

## Submitting Documentation for a Case in the Atrezzo Provider Portal

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

This will bring you to your homepage.

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

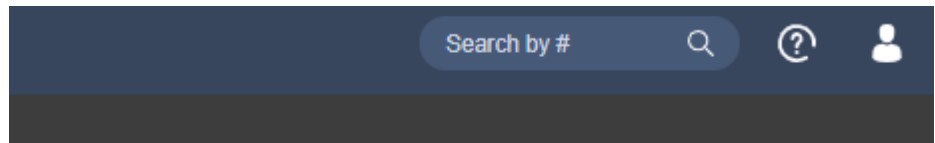
You may also notice a **red** number next to the **Message Center**. The messages here indicate that clinical reviewers have reached out to you for additional information or you have a notification about a case.

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

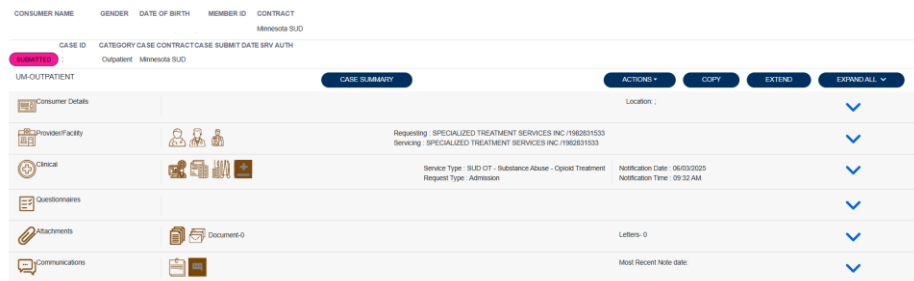
There are two ways to search for cases by CASE ID or by CASE STATUS.

## Search for cases by CASE ID

(1) In the upper right-hand corner, place the **Case ID** from the spreadsheet in the “Search by #” box. Hit Enter.



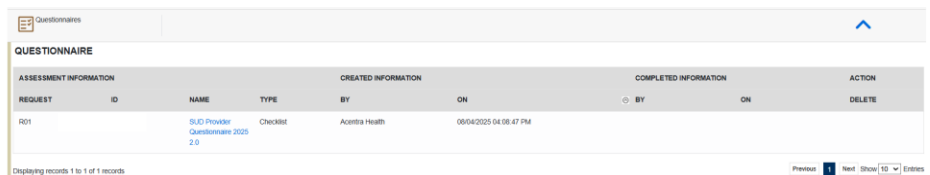
This will pull up a case summary page. You'll see the TCN listed under the SRV Auth section.



You will do two things here.

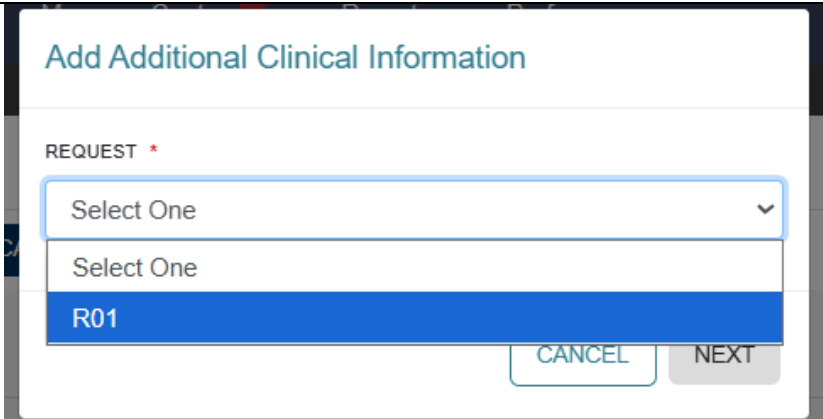
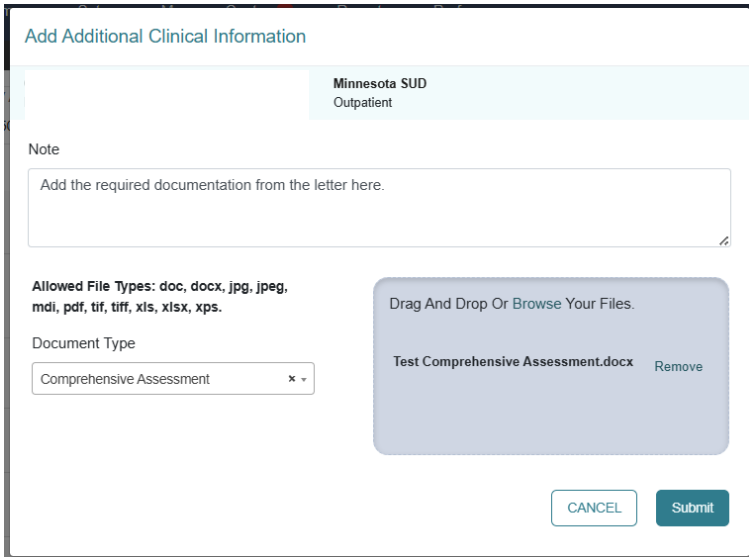
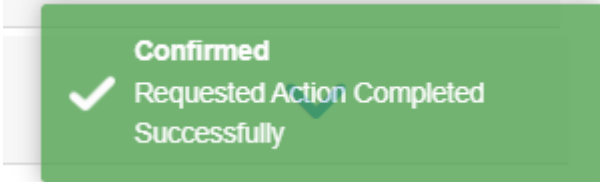
- 1 – complete the Questionnaire
- 2 – Upload additional clinical information

