



Adult PNMI Service Notification Process

Provider Training

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Hello and welcome to the Acentra Health Adult PNMI Service Notification Training. This guide has been created to provide general guidance for Providers on how and when to submit an Adult PNMI Service Notification in Atrezzo.

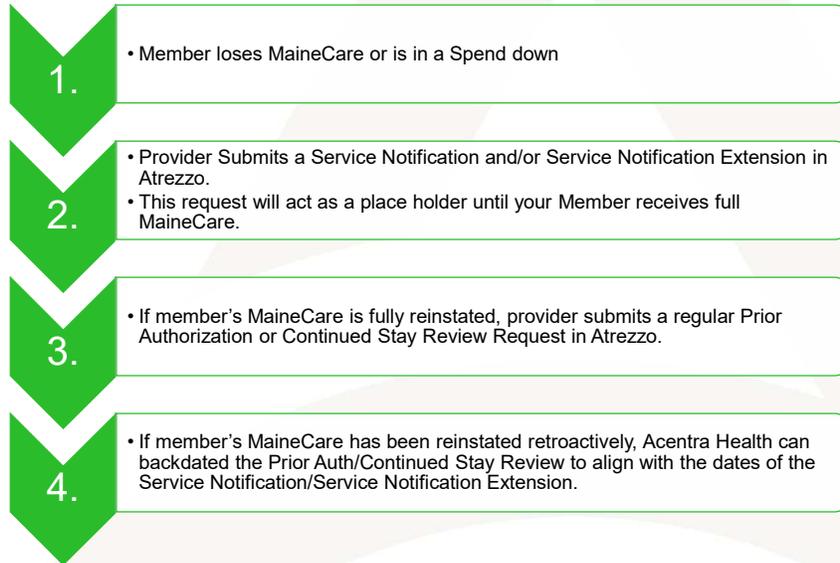
PART ONE

Service Notification Process



We will start by reviewing the Service Notification Process.

Service Notification Process



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1. A Member loses MaineCare or is in a spend down.
2. The provider will need to submit a Service Notification request in Atrezzo. The Service Notification / Service Notification Extension acts as a place holder until the Member's MaineCare is reinstated.
3. If the member's MaineCare is fully reinstated, the provider would then submit a Prior Authorization or Continued Stay Review in Atrezzo.
4. If the member's MaineCare has been reinstated retroactively, Acentra Health can backdate the Prior Auth or Continued Stay Review to align with the dates of the Service Notification/ Service Notification Extension. If there has not been a Service Notification or Service Notification Extension submitted, Acentra Health would not be able to backdate further than five (5) calendar days from date of submission.

PART TWO

Atrezzo Submission Process



Part two will cover the Atrezzo submission process.

Accessing Atrezzo



Visit www.qualitycareforme.com to access the Atrezzo portal



To access the Atrezzo portal, go to our informational website; www.qualitycareforme.com and click on the Atrezzo login button

Accessing Login

Acentra
H E A L T H

LOGIN OPTIONS

Acentra Health Employees
Use this login button if you have a Acentra Health domain account.

LOGIN

Remember Me

Customer/Provider
Use this login button if you are a customer or provider user.

LOGIN WITH PHONE

LOGIN WITH EMAIL

Remember Me

If you don't already have a Acentra Health account, you can [register here](#).

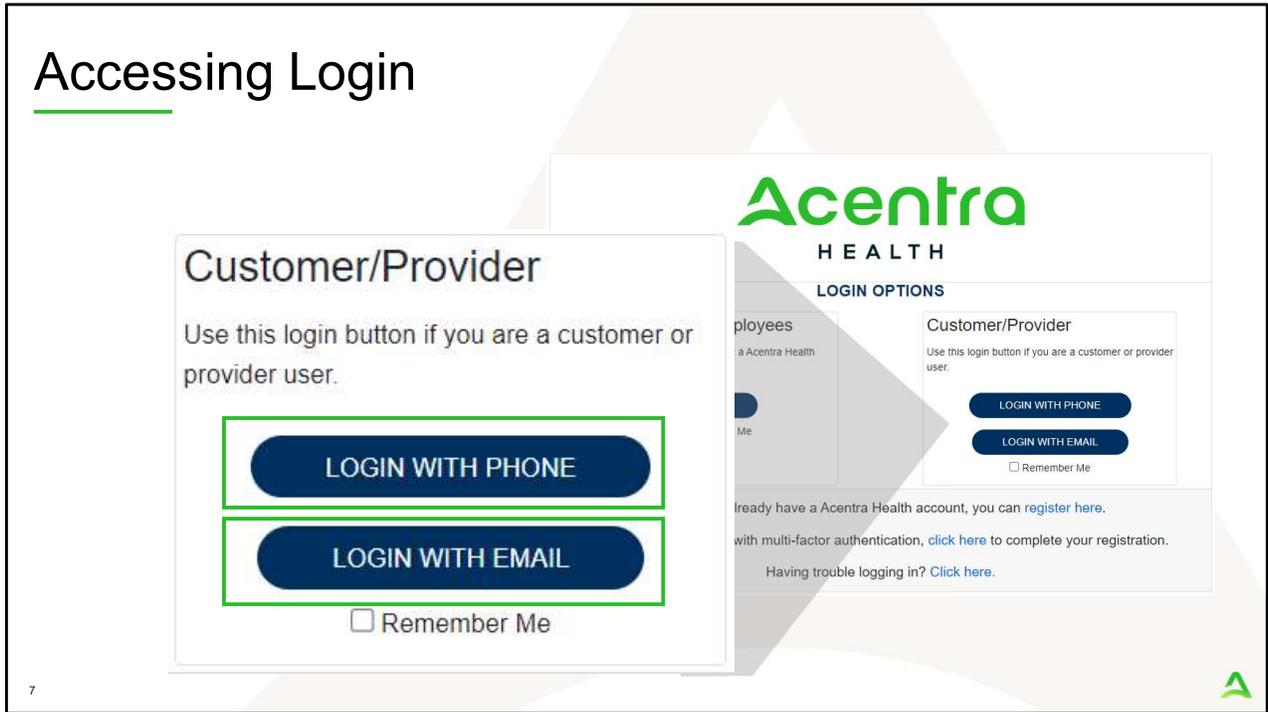
If this is your first login with multi-factor authentication, [click here](#) to complete your registration.

