Acentra Provider Portal Training:

MN SUD Effectively adding documentation

to Import Cases

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Disclaimer

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OBJECTIVES

WHAT HAS CHANGED OR IS NEW

CREATING AN ANG ACCOUNT
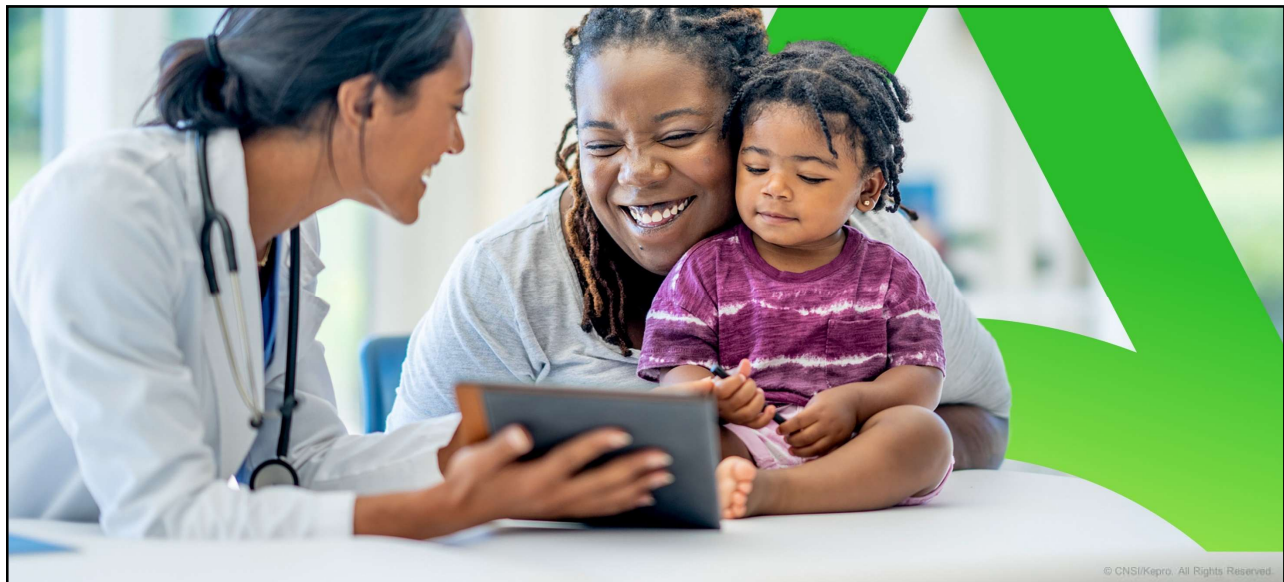
WHEN TO SUBMIT TO ACENTRA

SUBMISSION REQUIREMENTS

HOW TO UPLOAD DOCUMENTATION

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What has Changed with Case Submissions

PART 1

Acentra
HEALTH

4

MN SUD Acentra Health Post Payment Review Workflow

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Submission Process Changes

What Changed as of August 1st, 2025

Previous Process
- Providers would have to create cases
- Month Request had all client data
- Documentation for the whole treatment episode was required to be submitted

New Process
- Providers no longer create or extend cases
- Acentra has already created the cases
- Monthly Request now has a case id and authorization number
- Less Documentation required for most review types

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ANG Provider Portal
PART 2

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ANG Provider Portal

ANG Provider Portal allows for:

❖ Secure access to ANG Connect (Provider Portal)

❖ Provider will be able to access letters by Case/Request, Respond/Send messages To/From Acentra

❖ Receipt of a Acentra Case ID# to confirm Acentra has successfully received your submission.

Acentra
HEALTH

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

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Accessing ANG (Atrezzo) Provider Portal

Website: https://atrezzo.acentra.com/

Atrezzo Login
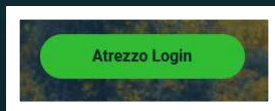
Email Minnesotaasam@acentra.com

- ASAM UM Providers Reaches out and include the ASAM Certification of Levels of Care Notice from DHS and NPI

- All other SUD Providers and RCOs reach out with your NPI and type of registration needed

Go to ANG Portal

Provider will go to https://atrezzo.acentra.com/

and click "Register Here"

Registered Provider:

Complete Registration and create username

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Logging into ANG (Atrezzo) Provider Portal

Website: https://atrezzo.acentra.com/

Atrezzo Login
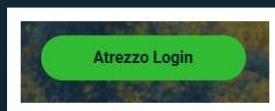
First Time Logging into ANG