Click the down arrow next to the Questionnaire section.



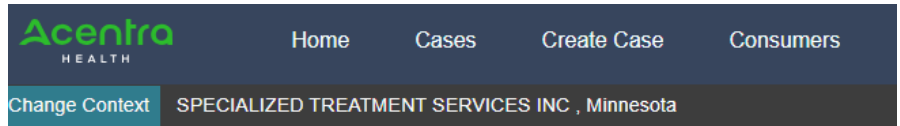
Click on “SUD Provider

Questionnaire 2025 2.0"	
<p>Complete the two questions here.</p> <p>Click – Mark as Complete.</p> <p>This will return you to the case summary.</p>	
<p>At the top of the case summary, click on “Actions”.</p> <p>Click “Add Additional Clinical Information”</p>	
<p>Choose R01 and click “Next”</p>	

	 <p>The screenshot shows a form titled "Add Additional Clinical Information". Under the "REQUEST" section, there is a dropdown menu. The menu is open, showing "Select One" at the top, followed by "Select One" and "R01" (which is highlighted in blue). Below the dropdown are "CANCEL" and "NEXT" buttons.</p>
<p>Add the required documentation for your Level of Care here.</p> <p>Click "Submit"</p>	 <p>The screenshot shows the same form with more content. At the top right, it says "Minnesota SUD Outpatient". Below that is a "Note" section with a text area containing the text "Add the required documentation from the letter here.". Below the note is a section for "Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.". Underneath is a "Document Type" dropdown menu with "Comprehensive Assessment" selected. To the right of this is a file upload area with the text "Drag And Drop Or Browse Your Files." and a file named "Test Comprehensive Assessment.docx" with a "Remove" button next to it. At the bottom right are "CANCEL" and "Submit" buttons.</p>
<p>You will receive the below confirmation in the lower right-hand corner to indicate success.</p>	 <p>The screenshot shows a green confirmation box with a white checkmark icon. The text inside the box reads: "Confirmed Requested Action Completed Successfully".</p>

## Search for cases by CASE STATUS

Click on “Cases” in the bar at the top



This will bring you to a search function.

Input the following information:

Case Type: UM

Request Status: Submitted

Type: All Types

Date Type: Submit Dates  
(enter one month timeframe)

Click “Search”

This will return a list of cases

Request	Consumer	Status	Submit Date	Category	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 213270014									
Request: 02		Submitted	7/31/2025	Inpatient	Substance Abuse - Withdrawal Management	12/13/2025 - 12/14/2025	View Procedures	No letters available	Actions+

Click on “Request 02” to open the Case Summary page.

CONSUMER NAME GENDER DATE OF BIRTH MEMBER ID CONTRACT  
Minnesota SUD

CASE ID CATEGORY CASE CONTRACT CASE SUBMIT DATE SRV AUTH  
Request Minnesota SUD 12/03/2021

UM-INPATIENT

CASE SUMMARY

Consumer Details Location : Add Additional Clinical Information

Provider/Facility Requesting : OILLETTE CHILDRENS PROFESSIONAL Facility : OILLETTE CHILDRENS 19175

Requesting : OILLETTE CHILDRENS PROFESSIONAL Facility : OILLETTE CHILDRENS 19175

Click the down arrow next to the Questionnaire section.