Having trouble logging in? [Click here](#).

The Atrezzo system uses a Multi-Factor Authentication (MFA) login process. Each user who currently has an Acentra Health login, will click here, if this is your first with multi-factor authentication (MFA) to complete your registration.

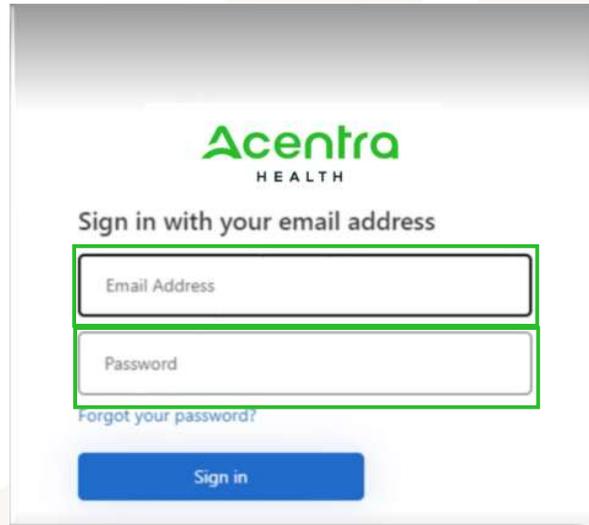


Accessing Login



When you arrive to the login screen, you will use the Customer/Provider login. Here you will choose Login with Phone or Login with email depending on how your registered for the multi-factor authentication. Please note, if you chose to register with phone and you do not currently have your phone you can still login with email. If you click remember me, the system will remember your login for four hours. Please do not use the remember me feature on a shared device. In this demonstration, we will click Login with phone because that is how we registered our multi-factor authentication.

Accessing Login



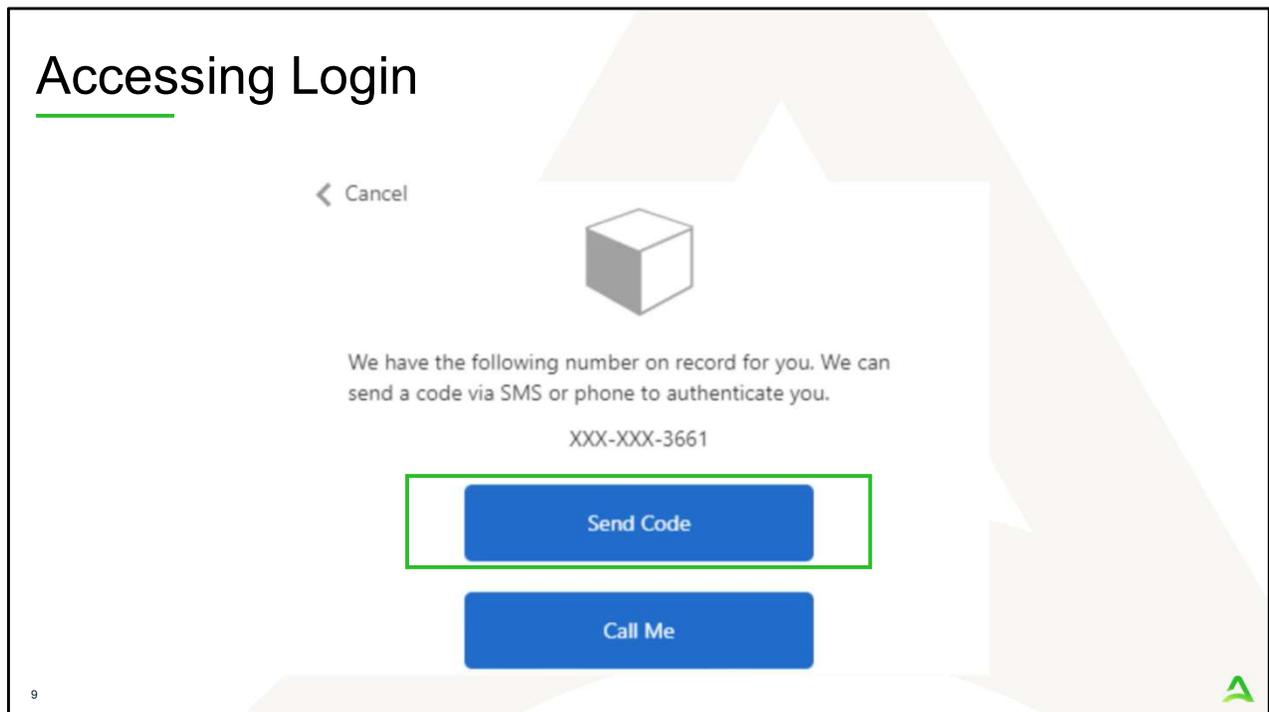
The image shows a login form for Acentra Health. At the top is the Acentra Health logo. Below it is the text "Sign in with your email address". There are two input fields: "Email Address" and "Password", both highlighted with a green border. Below the "Password" field is a link that says "Forgot your password?". At the bottom of the form is a blue button labeled "Sign in".

