

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

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Navigate to the Atrezzo Login page via: <https://mhcp.acentra.com/> ~ or ~ <https://portal.kepro.com/>

This will bring you to your homepage.

On the homepage you will notice any cases you have started but not submitted to Acentra.

You may also notice a **red** number next to the **Message Center**. The messages here indicate that clinical reviewers have reached out to you for additional information or you have a notification about a case.

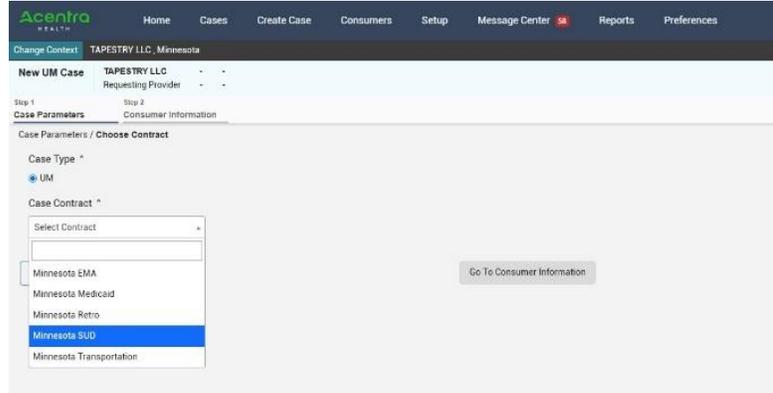
Verify that none of the cases you have started meet your current case submission needs.

Click **Create Case** from the button in the top banner.

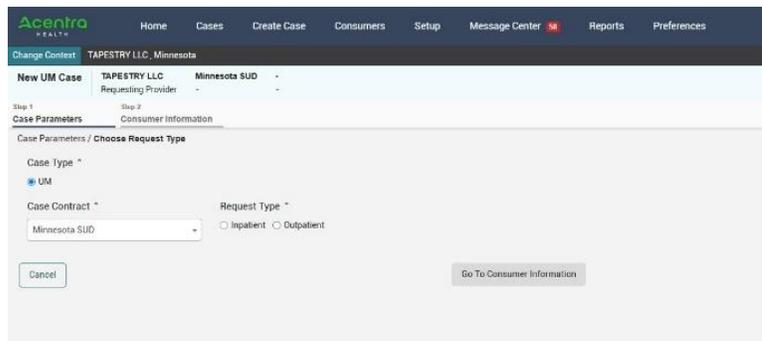
CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
Minnesota SUD	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	11/22/2024 12:54:53 PM
Minnesota SUD	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	11/22/2024 12:51:49 PM
Minnesota Medicaid	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	2/21/2024 8:14:26 AM
Minnesota Medicaid	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	2/5/2024 9:01:50 AM

Click "Select Contract"

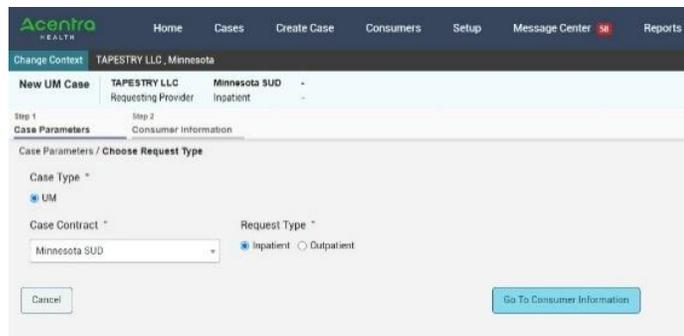
For ALL 1115 Demonstration Documentation Requests, choose **Minnesota SUD**.



For Request Type – Choose **Outpatient**



Click "Go To Consumer Information"



Enter the **Medicaid ID** number in the **Consumer ID** section.

Click **Search**

Verify the member information and Click **Choose**

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
Member Test	09/14/1989	123 Somewhere Street Anywhere,MN	TEMP00130202111400000	Minnesota	3	<a href="#">Choose</a>

This will bring up a list of existing or started cases.

Please double check for any potential duplicate requests. If none, Click **Create Case**.

Request ID	Status	Submit Date	Category	Service Type	Service Dates	Procedure	Letters	Actions
- Case: Pending Case ID								
Request01	Un-Submitted		Outpatient	Substance Abuse	(No start) - (No end)	View Procedures	No letters available	No actions available
- Case: Pending Case ID								
Request01	Un-Submitted		Outpatient	Substance Abuse	(No start) - (No end)	View Procedures	No letters available	No actions available
- Case: Pending Case ID								
Request01	Un-Submitted		Outpatient	Substance Abuse - Opioid Treatment	(No start) - (No end)	View Procedures	No letters available	No actions available
- Case: Pending Case ID								
Request01	Un-Submitted		Outpatient	Substance Abuse - Opioid Treatment	(No start) - (No end)	View Procedures	No letters available	No actions available

Verify contact information for both the requesting provider and the facility.

