

## Creating and Submitting an Opioid Treatment Case in the Atrezzo Provider Portal

Date Published: 12/04/2024

Navigate to the Atrezzo Login page	e via: <u>https://m</u>	hcp.acentra		://portal.kepr	o.com/		
This will bring you to your homepage.	Accentro H H Change Context TAPESTRY LLC	ome Cases Cr , Minnesota	eate Case Consumers Setu	p Message Center <mark>sa</mark>	Reports Mo	re,i Search by # Q.	0
On the homepage you will notice any cases you have started but not submitted to	HOME for re	Messages Go to l	WORK-IN-P Message Center 18	ROGRESS	NOT SUBMITTED	SUBMITTED 14	
Acentra.	CONTRACT	CASE TYPE	CONSIMERIO				0
You may also notice a red	Minnesota SUD	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	11/22/2024 12:54:53 PM	0
number next to the Message	Minnesota SUD	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	11/22/2024 12:51:49 PM	
Center The messages here	Minnesota Medicaid	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	2/21/2024 8:14:26 AM	
indicate that clinical reviewers	Minnesota Medicaid	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	2/5/2024 9:01:50 AM	
have reached out to you for additional information or you have a notification about a case.	Displaying records 1 to 4 of 4	l records				Previous 1 Next Show 1	0 v Entries
Verify that none of the cases you have started meet your current case submission needs.							
Click <b>Create Case</b> from the button in the top banner.							

Click "Select Contract"	
For <u>ALL</u> 1115 Demonstration Documentation Requests, choose <b>Minnesota SUD</b> .	Accinition     Home     Cases     Dreate Case     Consumers     Setup     Message Center     Reports     Preferences       Charge Centert     TAPESTRY LLC Requesting Provider Requesting Provider Requesting Provider       Taps     Consumer Information
	Case Type *  © UM  Case Contract *  Select Contract *  Minnesota Medicald  Minnesota Retro  Minnesota Transportation
For Request Type – Choose Outpatient	Nome       Cases       Dreate Case       Consumers       Setup       Message Center       Reports       Preferences         Case       TAPESTITY LLO, Monescala       Manescala SUD       *
Click "Go To Consumer Information"	Accorting       Home       Dases       Create Case       Consumers       Setup       Message Center       Setup       Reports         Change Context       TAPESTRY LLC, Minnesota       Minnesota 300       -<

Enter the <b>Medicaid ID</b> number in the <b>Consumer ID</b> section. Click <b>Search</b> Verify the member information and Click <b>Choose</b>	Account       Home       Caste       Containers       Betage Control       Reports       Performances       Example y = 0       O       Image Control         Concernent       Manage Control       Manage Control       Performances       Image Control       Image Contro
This will bring up a list of existing or started cases. Please double check for any potential duplicate requests. If none, Click <b>Create Case</b> .	Note:       Date:       Description:       Description: <thdescription:< th="">       Description:<!--</th--></thdescription:<>
Verify contact information for both the requesting provider and the facility. You do not need to add an Attending Physician. Click <b>Go to Service Details</b>	Norm       Date Case       Originers       Beigge Darder (tot Responder)       Reports       Performance       Description       Control of all all all all all all all all all al