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To sign in, you will enter your email and password then click Sign in.

Accessing Login



Next, you will choose how you want to receive your verification code. You can click send code or call me. Send code will send a SMS text to your cell phone with your verification code. Call me will prompt a phone call to your phone where you will press a specific digit. In this example, we will chose send code.

Accessing Login

< Cancel



We have the following number on record for you. We can send a code via SMS or phone to authenticate you.

XXX-XXX-3661

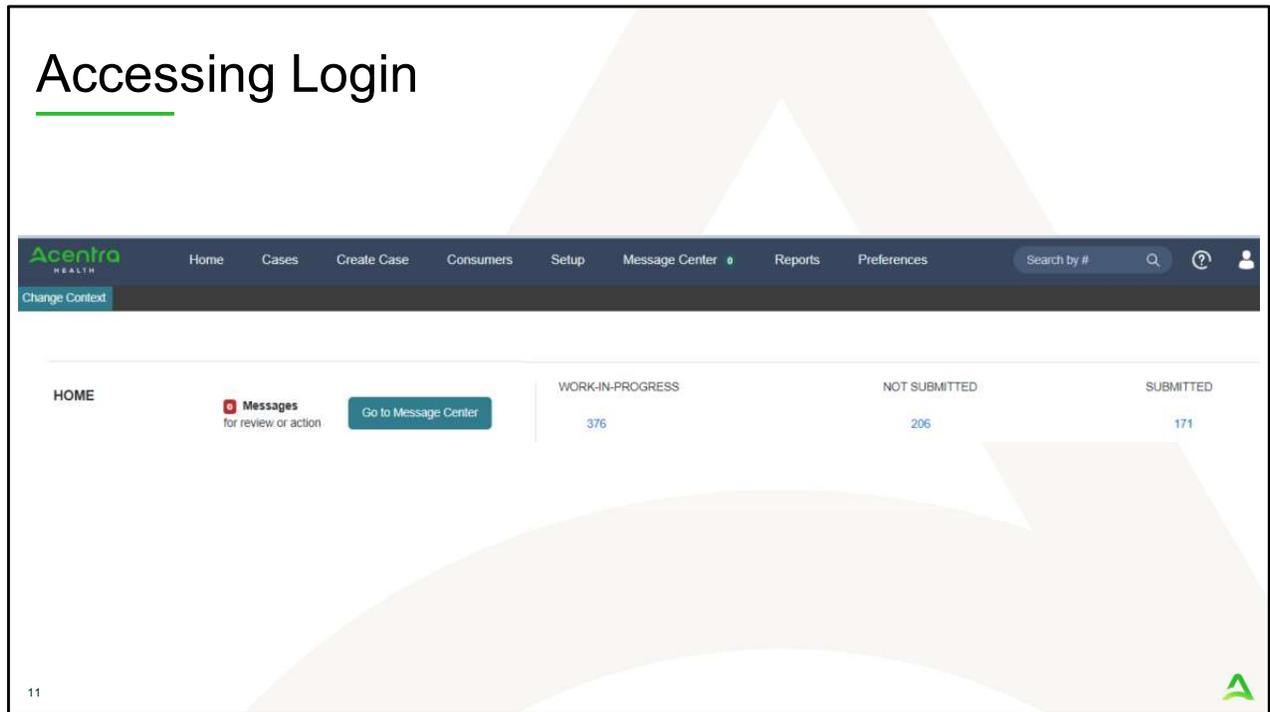
Enter your verification code below, or [send a new code](#)

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Enter in your verification code.

Accessing Login



The system will automatically verify your account and you will be logged into the home screen.

Creating the Request



To create a new request, click on the create case tab.

Step 1 – Case Parameters

The screenshot shows the Acentra Health interface for creating a new UM case. The navigation bar includes Home, Cases, Create Case, Consumers, Setup, and Message Center. The main content area is titled 'New UM Case' and shows the 'Case Parameters' step. The 'Case Type' field has radio buttons for 'Assessment' and 'UM' (selected). The 'Case Contract' field is a dropdown menu showing 'Maine ASO'. The 'Request Type' field has radio buttons for 'Inpatient' and 'Outpatient' (selected). A 'Go To Consumer Information' button is located at the bottom right of the form.

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Step 1 – Case Parameters:

1. Select UM for **Case Type**
2. Select Maine ASO for **Case Contract**
3. Select Outpatient for the **Request Type**
4. Click **Go to Consumer Information**. Note: Go to Consumer will remain grayed out until all required fields are completed.

