

SUBMISSION OF 45 DAY EXTENDED BED REQUESTS

Review of DHS Clinical Documentation Requirements & Kepro's Atrezzo Provider Portal





MHCP PROVIDER MANUAL FOR INPATIENT HOSPITAL AUTHORIZATIONS

Authorization requirements can be found under Inpatient Hospital Services: MHCP Provider Manual

Extended Inpatient Psychiatric Services under Contract with DHS

DHS contracts with county and private hospitals throughout Minnesota to provide extended inpatient hospital psychiatric treatment for MA fee-for-service eligible adults and children. The members are court committed or voluntarily admitted in lieu of commitment and are most often hospitalized on an acute psychiatric unit before admission to the contracted services. MHCP pays at a negotiated rate per day.

• MA members admitted to an Extended Inpatient Psychiatric Services requires an **Inpatient Hospital Authorization (IHA)**.



MHCP PROVIDER MANUAL FOR INPATIENT HOSPITAL AUTHORIZATIONS

• The below link contains the process that will help you determine if a patient receiving services meets the Medical Assistance (MA) eligibility requirements for a continued stay in the state's extended psychiatric inpatient contract bed program:

Extended Psychiatric Inpatient Treatment Medical Assistance (MA) Review Procedures (DHS-4905A)(PDF)

- See below for the Weekly Review Guidelines for Continued Stay in Psychiatric Inpatient Bed and detailed information on each part of the Ext. Bed process (initial review, weekly progress, discharge and milestones): <u>https://edocs.dhs.state.mn.us/lfserver/DHS-4905B-ENG</u>
- Questions related to the <u>Extended Bed service or member commitment status</u> should be directed to the following DHS email: <u>MN_DHS_Inpatient.ExtendedBed@state.mn.us</u>



Link to Kepro's Atrezzo Provider Portal Homepage

KEPRO / MHCP Home

To Register for Atrezzo Provider Portal:

Enter your 10-digit National Provider Identifier (NPI) number and Provider Registration Code. For additional assistance contact KEPRO Customer Service at 1-866-433-3658.

If you have multiple NPI numbers, you must register each NPI number under your administrative account in Atrezzo Connect.

Inpatient Portal Submissions

This is a step-by-step PowerPoint on how to submit Inpatient requests:

https://mhcp.kepro.com/docs/FINALAtrezzoProviderPortalCreatinganInpatientRequestMHCP.pptx



- For Service type, select "MH Extended Bed-45 Day – 45 Day 003a". Refer to slide 16.
- *For Admission Source,* select the same commitment status as indicated on the Initial Review form (DHS-4905C-ENG) as applicable.
- For Request type, prior authorization, retrospective or reconsideration should be selected as appropriate.

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

INPATIENT SERVICES REQUEST

	DERVICE DETAIL
Service Type *	[
Admission Source	Elective
Request Type	Select One
Length of Stay *	Rate
Admit Date *	
Start Date	
End Date	
FIPS Code	type code or county name and select from

* denotes required field

SERVICE DETAIL

Previous I

Next

list



The DHS forms for Ext. Bed requests can also be found on the Atrezzo homepage by clicking on the "Forms" Tab

Ноте	Forms	
MHCP Manuals		
Reference Material	Many of Kepro's documents are provided in Adobe Acrobat Reader format.	
Forms		
Fraud & Abuse	DHS 3806A-Instructions for the MHCP: Early Intensive Developmental and Behavioral Intervention (EIDBI)	+
Training	Authorization Request form	
FAQs		
Contact Us	DHS 4315 (DME) Mobility Devices	+
	DHS 4370 (DME) Enclosed Medical Bed	+

Initial Review:

- Previous treatment history and problems related to reason for admission to an extended stay bed (including substance abuse) to support the need for the extended stay admission.
- All records from day one of the acute bed stay through admission to day one of the extended psychiatric stay.
- DHS-4905C-ENG (Initial Review Extended Psychiatric Inpatient Contract) (state.mn.us)

Weekly Progress:

- Refer to the Weekly Review Guidelines Continued Stay in Psychiatric Inpatient Bed for detailed on information: <u>https://edocs.dhs.state.mn.us/lfserver/DHS-4905B-ENG</u>
- The inpatient provider who is most clinically familiar with the patient must submit the following forms and documentation on days 14, 21, 28, 35 and 42 to receive continued authorization.

