

# Creating and Submitting a Transportation Request 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.

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 transportation requests, choose **Minnesota Transportation**.

New UM Case ST MARYS HOSPITAL  
Requesting Provider

Step 1 Case Parameters Step 2 Consumer Information

Case Parameters / Choose Contract

Case Type \*  
UM

Case Contract \*  
Select Contract

Minnesota EMA  
Minnesota Medicaid  
Minnesota Retro  
Minnesota SUD  
Minnesota Transportation

Go To Consumer Information

For Request Type –  
Choose **Outpatient**

Acentra HEALTH

Home Cases Create Case Consumers Setup Message Center Reports Preferences

Change Context TAPESTRY LLC, Minnesota

New UM Case TAPESTRY LLC Minnesota SUD  
Requesting Provider

Step 1 Case Parameters Step 2 Consumer Information

Case Parameters / Choose Request Type

Case Type \*  
UM

Case Contract \*  
Minnesota SUD

Request Type \*  
☐ Inpatient ☒ Outpatient

Cancel Go To Consumer Information

Click "Go To Consumer Information"

Change Context ST MARYS HOSPITAL, Minnesota

New UM Case ST MARYS HOSPITAL Minnesota Transportation  
Requesting Provider Outpatient

Step 1 Case Parameters Step 2 Consumer Information

Case Parameters / Choose Request Type

Case Type \*  
UM

Case Contract \*  
Minnesota Transportation

Request Type \*  
☐ Inpatient ☒ Outpatient

Cancel Go To Consumer Information

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

Click **Search**

Verify the member  
information and Click  
**Choose**

Change Context TAPESTRY LLC, Minnesota

New UM Case TAPESTRY LLC Minnesota SUD  
Requesting Provider Inpatient

Step 1 Case Parameters Step 2 Consumer Information

Consumer Information / Search Consumer / Results

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

TEMP00130202711400000

Combination of DOB and Last Name or Consumer ID

Cancel Search

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
Member Test	06/14/1989	123 Somewhere Street Anywhere,MN	TEMP00130202711400000	Minnesota	3	Choose

Showing 10 of 1 Previous Page 1 of 1 Next

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

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

The screenshot shows the 'New UM Case' screen in the Acentra Health system. The 'Submitted Requests' table lists several requests for Substance Abuse treatment. The 'Status' column shows 'Un-Submitted' for all entries. The 'Service Type' column shows 'Substance Abuse' and 'Substance Abuse - Opoid Treatment'. The 'Service Dates' column shows '(No start) - (No end)'. The 'Procedures' column shows 'View Procedures'. The 'Letters' column shows 'No letters available'. The 'Actions' column shows 'No actions available'. At the bottom, there is a 'Create Case' button.

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**

The screenshot shows the 'New UM Case' screen in the Acentra Health system, specifically the 'Additional Providers' section. It displays a table with columns for 'Provider Type', 'Name', 'Medical ID', 'Specialty', 'NPI', 'Address', 'County', 'Phone', 'Fax', and 'Action'. The table lists two providers: 'Tapestry LLC' and 'Tapestry LLC'. The 'Go to Service Details' button is visible at the bottom right.

Place of Service is not required.

Under Service Type choose **TRA - Transportation**

The screenshot shows the 'New UM Case' screen in the Acentra Health system, specifically the 'Service Details' section. The 'Place Of Service' dropdown is set to 'Select One'. The 'Service Type' dropdown is set to 'TRA - Transportation'. The 'Go to Diagnoses' button is visible at the bottom right.

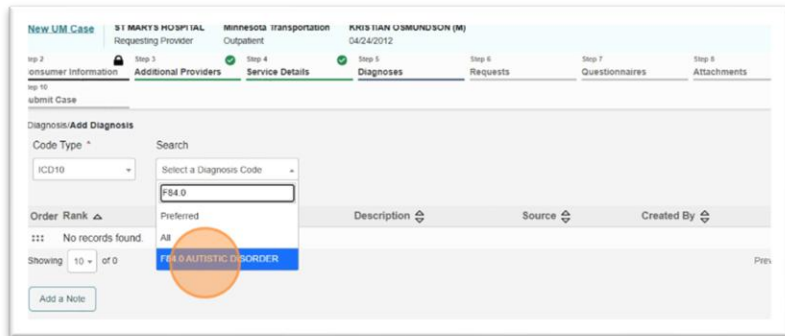
Click **Go to Diagnoses**

Enter the diagnosis(es) that apply to the transportation request.

The screenshot shows the 'New UM Case' screen in the Acentra Health system, specifically the 'Diagnoses' section. The 'Admission Source' dropdown is set to 'Select One'. The 'Admit Date' is set to '10/01/2024'. The 'Place Of Service' dropdown is set to 'Select One'. The 'Service Type' dropdown is set to 'SUB IP - Substance Abuse - Withdrawal M'. The 'Go to Diagnoses' button is visible at the bottom right.

