

PROVIDER PORTAL: SUBMITTING A NEW UM REQUEST

Job Aid Title: Provider Portal: Submitting a New UM Request	Job Aid Number: ANGJA.010				
Date Published: 01/23/2023	Approved by: Daniyel Bezaury				
References: Atrezzo Next Generation (ANG) Provider Portal Manual					
Purpose : The purpose of this job aid is to outline the steps to use the Atrezzo Create a Case Wizard when creating a					
new UM request in the Atrezzo Provider Portal.					

Creating a New Case

From the Home page, click Create Case	Chai	Kepro Inge Context Provider HOME Request Saved I	Home Test, But Not Submittee	Cases	Create Case	Consumers	Message Center 1 Re 0 NEW MESSAGES Go to Message Center	work-IN-PROGRESS 5
		CONTRACT		CASE	ТҮРЕ	CONS	SUMER ID	CONSUMER NAME
NOTE: Some, or all, information on this page will auto populate.		New UM Step 1 Case Para	I Case	Temp Requ	oorary Provid esting Provid Step 2 Consumer I	ler er nformation	 Step 3 Create Case	
If Case Type does not prepopulate, select UM . Select appropriate Case Contract , if not auto populated		Case Par Case T UM Case Selec	rameters / Type * Contract	' Choos *	e Contract	•		

Select appropriate Request Type , if not prepopulate d	New UM Case Step 1 Case Parameters	Temporary Provider Requesting Provider Step 2 Consumer Information	Step 3 Create Case	-			
Click Go to Consumer	Case Parameters Case Type *	/ Choose Request Type					Ŀ
NOTE: Go to Consumer will remain greyed out until all required fields are completed	Case Contrac Cancel	t * ▼	Request Type *	utpatient	o To Consur	ner Information	ו
Enter	Step 1 🔗 St	tep 2 Step 3					
Consumer	Case Parameters C	onsumer Information Create Case					_
Information	Consumer Information/ Sea	I AST NAME *	FIRST NAME (MIN 1ST I FTTER) *	DATE OF B	IRTH *	
						vvvv 🛱	
Click Search	Cancel					Search	
	-					-	
	NOTE: All fields are	required, as indicated by	/ *, or with note ir	ndicating sear	ch require	ements, such	as
	Subscriber ID or Las	t Name and DOB.					
Review							
search							
results	New UM Case Requesting Provide Step 1 Step 2	er Outpatient - Step 3					
	Case Parameters Consumer In Consumer Information/ Search Consu	mer/ Results					
	CONSUMER ID	LAST NAME	FIRST NAME DAT	E OF BIRTH			
Click Choose		test	09	/14/1989			
to the select	*Combination of DOB and Last Name	or Member ID					
the	Cancel			Search			
appropriate	Name 🛆 DO	B ⇔ Address ⇔	Consumer ID 🗢		Contract 🔶	Case Count 🖨	Action
consumer.	Member Test 09/	14/1989 123 Somewhere Street	TEMP001302022	111400000	Minnesota	5	Choose
	-						