Before logging into ANG for the first time must complete multifactor authentication https://5627605.fs1.hubspotusercontent-na1.net/hubfs/5627605/MNHCP%20Atrezzo%20Provider%20Portal%20Login-1.mp4)

ANG Portal Log in

Login using Customer/Provider option
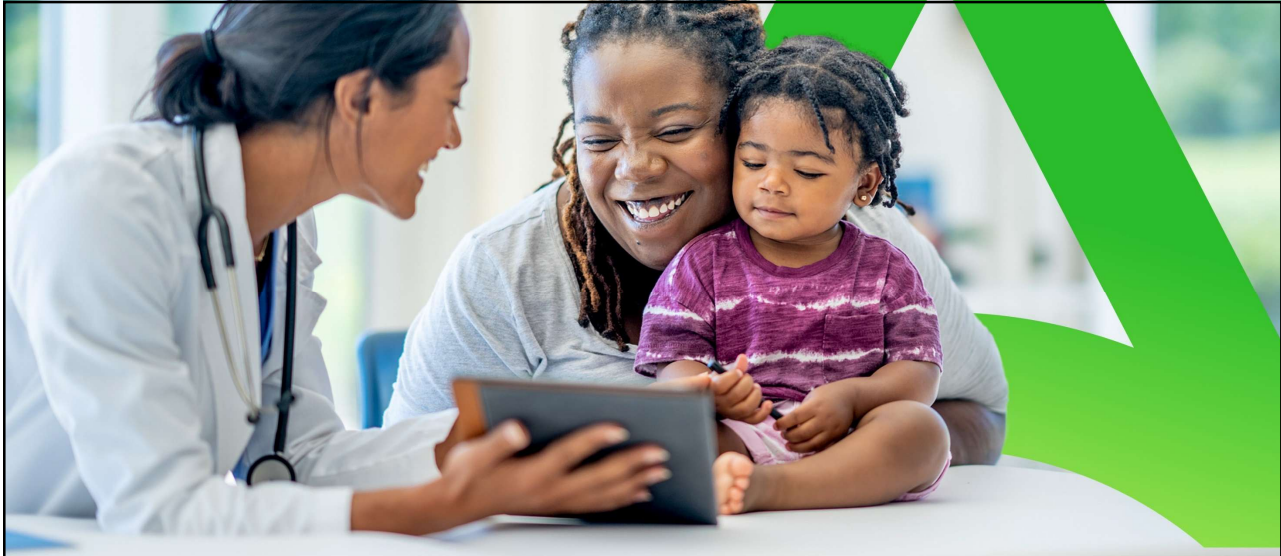
Any issues or Question

Contact: MinnestoaASAM@acentra.com

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When to Submit Documentation

Part 3

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Review Letter

- Documentation is ONLY submitted after receiving a review letter from Acentra
- These letters are sent out monthly
- A follow up email is sent 5 days after the initial request. If cases have been submitted there is no need to respond.

- Reminder: Ensure your contact information is up to date with Acentra. MN SUD Provider Contact Form

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Review Letter Components

Letter	Documentation	Spreadsheet
• *Claims Submission period:* timeframe that the provider claims were submitted to the state • Only Submit Requested documentation based on Initial Review or Continued Stay	• Initial Reviews: First time Acentra is requesting documentation for that specific length of stay in that level of care • Continued Stay Reviews: Acentra has previously requested documentation. Must let us know this is a continued stay when adding the documentation to the new case	• Include the Case ID and Authorization Number (Transaction Control Number) • Only add documentation to the case id's provided by Acentra. • **DO NOT CREATE NEW CASES**