Step 2 – Consumer Information

Change Context

New UM Case

Requesting Provider: Maine ASO -
Outpatient -

Step 1 Case Parameters Step 2 Consumer Information

Consumer Information/ Search Consumer/ Results

CONSUMER ID LAST NAME FIRST NAME (MIN 1ST LETTER) DATE OF BIRTH

00000001A

MM/DD/YYYY

*Combination of DOB and Last Name or Member ID

Cancel Search

Name	DOB	Address	Consumer ID	Contract	Case Count	Action
Test Member 1	01/01/1960	123 St Anywhere, ME	00000001A	Maine DHHS	45	Choose

Showing 10 of 1

Not finding what you're looking for? Add temporary consumer

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Step 2 – Consumer Information

1. In the **Consumer ID** box enter the Member's MaineCare number. You may also search for the Member by using their last name and Date of Birth.
2. Click **Search**.
3. Review the search results. If the correct member match is found, click **Choose**.

Step 2 – Consumer Information

Home Cases Create Case Consumers Setup Message Center Reports Preferences Search by #

Change Context

New UM Case Requesting Provider: Maine ASO Outpatient Test Member 1 (M) 01/01/1960

Step 1 Case Parameters Step 2 Consumer Information

- Case: Pending Case ID							
Request 01	Un-Submitted	Outpatient	N/A			View Procedures	No letters available No actions available
- Case: Pending Case ID							
Request 01	Un-Submitted	Outpatient	N/A	Section 65 Behavioral Health Services	2/1/2021 - 1/31/2022	View Procedures	No letters available No actions available
- Case: Pending Case ID							
Request 01	Un-Submitted	Outpatient	N/A	Section 97 Private Non-Med Institution (PNMI)	2/16/2021 - 2/15/2022	View Procedures	No letters available No actions available
- Case: 210470003							
Request 01	Submitted	2/16/2021	Outpatient	N/A	Section 97 Private Non-Med Institution (PNMI)	2/16/2021 - 3/15/2021	View Procedures No letters available Actions

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Once you click **Create Case**, your changes will be saved and the case will be created **but not submitted**.

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Step 2 – Consumer Information

1. If there have been previous submissions for this member under your agency, those will display here. Click on Create Case. Otherwise if this is the first case that is being created for this member under your agency, you will not have this page and you will be immediately brought to step 3.

Step 3 – Additional Providers

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with the Acentra Health logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A search bar is located on the right. Below the navigation bar, the current case context is shown: 'Change Context', 'PINES HEALTH SERVICES, Maine DHHS', 'New UM Case', 'PINES HEALTH SERVICES', 'Maine ASO', and 'Test Member 1 (M)'. A progress bar indicates the current step is 'Step 3: Additional Providers', with other steps including Consumer Information, Service Details, Diagnoses, Requests, Questionnaires, Attachments, Communications, and Submit Case. The main content area is titled 'Additional Providers/ Provider/Facility' and features an 'Add Attending Physician' button. Below this is a table of 'Selected Providers' with columns for Provider Type, Name, Medicaid ID, Specialty, NPI, Address, County, Phone, Fax, and Action. Two providers are listed: one as 'Requesting' and one as 'Servicing', both for 'PINES HEALTH SERVICES'. The 'Servicing' provider row has a green circle with the number '1' next to the 'Update' button. At the bottom right of the table area, there is a green circle with the number '2' next to the 'Go to Service Details' button. A note at the bottom of the table states: 'Providers in receipt of faxed determination letters: Official communication of service authorization will be sent to the fax number entered above.' There is also an 'Add a Note' button at the bottom left of the table area.

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	PINES HEALTH SERVICES	PMP0000023088520	No Specialty Required	1922449834	1260 MAIN ST , WADE, ME US 04786	Aroostook	(207) 498-1164	(123) 456-7890	
Servicing	PINES HEALTH SERVICES	PMP0000023088520	No Specialty Required	1922449834	1260 MAIN ST , WADE, ME US 04786	Aroostook	(207) 498-1164		1 Update Remove

Step 3 – Additional Providers

1. The Requesting and Servicing providers will automatically be indicated based on the NPI number your login is associated with. For Residential Services, you will want to update the Servicing NPI to your NPI +3 to identify the location of the program. To do this, click on update.
2. Once you have updated the Servicing provider to the NPI +3, click on Go to Service Details

Step 4 – Service Details

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a 'Change Context' bar shows 'PINES HEALTH SERVICES, Maine DHHS'. The main content area features a 'New UM Case' button and a header with 'PINES HEALTH SERVICES', 'Maine ASO', and 'Test Member 1 (M)'. A progress indicator shows eight steps: Step 2 (Consumer Information), Step 3 (Additional Providers), Step 4 (Service Details), Step 5 (Diagnoses), Step 6 (Requests), Step 7 (Questionnaires), and Step 8 (Attachment). The 'Service Details' step is currently active. Below the progress indicator, there are two dropdown menus: 'Place Of Service' (set to 'Select One') and 'Service Type' (set to '240 - Section 97 Private Non-Med Instituti...'). A green circle with the number '1' is positioned over the 'Service Type' dropdown. At the bottom right, there are buttons for 'Add a Note', 'Cancel', and 'Go to Diagnoses'. A green circle with the number '2' is positioned over the 'Go to Diagnoses' button.