Review previous submitted requests to ensure no duplicates If no duplicates are found, click Create		Cos I Cos mer Information S Cos mer Information S Member ID/Plan * Select One Submitted Request Case Level Member Request 01 I Case Level Member Request 01 I Request 01 I Request 01 I	Disp 2 Big 3 Consumer Information Crear arch Consumer Consumer Case ts Servicing Requests Status © Submit er ID / CaseID : / Pending Case Un-Submitted er ID / CaseID : / Pending Case Un Submitted	a de Gese ee Date ⊕ Category ⊕ e ID Outpatient e ID Outpatient	Discharge Date ♀ N/A N/A	Service Type 🔷 012 - Vision Can 015 - DME	Service Dates 🔶	Procedures View Procedures View Procedures	Letters Ac No letters available No letters available Cancel C	tions Actions - Actions s mels Case
Case										
Review the disclaimer		Step 1 Case Pa	irameters	Step 2	ımer Informat	⊘ ion	Step 3 Create Case			
stating that		Create								
the case will		Create	Case/ Revie	ew						
be created		Once y	you click Cre	ate Case, you	r changes wil	l be save	ed and the case	e will be create	d but not subm	itted.
but not				ute euce , jeu	. enangee m			o number or outer		
submitted									r	_
Submitted.		Can	icel						Create Case	
Click Create										
Case										
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Your case										
has been	New UM Case	Requesting Provider	rovider The Funds 92 Outpatient	JAMES TESTERMAN (M) 05/01/1964						
created,	Step 3 Create Case	Additional Pro	viders Service Details	Step 6 5 Diagnoses	Step 7 Requests	Step 8 Questionn	aires Attachments	Step 10 Communications	Step 11 Submit Case	
notice the	Additional Provid	ers/ Provider/Facility								
additional	Add Attendi	ng Physician								
stops pow	Selected Prov	ders								
Steps now	Provider T	ype Name		Medicaid ID Specialty	NPI Addres	S		County Phone	Fax (555) 555,5555	Action
listed	Requestin	g Temporary l	JMWA Provider 9	9999999	99999999999 123 Te	mporary Road , T	emp City, WV US 99999	(999) 999-9	19999	_
	Servicing	Temporary U	UMWA Provider 9	9999999	9999999999 123 Te	mporary Road , T	emp City, WV US 99999	(999) 999-9	9999	Update
Poviow						Pro	oviders in receipt of faxed determin	nation letters: Official communica	tion of service authorization will b	e sent to the fax number entered above.
Review	Add a Note									Cancel Go to Service Details
selected	-									
providers										
Click Update	Selected Pro	oviders								
to make	i and in the second									
to make	Provider	Type Na	ame	Medicaid ID	NPI	Addre	iss	Phone	Fax	Action
to make changes to	Provider	Туре Na	ame	Medicaid ID	NPI	Addre		Phone	Fax	Action
to make changes to servicing	Provider Request	Type Na ing Pr	ame rovider Test	Medicaid ID 9999999994	NPI 9999999994	Addre 123 A	nywhere Lane ,	Phone (999) 999-9999	Fax (###) ###	Action
to make changes to servicing providers. if	Provider	Type Na ing Pr	ame rovider Test	Medicaid ID 99999999994	NPI 9999999994	Addre 123 A	nywhere Lane ,	Phone (999) 999-9999	Fax (###) ###	Action
to make changes to servicing providers, if necessary	Provider Request Servicine	Type Na ing Pr g Pr	ame rovider Test rovider Test	Medicaid ID 99999999994 9999999994	NPI 99999999994 99999999994	Addre 123 A 123 A	rss nywhere Lane , nywhere Lane ,	Phone (999) 999-9999 (999) 999-9999	Fax (###) ###	Action

Search for new provider Click Choose	Search Servicing Provider PROVIDER TYPE * O Facility @ Provider FIRST NAME NPI 9999999999
undated	COUNTRY
servicing	○ Canada ○ United States STATE/PROVINCE
provider.	Select One V Search
	Search Results
	First Name 🛆 Last Name ⇔ Type 😓 Specialty 😓 NPI 😓 Medicaid ID 😓 Address 😓 Country 😓 Country 😓 Action
	Temporary Provider 9999999999 99999999 ,, US US Choose
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	Cancel
Click Add	
Attending	Step 3 Step 4 Create Case Additional Providere
Physician, if	Additional Providers
applicable	Additional Providers/ Provider/Facility
	Add Attending Physician
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physician	Search Attending Physician PROVIDER TYPE *
	Provider
Click Choose	FIRST NAME LAST NAME NPI NETWORK TAX ID
to add the	COUNTRY
attending	○ Canada ○ United States
physician to	STATE/PROVINCE COUNTY CITY POSTAL CODE SPECIALITY
the request.	Search Results
	First Name 🛆 Last Name ⇔ Type ⇔ Speciality ⇔ NPI ⇔ Medicaid ID ⇔ Address ⇔ Country ⇔ Country 🔶 Action
	Temporary WV Provider 9999999999 9999999 ,, US US Choose
	snowing 10 + of i Previous Page i of i Next
	Cancel