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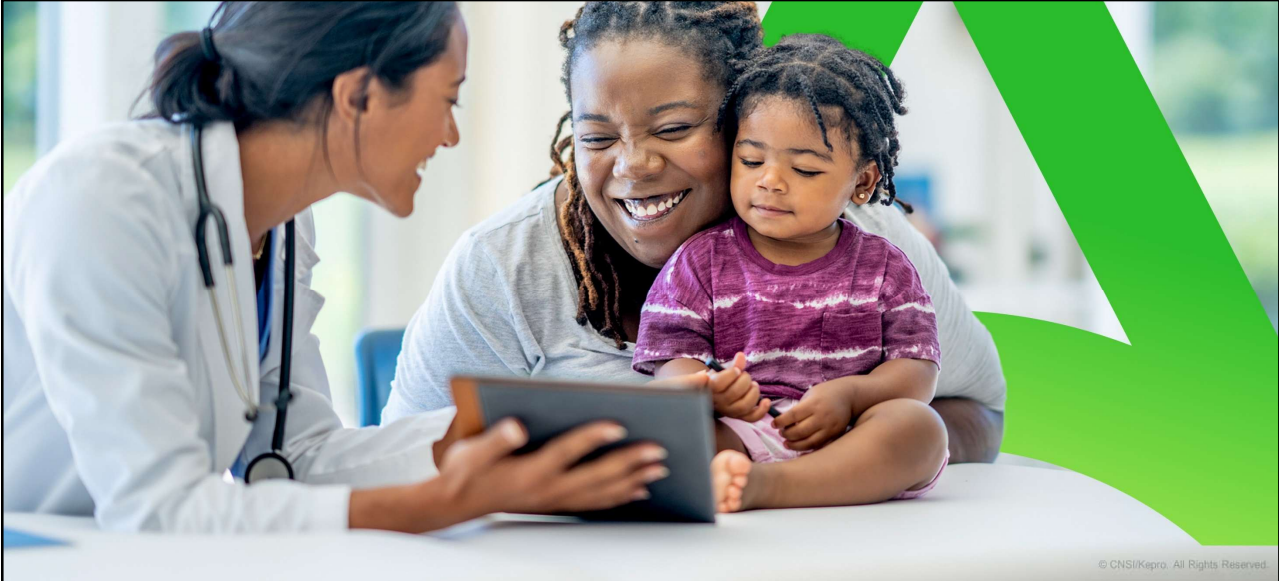
Example of Spreadsheet

Case ID	Auth Number	Member ID	Full Name	NPI	Provider	Provider Name
000000000	11111111111111111	22222222	Test, Test	3333333333	Test Provider	Test Provider Treatment Center

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SUBMISSION REQUIREMENTS: ASAM 3rd Edition

PART 4

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REQUIRED DOCUMENTATION

Residential & Outpatient

Initial Review (1st time the case has been requested)

- Comprehensive Assessment and Summary
- Initial treatment plan with measurable goals
- Initial services plan (if client was not in treatment long enough for a treatment plan to be created)
- Discharge/transition summary, if available
- Provider Questionnaire

Continued Stay Review (subsequent request of the initial review)

- Documentation of treatment services sampling (via individual and group notations)
  - 4-6 notes from individual services
  - 4-6 notes of group services from the 30 days prior to the identified date of service
- Treatment plan reviews from the 30 days prior to the identified date of service
- Discharge/transition summary, if available
- Provider Questionnaire

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REQUIRED DOCUMENTATION

Opioid Use Disorder Treatment (OTP/MOUD Services)

Initial Review (1st time the case has been requested)

- Original Comprehensive Assessment and Summary
- Comprehensive Assessment Update and Summary (Most Recent)
- OUD Initial Treatment Plan with client and clinician signature
- Medication and/or Dosing Record for the past 30 days
- Discharge/transition summary, if available
- Provider Questionnaire
- Any other documentation that may support ASAM medical necessity and level of care placement

Continued Stay Review (subsequent request of the initial review)

- Treatment plan reviews for the past 3 months
- Documentation of treatment services sampling
- Medication and dosing record for the past 30 days
- Discharge/transition summary, if available
- Provider Questionnaire
- Any other documentation that may support ASAM medical necessity and level of care placement

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REQUIRED DOCUMENTATION

Withdrawal Management

3.7WM

- Comprehensive Assessment (completed within 72 hours of Admission) or Biopsychosocial Screening Assessment and Assessment Summary
- Initial Stabilization Plan with measurable goals
- Documentation of Treatment Services (aka: Progress Notes) through individual and group notes
- Physician Exam completed by a MD, APRN, PA.
- Withdrawal Scales: CIWA, COWS or equivalent standardized withdrawal scale
- Medication Administration Record (MAR)
- Documentation of Treatment Coordination (should be in ITP or Progress notes)
- Discharge or Transition Summary identifying level of care client is moving to
- Any other documentation that may support ASAM medical necessity and level of care placement

3.2WM

- Comprehensive Assessment (completed within 72 hours of Admission) or Biopsychosocial Screening Assessment and Assessment Summary
- Initial Stabilization Plan with measurable goals
- Documentation of Treatment Services (aka: Progress Notes) through individual and group notes
- Physician Exam completed by a MD, APRN, PA. if self-administered medications (as defined in 245G.08 Subd. 5) are given
- Withdrawal Scales: CIWA, COWS or equivalent standardized withdrawal scale
- Medication Administration Record (MAR)
- Documentation of Treatment Coordination (should be in ITP or Progress notes)
- Discharge or Transition Summary identifying level of care client is moving to
- Any other documentation that may support ASAM medical necessity and level of care placement