Click the <b>Admit Date</b> field and enter the admit date for <u>the</u> <u>level of care</u> that medical records are being requested for.	Accorning       Nome       Cases       Create Case       Consumers       Setup       Message Center       Reports       Preferences         Charge Content       TAPESTRY LLC, Microsota       Monoser Test (?)       Monoser Test (?)       Monoser Test (?)         New UM Case       Tapestrant Provider       Monoser Test (?)       Monoser Test (?)       Monoser Test (?)         Ing.2       Imp.3       Imp.4       Bray 3       Bray 5       Bray 5       Bray 5         Service Details       Service Details       Service Type *       Service Type *       Service Type *
Place of Service is not required.	Add a Note Sub C - Substance Abore - Opioid Treatment Cancel Do to Diagnoses
Under Service Type choose SUD OT - Substance Abuse – Opioid Treatment	
Click Go to Diagnoses	ACGIPTIAC Home Cases Create Case Donsumers Setup Message.Denter ■ Reports Preferences  Change Cartext IAPESTRY LLC, Minneede  New UM Case TAPESTRY LLC, Minneede SU Member Tap (F)  New UM Case TaPESTRY LLC Minneede UM Case (Case Case Case Case Case Case Case Case
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Click in the <b>Select a Diagnosis</b> <b>Code</b> box and add the primary diagnosis code. (for example - F11.10 OPIOID ABUSE UNCOMPLICATED)	Accentrol         Home         Dates         Oreals Case         Consumers         Setup         Message Center         Reports         Performences           Dates Content         TARESTRY LLC Moneexist         Management         Tarestry         Management	Deactivals       Deactivals       Previous       Page 1       Cancel       On to Requests
Verify the diagnosis code added. Click <b>Go to Requests</b>	According     Home     Cases     Create Case     Onioumers     Setup     Message Center (M     Reports     Preferences       Datage Center     Message Center (M     Message Center (M     Reports     Preferences       Datage Center     Message Center (M     Message Center (M     Reports     Preferences       Datage Center     Message Center (M     Reports     Reports     Reports     Reports       Datage Center     Message Center (M     Reports     Reports     Reports     Reports     Reports       Description     Additional Providers     Service     Service     Reports     Rep	Country C C (
Click <b>Select Request Type</b> (choose appropriate type) Click <b>Go to Procedures</b>	Accentro         Home         Cases         Oreste Case         Consumers         Seture         Message Center         Message Center </th <th>Search by # Q @ .</th>	Search by # Q @ .

There is no CPT Code for Withdrawal Management requests.	A C O T / C     Home     Cases     Cheatric Cases     Consummaria     Setup     Message Camber     Performances       Change Camber     March 1000     March 1000     March 1000     March 1000     March 1000     March 1000       Nave UB Cases     March 1000     March 1000     March 1000     March 1000     March 1000       Nave UB Cases     March 1000     March 1000     March 1000     March 1000       March 1000     March 1000     March 1000     March 1000       Consumer March 1000     March 1000     March 1000
You only need to enter the <b>Requested Start Dates</b> and <b>Requested End Dates</b> .	Request StiProcedures       Code Type * Search       OF * Search by code or decorption: *       O Repeat Sti Unit Considering * Unit Considering * Unit Considering * Unit Considering * Unit Considering * Note: * Note:
Enter the recipient's entire length of stay at the requested level of care.	Requested find Date *     Requested find Date *       MAXDD/YYY     Image: State
Click Go to Questionnaires	Add a Note -
**Please note – this Questionnaire is undergoing changes and may not look exactly like this when you complete it. Click <b>Open</b> to complete the Questionnaire.	Ouestionnaire/ Take Questionnaire Request ⊕ Questionnaire ID ⊕ Questionnaire Type ⊕ Questionnaire's Name △ Created By ⊕ Created Date ⊕ Completed By ⊕ Completed By ⊕ Completed Date ⊕ Score ⊕ Action R01 3769854 Checklist *SUD Provider - Treatment Acentra Health 12/04/2024 0310.06 PM 0 Open Stowing 10 - of 1 Periose Page 1 of 1 Next
<ul> <li>Complete this page:</li> <li>Enter the transaction control number as listed on the letter received from Acentra Health</li> <li>Enter the Admit date for this level of care</li> <li>Answer "Is the ASAM recommended level of care the same as the received level of care"</li> </ul>	Medic Sate // Investigation         Monicalisation         Topopological Distribution         Topopological Distribution <thtopological distribution<="" th="">         Topological D</thtopological>
Click <b>Next</b> to go to the next section	

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Add the decuments required for	
Withdrawel Management	
Requests:	Upload a document
(1) Comprehensive Assessment (also known as the	Max File Size: 25 MB Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps
(2) Comprehensive Assessment	Request * Drag And Drop Or Browse Your Files. *
(3) Initial stabilization plan	Document Type *
(4) Documentation of treatment services (individual and group documentation notes)	Select One *
(5) Medication administration records	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.
(6) Physician Exam	
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Verify that all information is correct. Click <b>Submit</b>	Marcine	annig 0 C 1
A disclaimer will populate. Click <b>Agree</b>	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.	
This will bring you to a case summary page that will show you the case status and a case ID number.	CONVERSIONAL SILVES ADDRESS AD	N COMBALLY V V V V V V V V V V
Your case I	has now been successfully submitted to th Acentra Review team!	le