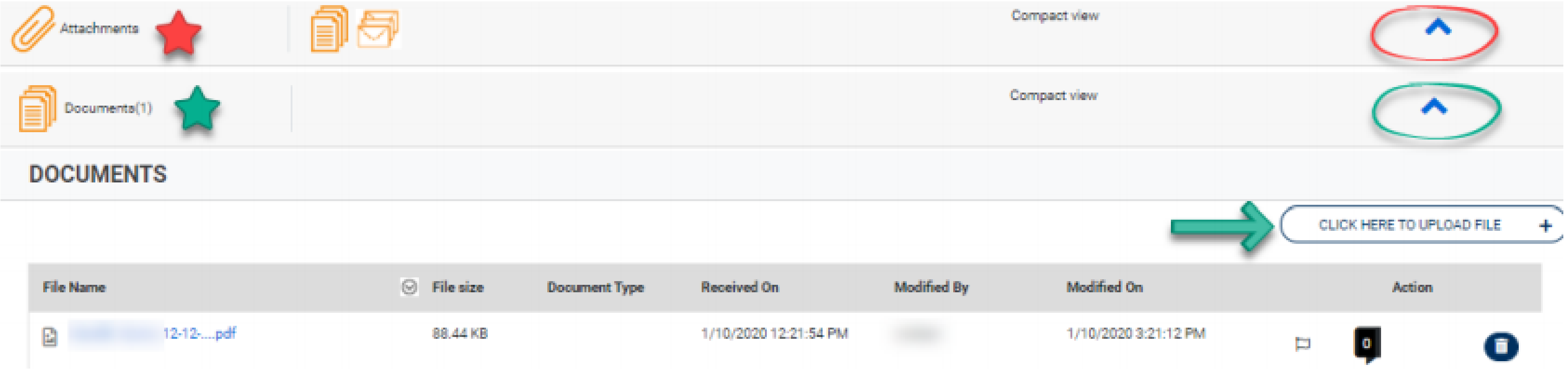


Upload Clinical Information

Uploading Documents

This section will identify the steps to upload a document to a specified case or consumer specific page. The process to upload a document will be the same regardless of location within the system.

Expand Attachments, then expand Documents.



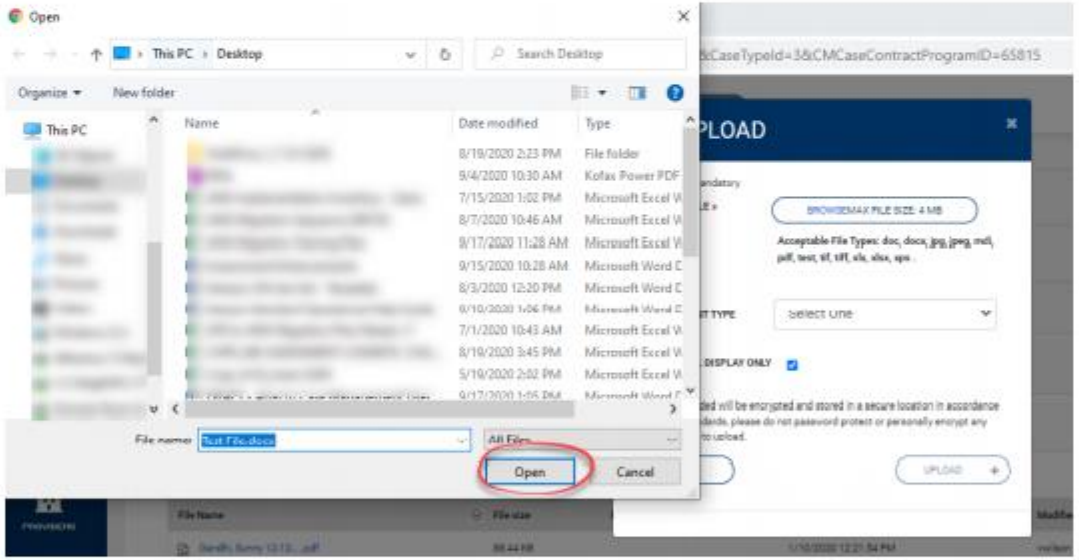
Select 

. A pop up will open. Click Browse to search for document to upload. Choose the appropriate Document Type from the drop down menu.

Upload Clinical Information Cont.

Select CLICK HERE TO UPLOAD FILE +. A pop up will open. Click Browse to search for document to upload. Choose the appropriate Document Type from the drop down menu.