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Step 4 – Service Details:

1. In the service type box, enter in Section 97 PNMI. The place of service field is not required; however, you can complete this field if you choose to.
2. Click Go to Diagnosis.

Step 5 – Diagnosis

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a progress indicator shows steps from 2 to 10, with Step 5 'Diagnoses' highlighted. The main content area is titled 'Diagnosis/Add Diagnosis' and features a 'Code Type' dropdown set to 'ICD10' and a 'Search' box containing 'f33 9'. A dropdown menu below the search box lists 'Preferred' and 'All' options. Below the search results, there is a table with columns: Order Rank, Code, Description, Source, Created By, and Deactivate. The table contains two rows of diagnosis codes. At the bottom right, there are 'Cancel' and 'Go to Requests' buttons.

Order Rank	Code	Description	Source	Created By	Deactivate
1	F33.9	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Manual	pinet1	Remove
2	F41.1	GENERALIZED ANXIETY DISORDER	Manual	pinet1	Remove

Step 5 – Diagnosis:

1. In the Diagnosis **Search** box, start typing in either the diagnosis code or the description of the code. You will need to enter in at least three characters for the search feature to start finding results. Once you have found the diagnosis code, click on it to automatically add it to your request. Repeat the same search process for each additional diagnosis code.
2. If you have added more than one diagnosis code, you can rearrange the order of how the diagnosis codes appear by clicking on the diagnosis line and dragging it up or down in the list.
3. If you have added a diagnosis code in error, you may remove it by clicking on the **Remove** link. Please note: Once your request has been submitted, you will not be able to remove the diagnosis code.
4. When you have finished added the diagnosis code(s), click on **Go to Requests**

Step 6 – Requests

The screenshot shows the Acentra Health web application interface. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. The main content area displays a progress bar with steps 1 through 10. Step 6, 'Requests', is currently active. Below the progress bar, the 'Requests: Request Details' form is shown. It includes a 'Request Type' dropdown menu with 'Service Notification' selected, a 'FIPS Code' input field, a 'Notification Date' field set to '02/19/2025', and a 'Notification Time' field set to '10:53 AM'. A 'Go to Procedures' button is located at the bottom right of the form. The page number '19' is visible in the bottom left corner.

Step 6 – Requests:

1. Select Service Notification from the Request Type drop down if this is the first request being submitted for a member who has lost their MaineCare. If the member still does not have coverage after the first Service Notification request has ended, please select Service Notification Extension. This will act as a place holder for a Continued Stay Review.
2. Click Go to Procedures

Step 6 – Requests Continued

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Step 6 – Requests Continued:

1. In the search box enter H0019 for Adult PNMI and/or T1020HE for Adult PNMI – Personal. You will need to enter in at least three characters for the search feature to start finding results.
2. When the code appears, click on it to add it to your request. Repeat this step to add a second code.

Step 6 – Requests Continued

The screenshot displays the Acentra Health software interface for a new UM case. The navigation bar at the top includes Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The case summary shows 'New UM Case' for 'PINES HEALTH SERVICES, Maine DHHS' with a requesting provider of 'Maine ASO Outpatient' and a test member 'Test Member 2 (F)' with ID '01/01/1963'. The process flow indicates that Step 6, 'Requests', is the current step. The request form for procedure code 'T1020HE' (Adult PNMI - Personal Care) includes the following fields: Modifier (Select One), Unit Qualifier (Select One), Requested Start Date (01/13/2024), Requested End Date (04/11/2024), Requested Duration (90), Requested Quantity (90), Requested Frequency (Select One), and Requested Rate (\$). A 'Go to Questionnaires' button is located at the bottom right of the form.

Step 6 – Requests Continued:

1. In the Requested Start Date box, enter in the date you are submitting the Service Notification/Service Notification Extension. Please note, you can submit a Service Notification/Service Notification Extension up to ten (10) calendar days in advance of the needed start date and five (5) calendar days back of the needed start date.
2. In the Requested Duration box, enter 90. This will automatically populate your end date out 90 days.
3. In the Requested Quantity box, enter in 90. Repeat these steps for each procedure code.
4. Click Go to Questionnaires

Step 7 - Questionnaires

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with the Acentra logo and menu items: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this is a breadcrumb trail: Change Context > PINES HEALTH SERVICES, Maine DHHS > New UIM Case > PINES HEALTH SERVICES > Maine ASO > Test Member 2 (F) > Outpatient > 01/01/1963.

The main content area shows a progress bar with steps 2 through 10. Step 7, 'Questionnaires', is currently active and highlighted. Below the progress bar, there is a section titled 'Questionnaires/ Take Questionnaires' containing a table of questionnaire records.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3771436	Prior Authorization	* General	Acentra Health				0	1 Open

Below the table, there is a pagination control showing 'Showing 10 - of 1' and 'Previous Page 1 of 1 Next'. At the bottom of the section, there are buttons for 'Add a Note', 'Jump to Submit', 'Cancel', and 'Go to Attachments'.