Discharge:

- Completion of a formal, well-defined discharge plan (including provisional discharge criteria) that is possible to achieve within 45 days. If it appears that despite aggressive treatment efforts, longer term stabilization is needed, continued care options (including extension of 45-day limit) are considered.
- Please complete and submit the below form to Kepro on the day of discharge. <u>DHS-4905F-ENG (Discharge Summary Review Extended Psychiatric Inpatient Contract) (state.mn.us)</u>.

Submitting Additional Information

Your team will be able to add the weekly progress notes and discharge summary to the existing case. The request can be found by looking up the recipient ID (PMI#), member name and DOB or case ID.

A step-by-step PowerPoint on how to submit Additional Information can be found here: <u>Training (kepro.com)</u>

REQUESTS	SEARCH	MANAGEMENT
Case or Reference ID:	Member Request/Case	Search for Members or Cases
Case Authorization Numbe	er:	Go
Member Info: Member ID:	Last Name:	DOB:
Request Info: Request Status: Submitted Service Type: All Service Types	Type: All Types 💙	
Service Dates 💙	То	Search



The Member's Case information will populate at the bottom of the page. To access the case, Click on SELECT.

Case ID (Reference ID)	Member Info	Status	Request Info	Service Type	Service Date(s)	Providers	
192912261 (N/A) [Procedures] [Diagnosis]	9999999999 Doe, John DOB: Contract: SC QIO	Submitted Approved: 0 Denied: 0 Pending: 0 Void: 0	Inpatient Letters: 0 Messages: 0	48 - Inpatient	10/18/2019 - 10/19/2019	[Facility]	[Select] < [Extend] [Copy]

- To attach additional information from files saved to a computer scroll down to the Messages and Attachments.
- Click on **Browse** to access files saved to the computer and select the file you want to attach. Make sure to select the **Document Type** from the drop-down menu.
- 3. Then click on the **Attach Selected Document** box to attach the file. The attachments will appear under the **Attached Documents** section, this indicates successful upload.

MESSAGES AND ATTACHMENTS

View Messages (0) Send New Message

LETTERS

SCDHH5001General-192671883-01.pdf SCDHH5007Denial_Administrative-192671883-01.pdf SCDHH5001General-192671883-01.pdf

ATTACHED DOCUMENTS

90 day progress 9.11.19 db.pdf Quarterly Summary 90 day progress db 6.13.19.pdf Quarterly Summary ipoc 12.11.18 db-updated.pdf Individualized Plan Of Care 90 day progress db 3.15.19-addendum.docx Quarterly Summary 90 day progress 9.11.19 db-addendum.docx Quarterly Summary 90 day progress db 6.13.19-addendum.docx Quarterly Summary



Browse_

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, bit, rtf, gif, jpg, jpeg. Document Type (required): (Select One)

- To add additional information that is not saved as file on the computer, scroll down towards the bottom on the screen to the Additional Clinical Information section.
- 2. In the white box you can either copy and paste or type the additional clinical information.
- 3. After the information has been entered, click on **Add Clinical Information**. The information will then populate along with the **Date** above the Additional Clinical Information section.

*Please note, any clinical documentation/medical necessity rationale must be provided within the physical record.

please dismiss case pend. Thank you.

10/14/2019

This authorization request is administratively denied. The authorization request does not include submission of requested documentation per SCDHHS policies and procedures: Submission of the IPOC to include the beneficiary's abilities. The submission of the last two 90-day summaries to include amount and type of parent/caregiver participation.

10/16/2019

Please review the addendums to the IPOC and two quarterly reports and reconsider this client's service authorization

10/18/2019

The denial is upheld. The reconsideration request does not include submission of requested documentation per SCDHHS policies and procedures: The submission of the last two 90-day summaries to include amount and type of parent/caregiver participation.

10/18/2019

I uploaded the March QP and not the June QP. Please see this one.

Additional Clinical Information:

Add Clinical Information



Please visit <u>MHCP.KEPRO.COM</u> for more information

Available Trainings



HOME ABOUT KEPRO CONTACT PRIVACY

Kepro hosts monthly provider training for the Atrezzo portal.

Please join Kepro and attend the How to Create an Outpatient Request October 21st, 2021 @ 9:00 am CST <u>Meeting Link</u>