You do not need to add an Attending Physician.

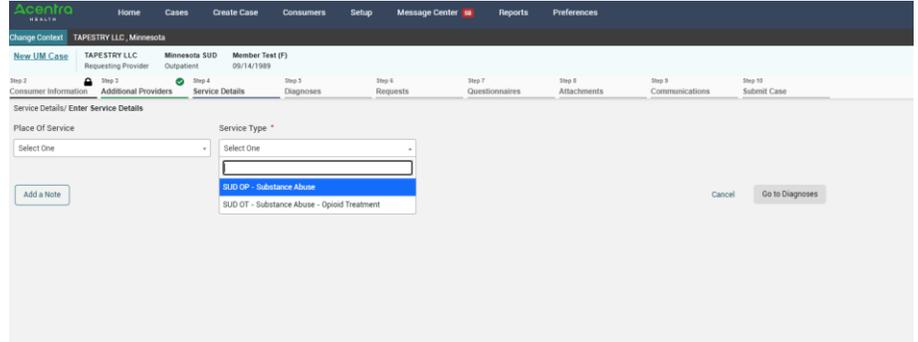
Click **Go to Service Details**

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	TAPESTRY LLC		CD-CD-OCJRRHNG...CD MEDICAL SERVICE,CD NON-RESIDENTIAL TRI-TREATMENT,CD RESIDENTIAL TREATMENT-HIGH,CD RESIDENTIAL TREATMENT-MED,CD RM & BOARD W/TRMT ONE LOCAT	1780718189	135 F COX ORADO ST, ST PAUL, MN US 55107		(651) 489-7740	(651) 999-995	
Facility	TAPESTRY LLC		CD-CD-OCJRRHNG...CD MEDICAL SERVICE,CD NON-RESIDENTIAL TREATMENT,CD RESIDENTIAL TREATMENT-HIGH,CD RESIDENTIAL TREATMENT-MED,CD RM & BOARD W/TRMT ONE LOCAT	1780718189	135 E COLORADO ST, ST PAUL, MN US 55107		(651) 489-7740		<a href="#">Update</a>

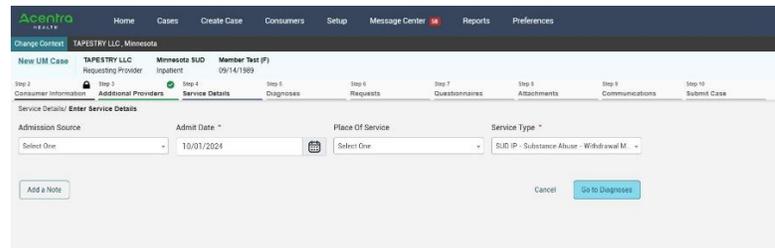
Click the **Admit Date** field and enter the admit date for the level of care that medical records are being requested for.

Place of Service is not required.