Step 7 – Questionnaires:

1. The General questionnaire will be attached to your case. Click on Open

Step 7 – Questionnaires Continued

The screenshot displays the Acentra Health interface for a questionnaire. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. The main header shows 'Change Context' and 'PINES HEALTH SERVICES, Maine DHHS'. The case details are: Case: Test Member Z (F), Maine ASO: 0101/1963 (62 Yrs), UIM, 00000002A, Consumer ID. The questionnaire is titled 'Create Questionnaire / General'. The 'General' section is active, with a sidebar containing 'General', 'Clinical Presentation', and 'Discharge Planning'. Question 1 is '1. Is this request a new treatment/episode of care?' with radio buttons for 'Yes' and 'No'. Question 2 is '2. Provide a description of how the provider will use the requested units (breakdown of units) in this requested review period.' Navigation buttons at the bottom include '< RETURN TO CASE', 'Autosaved', 'NEXT >', and 'MARK AS COMPLETE >'. A green '1' is next to the first question, and green '2' and '3' are above the 'NEXT' and 'MARK AS COMPLETE' buttons respectively.

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Step 7 – Questionnaires:

1. The questionnaire will open in a separate window. Begin by answering the first question of the first section. Please note, that as you answer questions, additional questions may cascade.
2. Once you have completed the first section, click Next to navigate to each subsequent section.
3. **All** questions of the questionnaire **must be** filled out. When have finished, mark the questionnaire as complete. You will then be returned to the main request.

Step 7 – Questionnaires Continued

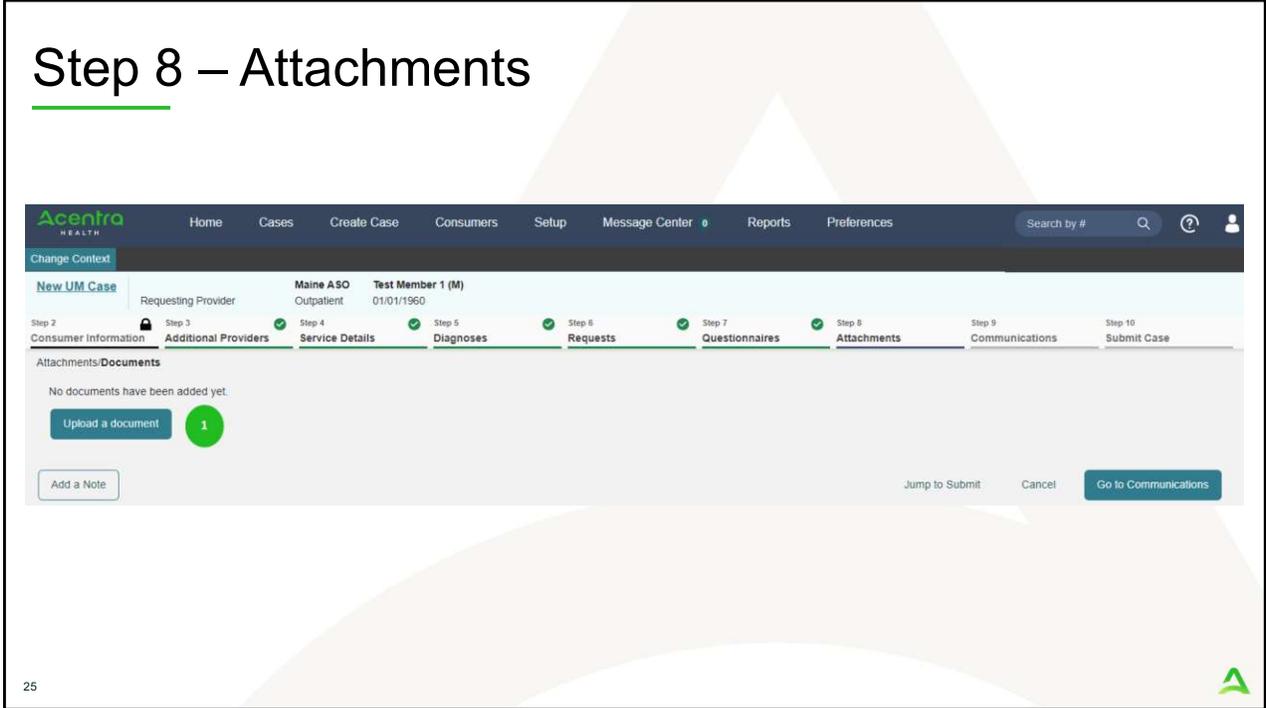
The screenshot displays the Acentra Health software interface. At the top, there is a navigation bar with options: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows 'Change Context' > 'PINES HEALTH SERVICES, Maine DHHS'. The main content area is titled 'New UM Case' and shows details for 'PINES HEALTH SERVICES', 'Maine ASO', and 'Test Member Z (F)'. A progress bar indicates the current step is 'Step 7: Questionnaires', with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses, Requests) completed. Below the progress bar, there is a table of questionnaires. The table has columns for Request, Questionnaire ID, Questionnaire Type, Questionnaire's Name, Created By, Created Date, Completed By, Completed Date, Score, and Action. One row is visible with Request ID 'R01', Questionnaire ID '3771436', Type 'Prior Authorization', Name '* General', Created By 'Acentra Health', and Created Date '02/19/2025 11:06:41 AM'. The score is 0. There is an 'Open' button next to the row. Below the table, there is a pagination control showing 'Showing 10 of 1' and a 'Go to Attachments' button. The page number '24' is visible in the bottom left corner.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3771436	Prior Authorization	* General	Acentra Health	02/19/2025 11:06:41 AM			0	Open