Click on “SUD Provider Questionnaire 2025 2.0”

Questionnaires

QUESTIONNAIRE

ASSESSMENT INFORMATION		CREATED INFORMATION		COMPLETED INFORMATION		ACTION
REQUEST	ID	NAME	TYPE	BY	ON	DELETE
R01		SUD Provider Questionnaire 2025 2.0	Checklist	Acerra Health	06/04/2023 04:06:47 PM	

Displaying records 1 to 1 of 1 records

Previous Next Show 10 Entries

Complete the two questions here.

Click – Mark as Complete.

This will return you to the case summary.

SUD Provider Questionnaire 2025 2.0

SUD Provider - Treatment

1. What is the received level of care? (Include MOUD if applicable) \*

☐ MOUD

☐ 1.0

☐ 2.1

☐ 2.5

☐ 3.1

☐ 3.3

☐ 3.5

☐ WM - 3.2

☐ WM - 3.7

2. Has a medical consultation addressed if this client would benefit from Medically Assisted Therapy (MAT)? \*

☐ Yes ☐ No

RETURN TO CASE

Submitted MARK AS COMPLETE 3

At the top of the case summary, click on “Actions”.

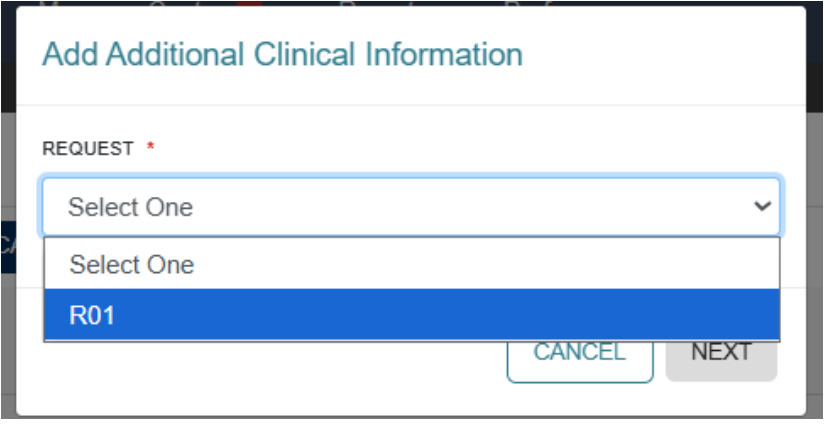
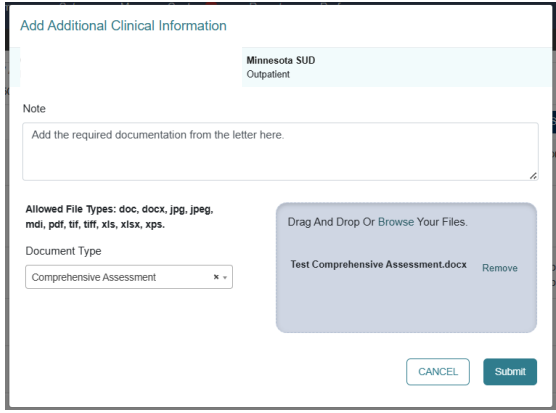
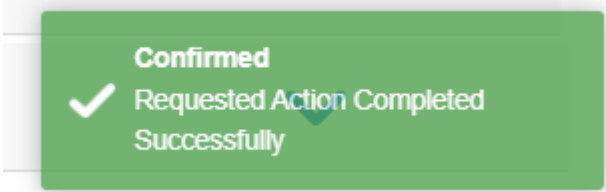
Click “Add Additional Clinical Information”

ACTIONS

Add Additional Clinical Information

Reconsideration

Request Authorization Revision

<p>Choose R01 (or R02) and click “Next”</p>	
<p>Add the required documentation for your Level of Care here.</p> <p>Click “Submit”</p>	
<p>You will receive the confirmation in the lower right-hand corner to indicate success.</p>	
<p><b>Your case has now been successfully submitted to the Acentra Review team!</b></p>	