Under Service Type choose **SUD OT - Substance Abuse – Opioid Treatment**

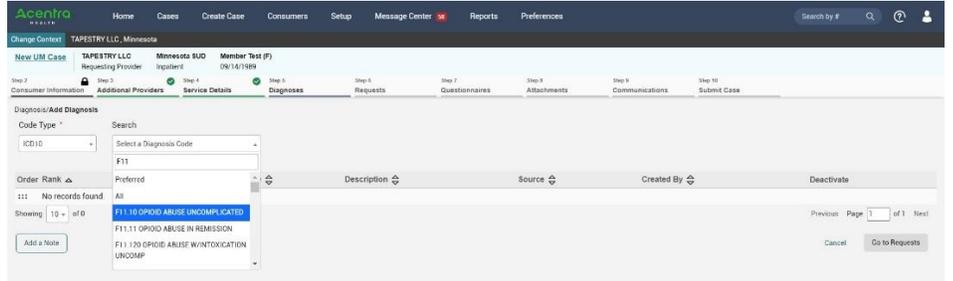


Click **Go to Diagnoses**



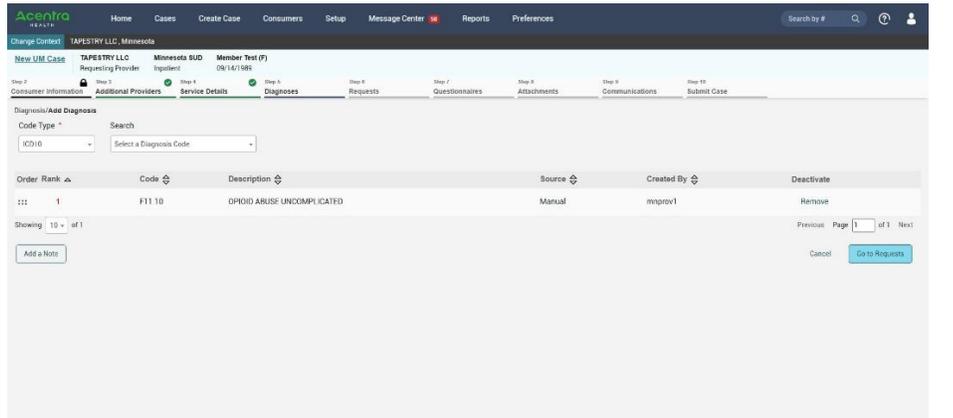
Click in the **Select a Diagnosis Code** box and add the primary diagnosis code.

(for example - F11.10 OPIOID ABUSE UNCOMPLICATED)



Verify the diagnosis code added.

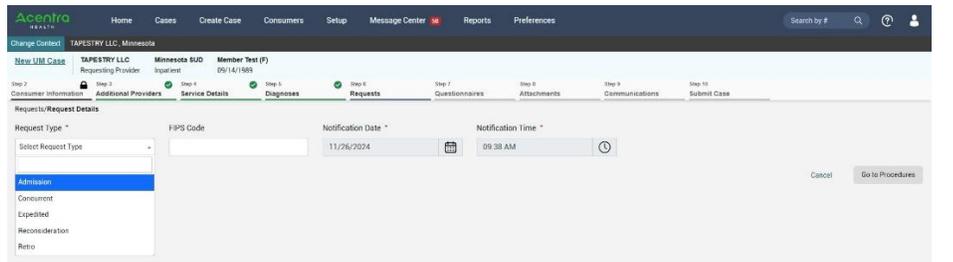
Click **Go to Requests**



Click **Select Request Type**

(choose appropriate type)

Click **Go to Procedures**

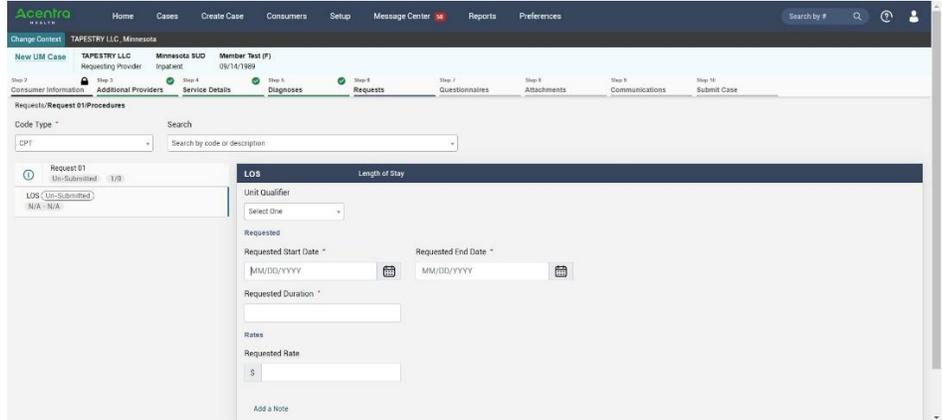


There is no CPT Code for Withdrawal Management requests.

You only need to enter the **Requested Start Dates** and **Requested End Dates**.

Enter the recipient's entire length of stay at the requested level of care.

Click **Go to Questionnaires**



**\*\*Please note – this Questionnaire is undergoing changes and may not look exactly like this when you complete it.**

Click **Open** to complete the Questionnaire.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3769854	Checklist	* SUD Provider - Treatment	Acentra Health	12/04/2024 03:10:06 PM			0	<a href="#">Open</a>

Complete this page:

- Enter the transaction control number as listed on the letter received from Acentra Health
- Enter the Admit date for this level of care
- Answer "Is the ASAM recommended level of care the same as the received level of care?"

Click **Next** to go to the next section

Enter the risk ratings for each dimension.

Click **Next** to go to the next section

The screenshot shows a web form titled "SUD Provider - Treatment". On the left, there is a sidebar with three items: "SUD Provider - Treatment", "Risk Ratings", and "SUD Provider - Treatment". The "Risk Ratings" item is selected and highlighted. The main content area contains six numbered dimensions, each with a "Select One" dropdown menu:

- Dimension 1 (substance use, acute intoxication and/or withdrawal potential) - Select One
- Dimension 2 (biomedical conditions and complications) - Select One
- Dimension 3 (psychosocial, behavioral, or cognitive condition and complications) - Select One
- Dimension 4 (readiness to change) - Select One
- Dimension 5 (relapse, continued use, or continued problem potential) - Select One
- Dimension 6 (recovery/living environment) - Select One

Complete the information about ancillary services available and received.