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REQUIRED DOCUMENTATION

RCO based Peer Services

Initial Review (1st time the case has been requested)

- Comprehensive assessment
  - This can be a Comprehensive Assessment from another agency, if that is the assessment that was used to determine the need for Peer Support Services
- Recovery Plans
- All Recovery Plan Updates
- Peer Services Notes past 30 days, from dates of service on case

Continued Stay Review (subsequent request of the initial review)

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REQUIRED DOCUMENTATION

245G Provider based Peer Services

Initial Review (1st time the case has been requested)

- Comprehensive assessment
- Treatment Plan with Peer Service Goals
  - Or treatment plan and recovery/wellness plan
- Treatment Plan/Recovery Plan Reviews
- Peer Services Notes past 30 days, from dates of service on case

Continued Stay Review (subsequent request of the initial review)

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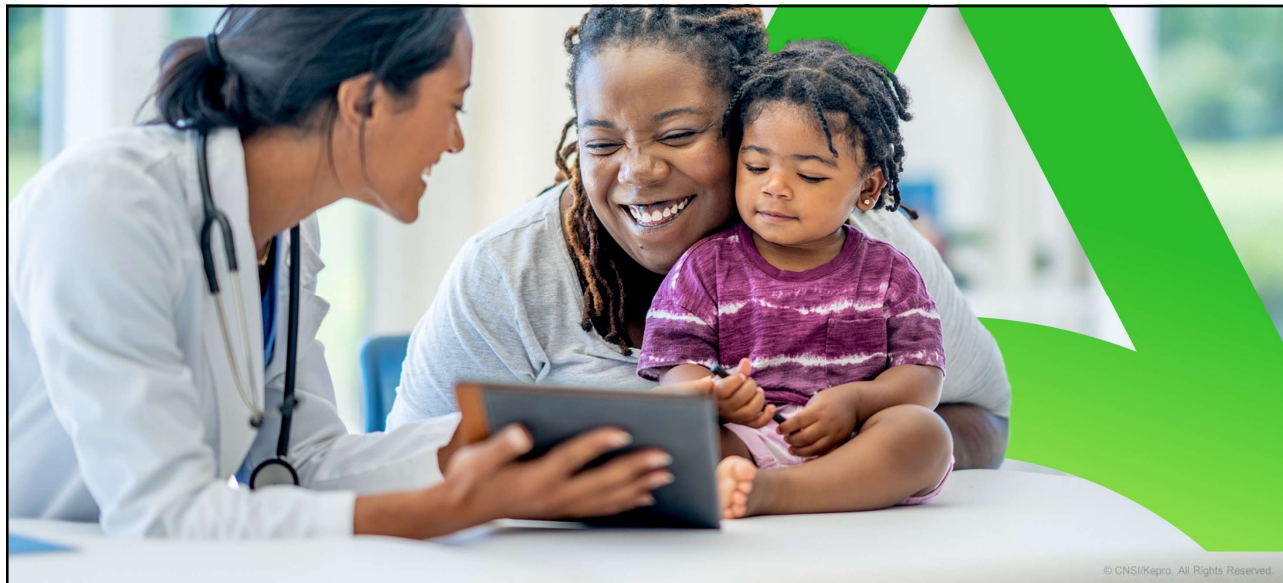
ANG Uploading Documentation
PART 5

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ANG Provider Portal

- Successful Completion of setup/login directs user to the Home Page

- 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.

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ANG Provider Portal

Search for cases by CASE ID or Authorization Number

- In the upper right-hand corner, place the **Case ID** or **Authorization Number** 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

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ANG Provider Portal

Completing the Provider Questionnaire

- Click the down arrow next to the Questionnaire section.

- Click on "SUD Provider Questionnaire 2025 2.0"

- Complete the two questions here.

- Click – Mark as Complete.

- This will return you to the case summary

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ANG Provider Portal
Adding Documentation

1. At the top of the case summary, click on "Actions".

2. Click "Add Additional Clinical Information"

3. Choose R01 and click "Next"

4. Add the required documentation for your Level of Care here.

5. Click "Submit"

6. You will receive the below confirmation in the lower right-hand corner to indicate success.

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ANG Provider Portal
Requesting a Reconsideration

1. At the top of the case summary, click on "Reconsideration".

2. Choose R01 and click "Next"

3. Add the required documentation for your Level of Care here.

4. Click "Submit"

5. You will receive the below confirmation in the lower right-hand corner to indicate success.

6. Make sure to complete the Provider Questionnaire

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Switch Between Provider Locations