NOTE: *Drop down options will vary by contract.*

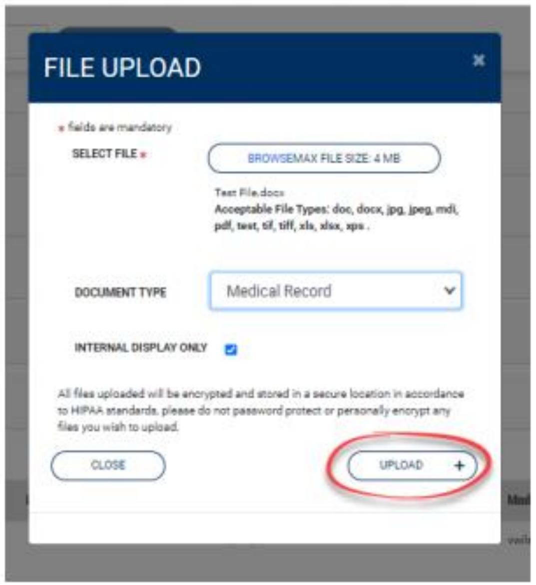


Upload Clinical Information Cont.

Click 

.

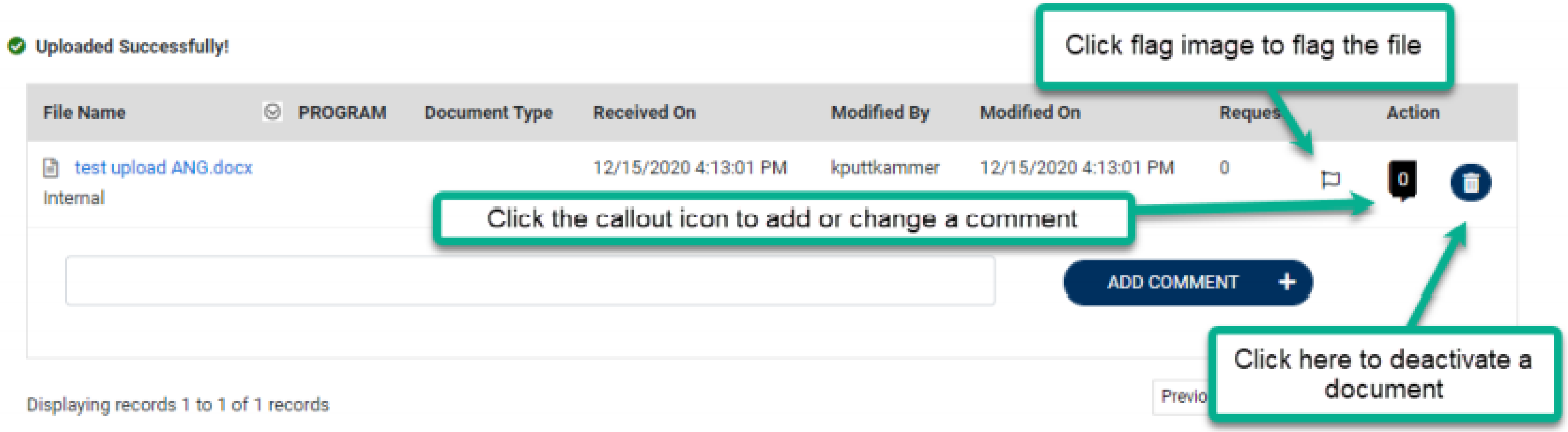
NOTE: *There is a size limit for all documents attached which can be modified based on contract requirements. If attached file is too large, split the document into smaller batches for successful upload.*



Uploaded documents are available as a hyperlink to view the information once uploaded. Click the file name to view. Click the Callout to add and/or view a comment.

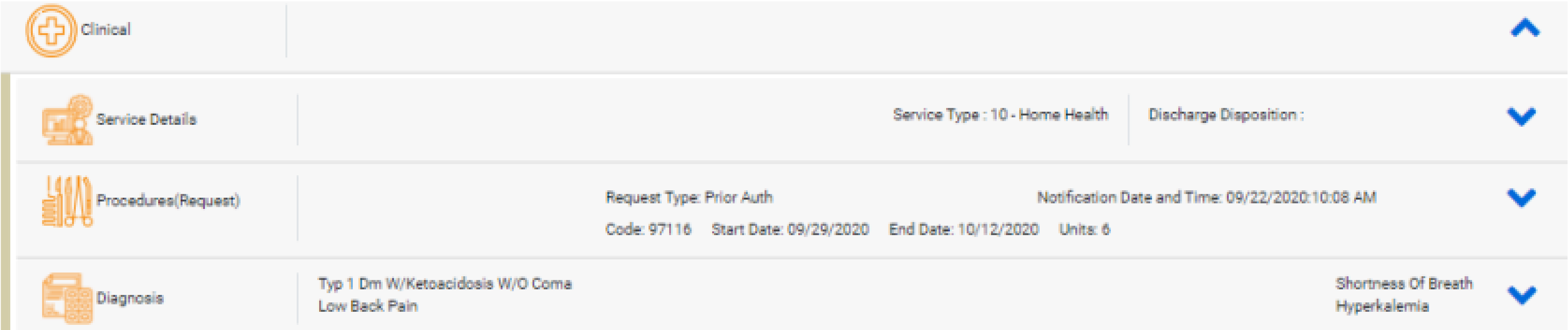
Upload Clinical Information Cont.