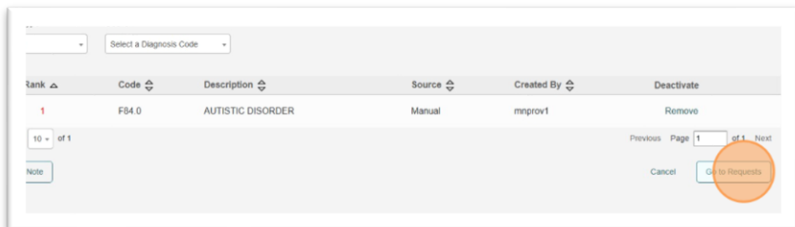
Click in the **Select a Diagnosis Code** box and add the primary diagnosis code.

(for example – F84.0 Autistic Disorder)



Verify the diagnosis code added.

Click **Go to Requests**

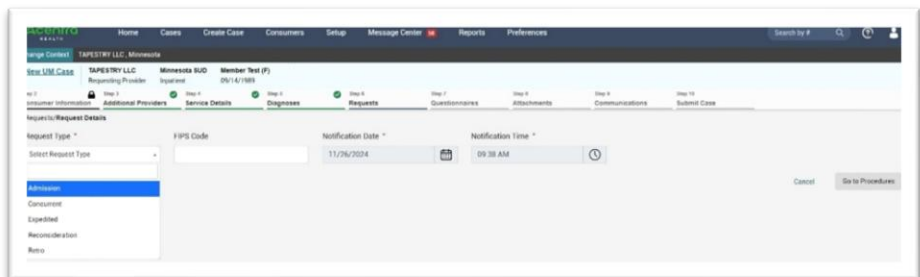


Click **Select Request Type**

(choose appropriate type)

Usually this will be “Prior Auth”

Click **Go to Procedures**

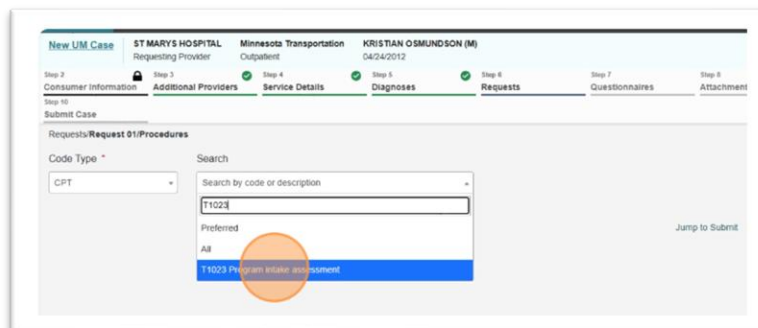


Enter the Procedure Code  
Code Type: **CPT**

Search: **T1023**  
“Program intake assessment”

And add the appropriate modifier:

U8 – for assisted, wheelchair, and stretchers



Enter the following:

Requested Start date

Requested End date

The quantity may stay "1" and you do not need to enter the requested frequency.

Click **Go to Questionnaires**

The screenshot shows the 'New UIM Case' form for Kristian Osmundson (M). The form is at Step 5, 'Diagnoses', and has a 'Go to Questionnaires' button highlighted with an orange circle. The form includes fields for 'Requested Start Date', 'Requested End Date', 'Requested Quantity', and 'Requested Frequency'. The 'Requested Start Date' and 'Requested End Date' fields are highlighted with orange circles.

**\*\*Please note – the Questionnaire is undergoing changes and may not look exactly like this when you complete it. We are hoping to remove the duplicate entries.**

Click **Open** to complete the Questionnaire.

The screenshot shows the 'Take Questionnaires' table. The table has columns for 'Questionnaire ID', 'Questionnaire Type', 'Questionnaire's Name', 'Created By', 'Created Date', 'Completed By', 'Completed Date', 'Score', and 'Action'. The 'Open' button in the 'Action' column is highlighted with an orange circle.

Fill in the demographic information.

See **this section** (at bottom of this instruction sheet) for detailed information needed on the questionnaire to avoid a call from the review team.

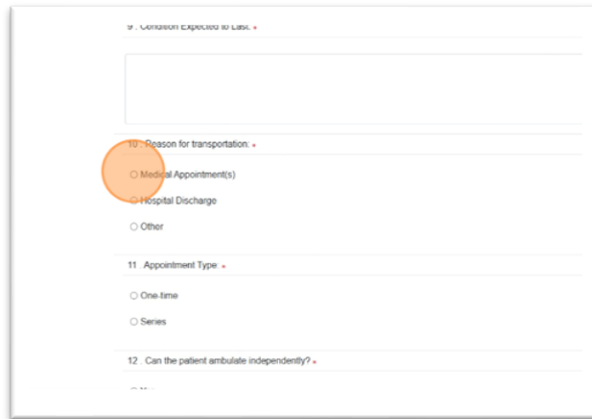
Click **Next** to go to the next section

The screenshot shows the 'NEMT LOS' form for Kristian Osmundson (M). The form is at Step 1, 'Information provided by', and has a 'Next' button highlighted with an orange circle. The form includes fields for 'Demographics', 'Certification Questions', and 'Determination'. The 'Demographics' section is highlighted with an orange circle.