Step 7 – Questionnaires:

1. Once you click Return to Case, you will be brought back to the main request. Click Go to Attachments.

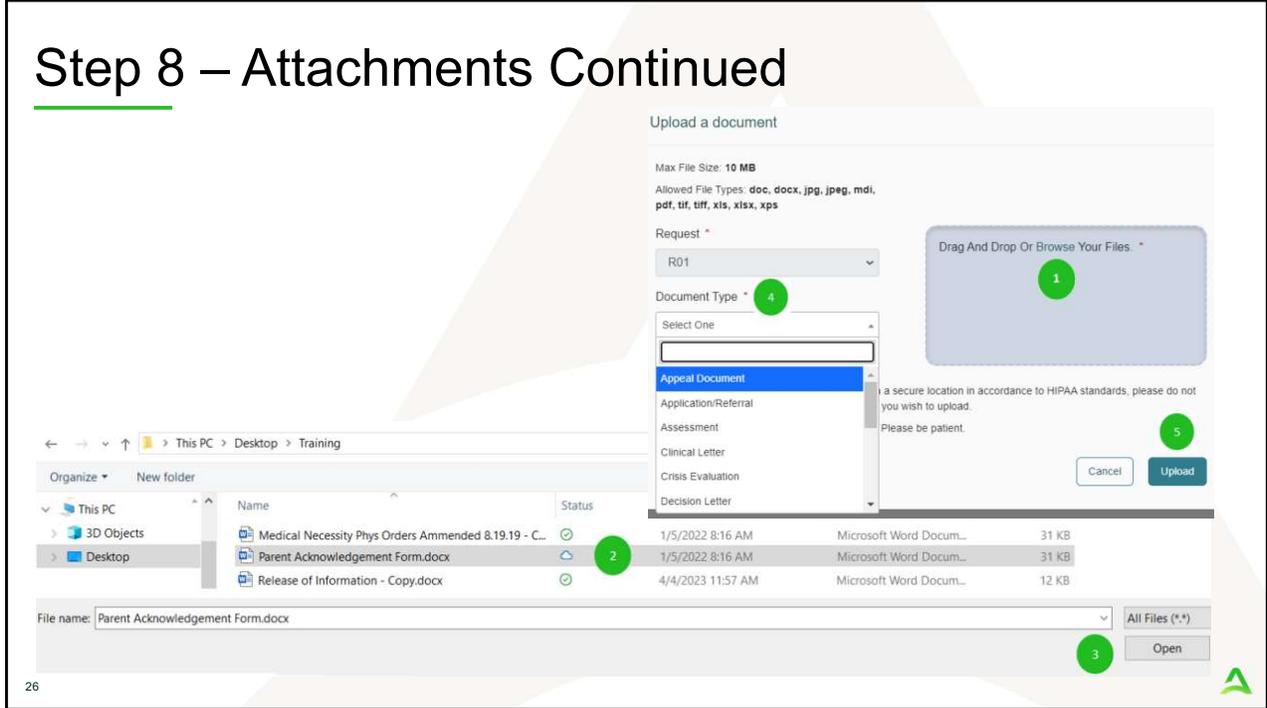
Step 8 – Attachments



Step 8 - Attachments:

1. Click on the Upload a document button to attach supporting clinical documentation. A new window will appear.

Step 8 – Attachments Continued



In Step 8 - Attachments:

1. Click on the Browse link.
2. Find the document you need to upload and select it.
3. Click on Open.
4. Select the Document Type from the drop down list.
5. Select Upload. Repeat these steps for each document you are uploading.

Step 8 – Attachments Continued

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail shows the current context: PINES HEALTH SERVICES, Maine DHHS. The main content area is titled "New LIM Case" and shows case details: PINES HEALTH SERVICES (Requesting Provider), Maine ASO (Outpatient), and Test Member 1 (M) (01/01/1960). A progress bar indicates the current step is Step 8, Attachments, with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses, Requests, Questionnaires) marked as complete. Below the progress bar, there is a section for "Attachments/Documents" with an "Upload a document" button. A table lists the uploaded attachments:

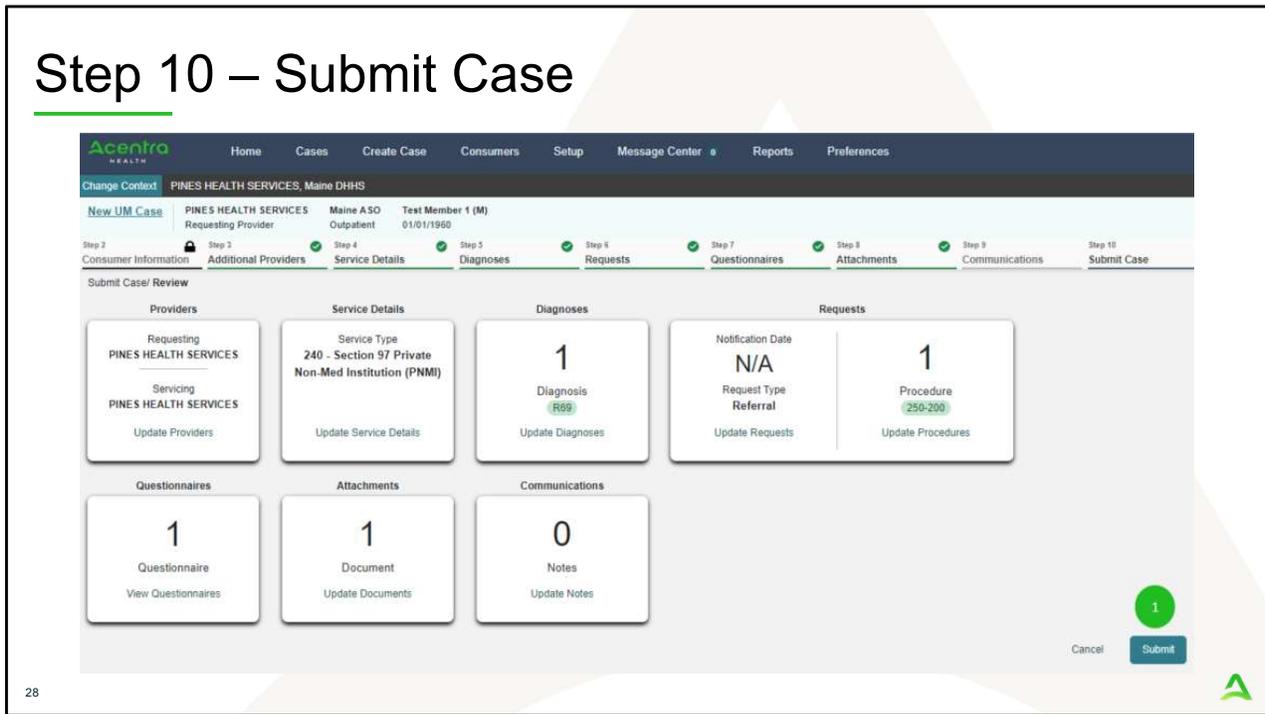
Request	File Name	Document Type	Uploaded On	Action
R01	Medical Necessity Ph...docx	MD Medical Necessity Note	02/06/2024 12:53:32 PM	Remove

Below the table, there is a pagination control showing "Showing 10 of 1" and "Previous Page 1 of 1 Next". At the bottom right of the Attachments section, there are three buttons: "Add a Note", "Jump to Submit" (highlighted with a green arrow), and "Cancel". A "Go to Communications" button is also visible at the bottom right of the main content area.

In Step 8 - Attachments:

1. When all attachments have been uploaded, click on Jump to Submit.

Step 10 – Submit Case



In Step 10 – Submit Case

1. Once you have completed the request, the information you input will be displayed as tiles. If you need to update information prior to submitting, you can click on the tile to navigate back to that section of the request or click on the step. Click on **Submit**.

Step 10 – Submit Case Continued

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.

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In Step 10 – Submit Case

1. Once you click submit a Disclaimer popup will appear indicating that precertification does not guarantee payment and precertification only identifies medical necessity and does not identify benefits. Click on **Agree**.
2. If there are no errors, your case will submit and you will receive a case ID number. If there are errors, you will receive a message indicating what the errors are that need to be addressed before the case can be submitted.

Submitted Case

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Once the case has been submitted it will bring you to the request overview page. This will be a receipt of all information provided in the request. It is important to document the Case ID to reference this request at a later time

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc. If calling Acentra Health regarding this request, two pieces of identifying information will be required to confirm the member's identity. For example, a Case ID and member's name.

PART THREE

Post Submission

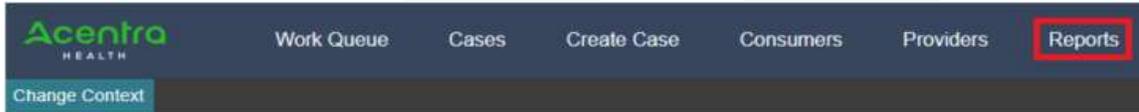


Daily Authorization Report

1

Click on the Reports Tab

Users who have been setup with report capabilities will have the reports tab in Atrezzo.



2

Select the Report

Click on the ME Daily Authorization Report to open the search parameters.



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The Daily Authorization Report is the primary way Acentra Health communicates to providers regarding the status of a case. This includes cases that have been approved/denied, held for more information, or sent to the MD for review. In the Atrezzo portal, users who have been setup as a Group Admin + Reports or Admin + Reports User role will have the Reports tab in Atrezzo. Within the reports tab, you will find the Daily Authorization Report.

Questions?



- Toll-Free Phone: (866) 521-0027

- Option 1 – Member Services
- Option 2 – Katie Beckett
- Option 3 – Provider Relations
- Option 4 – Care Management
- Option 5 – Appeals
- Option 6 – Level I Critical Incident Reporting

- Email: ProviderRelationsME@acentra.com

- To chat with an Acentra Health Representative, visit www.qualitycareforme.com and click on the  in the bottom right corner.



Thank you for viewing the Acentra Health Adult PNMI Service Notification Process training. If you have further questions or need assistance, please call us at 866-521-0027. For technical assistance, please press Option 3 to reach a member of our Provider Relations Team. You can also reach a member of our Provider Relations Team via email at ProviderRelaitonsME@Acentra.com or through our online chat at www.qualitycareforme.com. Our hours of operation are Monday thru Friday 8am to 6pm.