Uploaded documents are available as a hyperlink to view the information once uploaded. Click the file name to view. Click the Callout to add and/or view a comment.



Submitting the Request

Once all clinical information is completed, notes will appear on each line to highlight information added without expanding the selection. To view additional details and/or notes, to expand the designated section.



After all information is entered, the request can be submitted. Clicking 

will allow the user to verify information and ensure information is not missing. Any errors/warnings will be visible in pop up. To bypass message, click OK.

Submitting the Request Cont.

Once submitted, with complete information, status will change from UN-SUBMITTED to SUBMITTED.

All new submitted cases will have a task auto created as an identifier that additional information is needed for this case. The task will have Task Name "Clinical Review" and the group will be assigned based on the type of request (standard vs urgent). Auto creation of tasks and task names will vary by contractual requirements.

PART SIX

Check Status of a Case

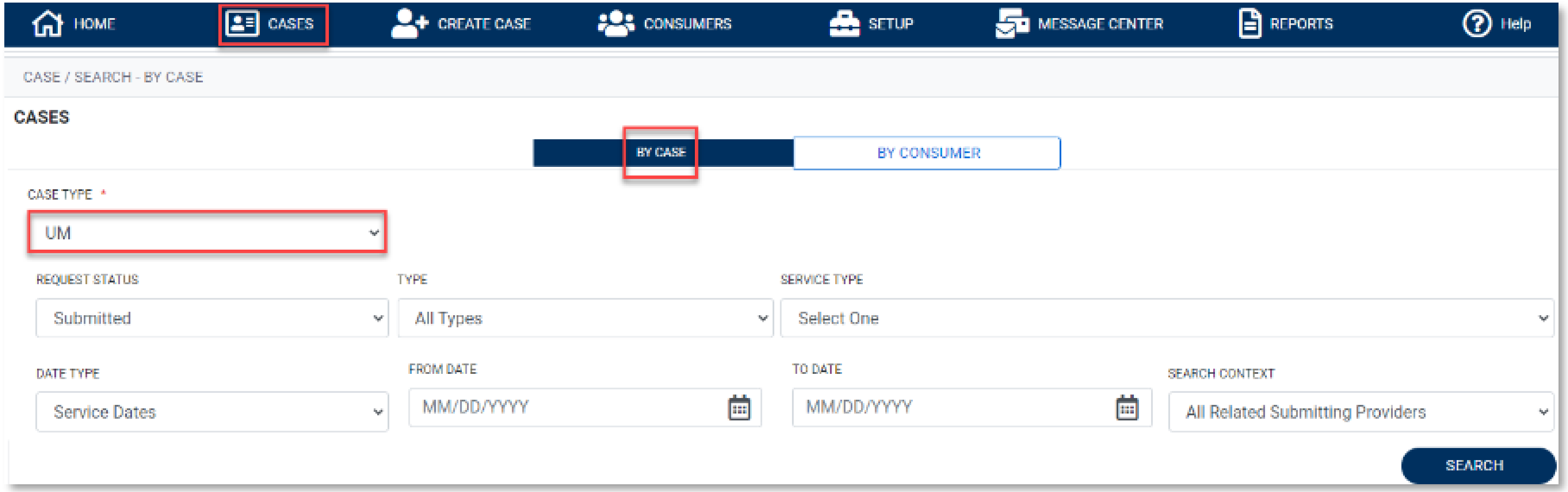
Once a case is submitted, you may find it using these next steps

Checking the Status of a Case

This section will identify the steps to search for cases based on selected search parameters. This section is searchable by Case or Consumer. 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.*



Checking the Status of a Case Cont.

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 [redacted] Contract: North Dakota Medicaid	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 [redacted] Contract: North Dakota Medicaid	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 [redacted] Contract: North Dakota Medicaid	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

Checking the Status of a Case Cont.

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.

UN-SUBMITTED	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.
SUBMITTED	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.
INSUFFICIENT INFORMATION	This identifies a case that has been submitted, but there is not enough information to begin the clinical review. Once the requested/missing information is received the case will move to Active Review.
ACTIVE REVIEW	This identifies a case that has been submitted and is currently under review. This will include nurse and/or medical director reviews. Once the clinical review is complete and a determination is made, the case will be completed.
COMPLETED	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).

PART SEVEN

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) Submit prior-authorization requests via the Atrezzo Provider Portal

4) Contact Kepro with any questions

Conclusion

Kepro is excited for our partnership with North Dakota Department of Humana Services and the provider community. Please feel free to reach out to our team with any questions.

Contact Info

844.396.9569

NDatrezzoregistration@kepro.com

ndumnurses@kepro.com

Kepro