Fill in the Certification Questions showing the need for transportation.

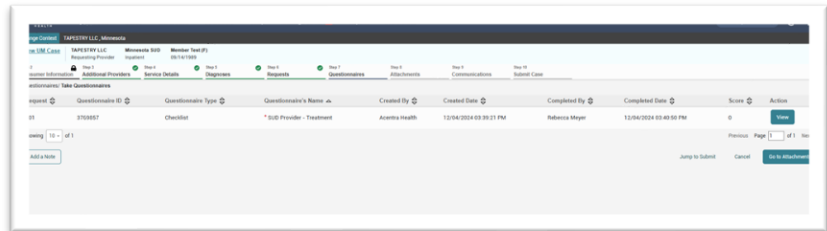
Click **Return to Case** to submit the case.

Do not click “Mark as Complete”



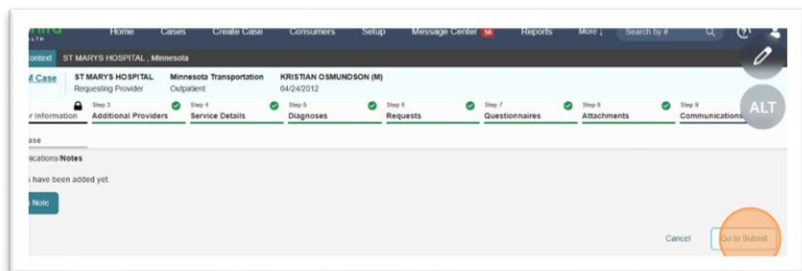
Click **Go to Attachments**

Attach any supporting documentation if needed.



This page will show all successfully uploaded documents.

Click **Jump to Submit**



Verify that all information is correct.

Click **Submit**

The Case Review form displays the following information:

Providers	Service Details	Diagnoses	Requests
Requesting: T.MARY'S HOSPITAL Serving: T.MARY'S HOSPITAL Update Providers	Service Type: TRA - Transportation Update Service Details	1 Diagnosis: F54.0 Update Diagnoses	Notification Date: N/A Request Type: Prior Auth Update Requests

Questionnaires	Attachments	Communications
1 Questionnaire View Questionnaires	0 Documents Update Documents	0 Notes Update Notes

Cancel

A disclaimer will populate.

Click **Agree**

**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.

Cancel Agree

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

**CASE SUMMARY**

CONSUMER NAME	SEX	DATE OF BIRTH	MEMBER ID	CONTRACT
MEMBER TEST	F	06/16/1988 (28 YRS)	TEMP0018000211400000	Minnesota SUB

CASE ID	CATEGORY/CASE	CONTRACT/CASE	STATUS	DATE REV ALTN
240300014	Inpatient	Minnesota SUB	12/04/2024	

USE INFORMATION	Case Summary	ACTIONS	COPY	EXTEND	DETAILS
Insurance Details	Location: 123 Somewhere Street Anywhere Minnesota				▼
Provider/Facility	Requesting: TAPETRON LLC / 770718180				▼
Medical	Facility: TAPETRON LLC / 770718180				▼
Diagnosis	Service Type: SED IP - Substance Abuse - Withdrawal Management				▼
Questionnaires	Request Type: Admission				▼
Attachments	Notification Date: 12/04/2024				▼
Communications	Notification Time: 03:45 PM				▼
	Complete: 1, Incomplete: 0				▼
	Letters: 0				▼
	Most Recent Note Date				▼

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

# Questionnaire Data

Demographics	
Information provided by	
Relationship to member	
Home #	This refers to the member's home number
Client Name	
Client Address	
Client City, State and Zip	
Guardian Name (if applicable)	
Guardian Address	
Guardian City, State and Zip	
Language	

Certification Questions	
Certification Request type	<p>New or Recertification</p> <p>If you do not know, choose "new"</p>
Level of Service Requested	<p>Indicate whether this is for assisted, wheelchair, or stretcher transportation.</p> <p>For detailed information on the type of transportation see the MHCP Provider Manual page: <a href="#">NEMT Services Overview</a></p>
Primary Care Physician	Not needed
Primary Condition/Diagnosis	Use this section to identify the primary condition/diagnosis that indicates the need for a higher level of transportation
Secondary Condition/Diagnosis	Not needed unless it supports the need for a higher level of transportation
Condition expected to last	
Reason for transportation	
Appointment type	
Can the patient ambulate independently?	Answer the following questions to the best of your ability
Estimated Distance	
Does the patient use a mobility aide?	
Is the patient able to sit up?	

Does the patient's physical or mental condition affect their ability to use public transportation or taxi?	
Does the patient require assistance from the transportation driver?	
Does the patient require assistance opening doors at the following?	
Does anyone accompany the patient to his or her medical appointments?	