Once requesting, servicing, and/or attending	Selected P	roviders	Name	Medicaid ID	NPI	Addrass	Phone	Fay		Letion
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populated, then click Go										
to Service										
Details										
Select	Step 3 Create Case		Step 4	Step 5 Service Details	Step 6 Diagnoses	Step 7 Requests	Step 8 Questionnaires	Step 9 Attachments	Step 10 Communications	Step 11 Submit Case
appropriate	Service Det	ails/ Enter Ser	rvice Details	-					_	
drop downs	Place Of S Select One	ervice	•	Service Type *						
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appropriate	Step 3 Create Case	Step 4 Addit	ional Providers Step 5 Service E	etails Step 6 Diagnoses	Step 7 Requests	Step 8 Questionnaires	Step 9 St Attachments C	pp 10 Step 11 communications Submit	Case	
Code Type	Diagnosis/Add Code Type	Diagnosis	Search							
	ICD10	•	Select a Diagnosis Code	<u> </u>						
Enter	Order Rank	<u>~</u>	Please enter 3 or more charact	ers	DMS AND SIGNS		Source 🔶 Manual	Created By :	\$	Deactivate
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description	Add a Note)								Cancel Go to Requests
in search	_									
box to select										
appropriate										
Diagnosis Code	Note: ei	nter af	t least 3 ch	aracters to	populate	the diagnosis	code searc	h results		
Click Go to Requests	Repeat t drop to	hese the to	steps to ad p of the lis	d all neces t.	sary diagr	nosis codes. T	o set a prin	nary diagno:	sis, you ca	in drag and

Select Request Type	
Note : You can add a Note here if applicable	Step 3 Step 4 Step 5 Step 5 Step 6 Step 7 Step 7 Step 8 Step 9 Step 10 Step 11 Create Case Additional Providers Service Details Diagnoses Requests Questionnaires Attachments Communications Submit Case Requests/Request Details FIPS Code Notification Date * Notification Time * Prior Auth v 01/20/2023 Image: Cancel Cancel Concedures Add a Note Cancel Concedures Cancel Concedures
Click Go to Procedures	
Code Type will default but can be changed if needed	Step 3 Step 4 Step 5 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 Requests/Request 01/Procedures Code Type * Search Search *
Enter and select appropriate codes	V5010 (Un-Submitted) N/A - N/A 0 / 0 Please enter 3 or more characters Modifier Unit Qualifier Model Number
Repeat to add all necessary codes	Select One * Note: enter at least 3 characters to populate the diagnosis code search results
For Inpatient cases, click into the LOS field	Step 3 Step 4 Step 5 Step 6 Step 7 Step 7 Step 8 Step 9 Create Case Additional Providers Step 5 Service Details Diagnoses Requests Questionnaires Attachments Requests/Request 01/Procedures Search Search Search Step 7 Step 8 Step 9
Enter Requested Stat Date , Requested End Date , and Requested Duration Entries will autosave	CPT LOS Requested Start Date * Requested Start Date * Requested Start Date * Requested Start Date * Requested Duration * Rates Add a Note

For outpatient requests, click into each procedure code and enter all necessary information (indicated by *) Entries will	Step 3 Step 4 Step 5 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10 Step 10 Step 11 V5010 Un-Submitted V5010 Assessment for hearing aid Modifier Unit Qualifier Model Number Step 1 VS010 Unit Qualifier Modifier Unit Qualifier Model Number Step 1 Step 1 Requested Step 10 Step 10 Assessment for hearing aid Step 10 Step 10 Step 10 Step 10 Modifier Unit Qualifier Model Number Step 10 Step 10 Step 10 Step 10 Step 10 Requested Start Date * Requested End Date * Requested End Date * MM/DD/YYYY Step 10 MM/DD/YYYY Step 10 Step
Click Go to Questionnaires	Requested Rate Add a Note Jump to Submit Cancel Go to Question:
Click <u>here</u> to skip to Submit instructions	Note: At this point, you can 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 Step 4 Step 5 Step 6 Step 7 Requests Step 9 Attachments Communications Step 13 Additional Providers Service Details Step 6 Step 7 Questionnaires Attachments Communications Step 13 Step 5 Questionnaires Requests Questionnaires Attachments Communications Questionnaires/Take Questionnaire ID Q Questionnaire's Name A Created By Questionnaire's Completed Date Questionnaire's Name A Created By Questions: 1 AM 0 Take R01 3749716 Checklist * Radiology Kepro 01/19/2023 08:03:51 AM 0 Take Showing 10 + of 1 Go to Attachments Add a Note
Answer all questions At the bottom, click Mark as Complete to return to the case wizard	Radiology Medical Necessity Treatment Plan Yes 2. Cancer Diagnosis * Yes
	MARK AS COMPLETE >

