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.	

Click "Select Contract" For <u>ALL</u> transportation requests, choose **Minnesota Transportation**.	
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**	

This will bring up a list of existing or started cases. Please double check for any potential duplicate requests. If none, Click **Create Case.**	
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**	
Place of Service is not required. Under Service Type choose **TRA - Transportation**	
Click **Go to Diagnoses** Enter the diagnosis(es) that apply to the transportation request.	
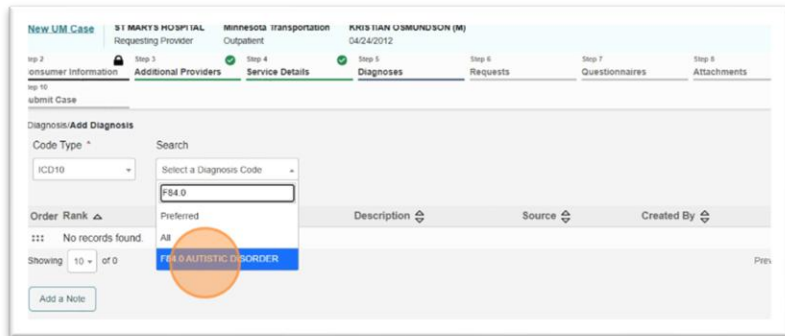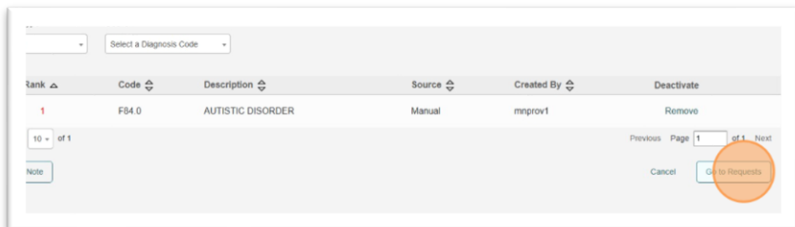
Click in the **Select a Diagnosis Code** box and add the primary diagnosis code. (for example – F84.0 Autistic Disorder)	
Verify the diagnosis code added. Click **Go to Requests**	
Click **Select Request Type** (choose appropriate type) Usually this will be "Prior Auth" Click **Go to Procedures**	
Enter the Procedure Code Code Type: **CPT** Search: **T1023** "Program intake assessment" ==And add the appropriate modifier:== U8 – for assisted, wheelchair, and stretchers	

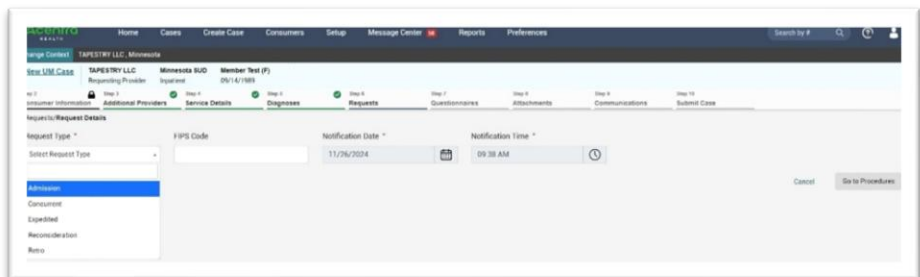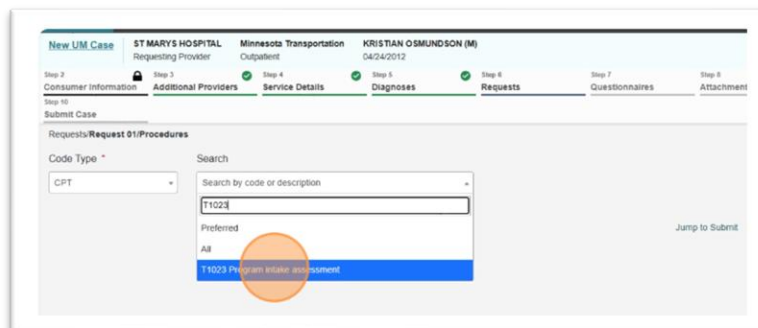|	
Enter the following: Requested Start date Requested End date The quantity may stay "1" and you do not need to enter the requested frequency. Click **Go to Questionnaires**	
Please note – the Questionnaire is undergoing changes and may not look exactly like this when you complete it. We are hoping to remove the duplicate entries. Click **Open to complete the Questionnaire.	
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	
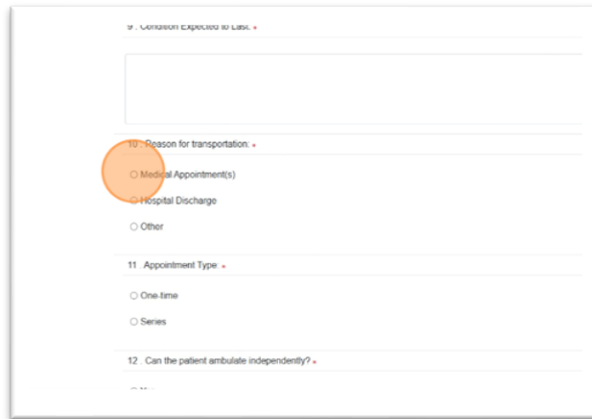
Fill in the Certification Questions showing the need for transportation. Click **Return to Case** to submit the case. Do not click "Mark as Complete"	
Click **Go to Attachments** Attach any supporting documentation if needed.	
This page will show all successfully uploaded documents. Click **Jump to Submit**	

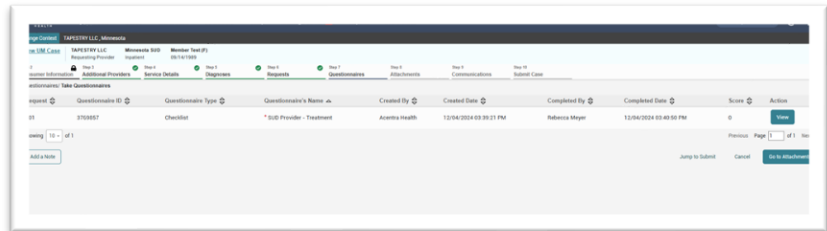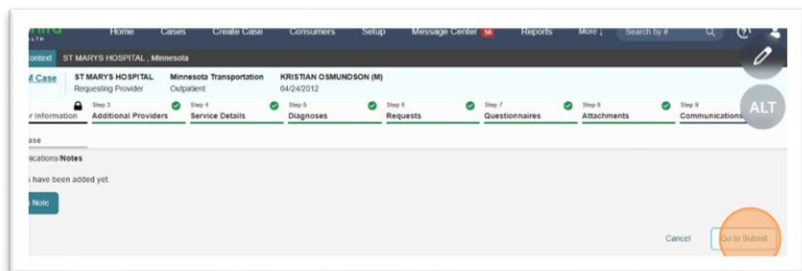|	
Verify that all information is correct. Click **Submit**	
A disclaimer will populate. Click **Agree**	 **Disclaimer** I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits. Once you click **Agree**, 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.	

<div align="center">

Your case has now been successfully submitted to the

Acentra Review team!

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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	New or Recertification If you do not know, choose "new"
Level of Service Requested	Indicate whether this is for assisted, wheelchair, or stretcher transportation. For detailed information on the type of transportation see the MHCP Provider Manual page: NEMT Services Overview
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?	