Click **Mark as Complete**

The screenshot shows the "SUD Provider - Treatment" form with two sections for ancillary services:

- Section 1: "Please select any ancillary services offered? (Ancillary services are those related to social determinants of health)". It includes checkboxes for: Housing, Vocational services, Transportation assistance, Other, and None.
- Section 2: "Please select any ancillary services received?". It includes checkboxes for: Housing, Vocational Services, Transportation Assistance, Other, and None.

Click **Go to Attachments**

The screenshot shows a system dashboard with a table of questionnaires. The table has columns for Report, Questionnaire ID, Questionnaire Type, Questionnaire's Name, Created By, Created Date, Completed By, Completed Date, Score, and Action. One row is visible:

Report	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
MS	370257	Checklist	* SUD Provider - Treatment	Aceita Health	12/04/2024 03:39:21 PM	Rebecca Meyer	12/04/2024 03:40:50 PM	0	View

Click **Upload a Document**

The screenshot shows the system dashboard with a message: "No documents have been added yet." Below the message is a button labeled "Upload a Document".

Add the documents required for Withdrawal Management Requests:

- (1) Comprehensive Assessment (also known as the Biopsychosocial Screening)
- (2) Comprehensive Assessment Summary
- (3) Initial stabilization plan
- (4) Documentation of treatment services (individual and group documentation notes)
- (5) Medication administration records
- (6) Physician Exam
- (7) Nursing Assessment
- (8) CIWA/COWS
- (9) Discharge or Transition Summary

Click **Upload**

Upload a document

Max File Size: 25 MB  
Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps

Request \*  
R01

Document Type \*  
Select One

Drag And Drop Or Browse Your Files. \*

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

This page will show all successfully uploaded documents.

Click **Jump to Submit**

Request	File Name	Document Type	Uploaded On	Action
R01	Text Comprehensive A.docx	Comprehensive Assessment	12/04/2024 03:44:08 PM	Remove

Showing 1 of 1

Add a Note

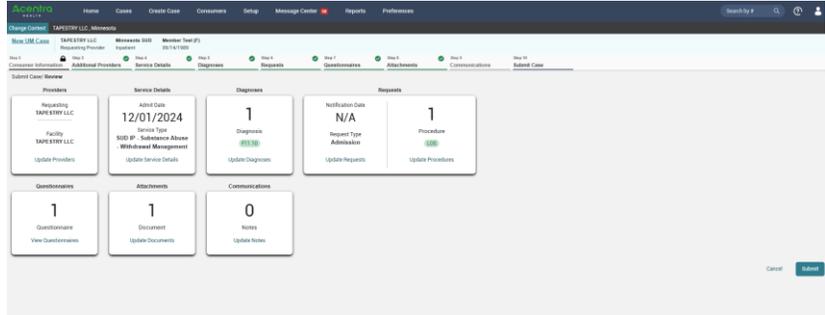
Jump to Submit

Cancel

Go to Communications

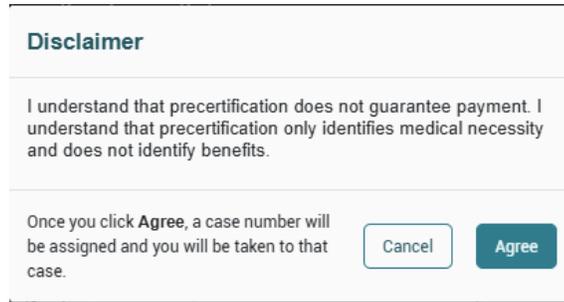
Verify that all information is correct.

Click **Submit**

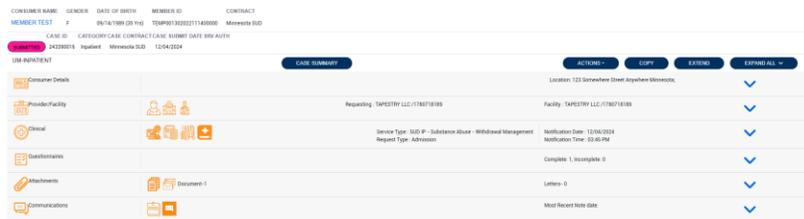


A disclaimer will populate.

Click **Agree**



This will bring you to a case summary page that will show you the case status and a case ID number.



Your case has now been successfully submitted to the  
Acentra Review team!