Repeat this process with all questionnaires Then, click Go to Attachments	Step 3 Step 4 Step 5 Step 5 Step 5 Step 5 Step 7 Step 8 Step 9 Attachments Communications Step 1 Submit Case Questionnaires Attachments Communications Communications Questionnaires/Take Questionnaires Request & Questionnaires Questionnaires 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 + of1 Jump to Submit Cancel Go to Attachments
To upload supporting documentation, click Upload a Document	Step 3 Step 4 Step 5 Create Case Additional Providers Service Details Attachments/Documents No documents have been added yet. Image: Comparison of the service details Upload a document Upload a document Image: Comparison of the service details
 Select the appropriate Document Type Add the document by dragging and dropping or clicking <i>Browse</i> 	Upload a document Max File Size: 4 MB Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps REQUEST * R01 V Document Type * Select One
3. Click Upload	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. Cancel Upload NOTE: You can drag and drop or select multiple files when browsing to attach all documents at one time. Documents do not need to be attached individually UNLESS the Document Type varies per document.

Once all supporting documentation is uploaded, click Go to Communications	Step 3 Step 4 Step 5 Step 5 Step 6 Step 7 Step 8 Step 8 Step 9 Step 10 Step 11 Create Case Additional Providers Service Details Diagnoses Requests Questionnaires Attachments Communications Step 11 Attachments/Document
To add additional information, click Add a Note If additional information is not needed, click Jump to Submit	Step 3 Create Case Additional Providers Communications/Notes No notes have been added yet. Add a note
To enter additional supporting information, enter note in the text box and click Add Note to save.	Add a note Note Type * © External Note * Notes cannot be modified or deleted after being saved. Cancel Add Note
Click Go to Submit	Step 3 Step 4 Step 5 Step 6 Step 7 Requests Step 8 Step 9 Step 10 Create Case Additional Providers Step 5 Step 6 Diagnoses Requests Questionnaires Attachments Communications Communications/Notes Additional Information Here Additional Information Here Image: Cancel Image: Cancel Image: Cancel Cancel Concel Concel Concel Concel Cancel Canc

The Review page will display cards of all information	Step 3 Additional Providers Step 5 Step 6 Step 7 Step 8 Step 9 Step 10 Create Case Additional Providers Service Details Diagnoses Requests Questionnaires Attachments Communications	Step 11 Submit Case
entered.	Additional Providers Service Details Diagnoses Requests Requesting Temporary UMWA Provider Servicing 130 - Hearing Aids 1 Notification 1 Diagnoses Diagnoses Date Procedures 01/20/2023 V\$010	
If needed, click Update on the appropriate card to edit a specific	Temporary UMWA Provider Attending BRANDON TESTER Update Additional Providers Update Service Details Update Diagnoses Update Additional Providers Update Additional Provedures Update Diagnoses Questionnaires Attachments Communications	
Once complete, click Submit	0 1 1 Questionnaire Attachments Notes View Questionnaires Update Documents Update Notes Cancel Submit	
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.	
The system will	CONSUMER NAME GENDER DATE OF BIRTH MEMBER ID	
and the submitted case will display.	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	EXPAND ALL V
Note the Case ID	Consumer Details Location: 123 Somewhere Street Anywhere Minnesota;	~
which is specific to this request and	Provider/Facility	~
can be used for tracking status	Clinical Service Type : 032 - DME Notification Date : 01/26/2023 Request Type : Prior Auth Notification Time : 12:58 PM	~
	Questionnaires	~
	Attachments Document-4 Letters- 0	~
	Communications Most Recent Note date:	~

Version	Notes	Updated By	Date Updated
1	JA Created	AHadlock	1/23/2023
1	JA Updated/Reviewed/Approved	DBezaury	01/26/2023