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ANG Provider Portal

Changing between Locations

When to use Change Context
1. If you have more than one location (even if they have the same NPI)
2. Each Case ID is associated with the location the Claim was associated with

Change Context   REWIND INC , Minnesota

- Once Change Context is selected there will be a list of locations associated with your account
- Click the blue arrow to the right of the location you want to be associated with

CHANGE PROVIDER CONTEXT

Name	NPI	Type	Contract	Address
REWIND INC	1568678639	62 - CHEMICAL HEALTH	Minnesota	830 E MAIN ST PERHAM MN 565731934

NAME	NPI	TYPE	CONTRACT	⊝ ADDRESS	
REWIND INC	1568678639	62 - CHEMICAL HEALTH	Minnesota	840 E MAIN ST PERHAM MN 565731934	⇥

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ANG Provider Portal: Message Center
PART 6
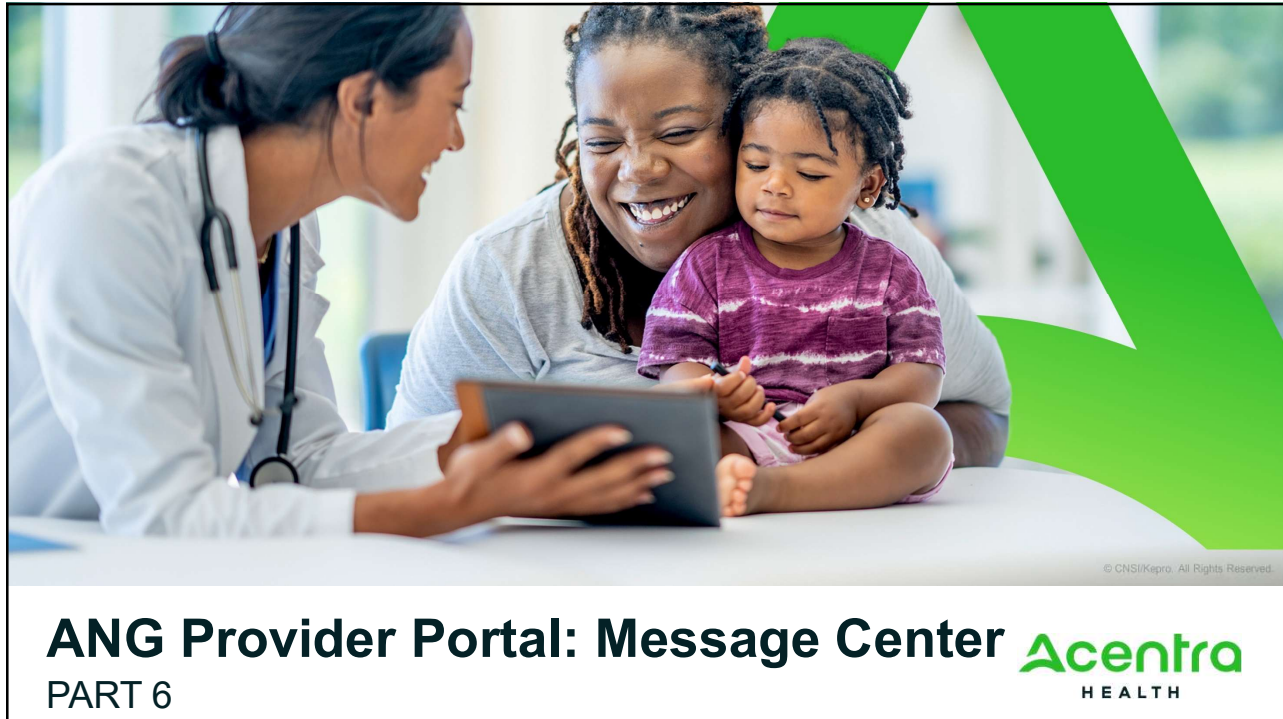
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ANG Provider Portal

VIEW MESSAGES

After a case has been reviewed; the provider will receive an email that case id ###### has new information.

To view this
1. *Use the Search by # box to enter the case ID and go directly to that case*
2. *Scroll down to Communications and click the arrow*
3. *From here you will have the option to look at notes and messages*
        -Reviewer notes are entered in the Notes section unless it's a response to a message the provider sent in the Messages section

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Minnesota Atrezzo Provider Portal Training

Minnesota Atrezzo Provider Portal Message Center Video

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Additional Resources

	1115 Substance Use Disorder (SUD) System Reform Demonstration Clinical	DHS - 1115 SUD Trainings
	Acentra SUD Provider Resources	SUD Resources - Minnesota MHCP
	American Society of Addiction Medicine	www.asam.org

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